



## **Violence against Women and HIV/AIDS Information Sheet**

Violence against women constitutes an urgent public health problem worldwide, particularly in the context of the HIV/AIDS epidemic. A growing number of studies document a high prevalence of physical and sexual violence against women, particularly by intimate partners. For example:

- In population-based surveys on partner violence, between 10 and 69% women report being abused physically by a male partner at least once in their lives<sup>1,2</sup>.
- In many countries there is a high incidence of non consensual sex particularly among young women. For example, a study in Peru finds that the percentage of young women reporting forced sexual initiation is almost four times higher than the percentage of young men<sup>1</sup>.

Violence against women (VAW) takes many forms including physical, sexual, and psychological abuse. Women encounter violence as a result of conflict and other social upheavals, and are often exposed to violence in public spaces such as the work place and community. However, violence against women occurs most frequently in the private sphere by partners, other family members, or acquaintances.

The links between violence against women and HIV/AIDS are a major cause for concern as violence can directly or indirectly expose women to HIV infection. For example:

- Rape can result in vaginal lacerations and trauma, which in turn, increases risk of acquiring an HIV infection.
- Violence and fear of violence makes it difficult for women to negotiate safe sex including condom use in their relationships.
- Women who are exposed to childhood sexual abuse are more likely to engage in HIV-related risk behaviors (e.g. early sex, more partners, use of drugs and alcohol).
- Fear of violence prevents women from accessing HIV/AIDS information, being tested, disclosing their HIV status, accessing services for the prevention of HIV transmission to infants, and receiving treatment, care and support.

Research shows that violence against women is associated with increased risk for acquiring sexually transmitted infections (STI) and HIV infections. For example:

- A cross-sectional study among women presenting for antenatal care in Soweto, South Africa, shows that women who experience partner violence and controlling behavior by their male partners are nearly 1.5 times more likely to be HIV infected than those who do not<sup>5</sup>.



- Another study from South Africa shows that women who experience forced sex are nearly six times more likely to use condoms *inconsistently* compared to those who are not coerced<sup>3</sup>.
- In India, a study conducted among *men* finds that men who report an STI are 2.5 times more likely to abuse their wives compared to those who do not report an STI. Men who have extramarital sex are six times more likely to sexually abuse their wives compared to those who do not have extramarital sex. The researchers conclude that abusive men are more likely to engage in extramarital sex, acquire STIs, and place their wives at higher risk of STI possibly through sexual abuse<sup>4</sup>.
- In studies from sub-Saharan Africa that look at violence as an outcome of women's HIV status disclosure, among women who *do* disclose their HIV status, between 3% to 15% report negative reactions including blame, abandonment, anger and violence<sup>5</sup>.

In many countries, inequitable divorce and property laws make it difficult for women to leave abusive relationships. Even where laws against gender-based violence exist, insufficient resources, discriminatory practices by police and courts, and lack of institutional support fail to adequately protect women from violence. The past 20 years have seen a growing recognition of violence against women in the public policy agenda. Advocacy campaigns to end violence against women have led to increased awareness of this as a public health problem. However, violence against women continues to be widespread and it must be urgently addressed, particularly in the context of HIV prevention and AIDS treatment and care programs. A comprehensive response that engages communities and policy makers in ending this global problem is required - one that:

- Mobilizes leadership at global, national, and community levels to promote normative changes that make violence against women unacceptable.
- Builds evidence on the economic, social and health consequences of violence against women including its links to HIV/AIDS.
- Encourages the development, implementation and enforcement of legislative changes, new interventions and tools that are effective in ending violence against women.

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<sup>1</sup>World Health Organization (WHO). 2002. World report on violence and health. Geneva, Switzerland: World Health Organization.

<sup>2</sup> Heise L L, Ellsberg M, and Gottemoeller M. 1999. Ending violence against women. *Population Reports, Series L, No. 11*. Baltimore, MD: Johns Hopkins University School of Public Health, Center for Communications Programs.

<sup>3</sup> Pettifor A E, Measham D, Rees H V and Padian N S. 2004. Sexual power and HIV risk, South Africa. *Emerging Infectious Diseases*. 10 (11): 1996-2004.

<sup>4</sup> Martin S, Kilgallen B, Tsui A O et al. 1999. Sexual behaviours and reproductive health outcomes associated with wife abuse in India. *JAMA*. 282(20): 1967-1972.

<sup>5</sup> World Health Organization (WHO). 2003. Gender dimensions of HIV status disclosure to sexual partners: Rates, barriers and outcomes: A review paper. Geneva, Switzerland: World Health Organization.