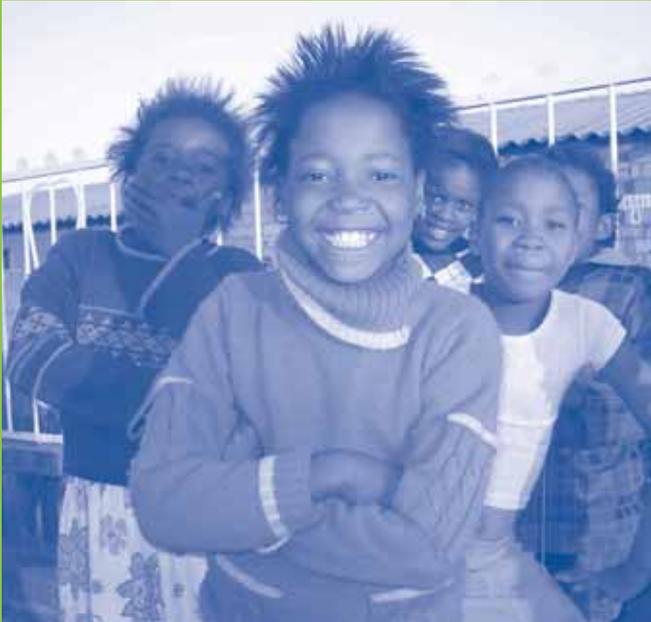


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Raising awareness on the interface between gender-based violence and HIV/AIDS in South Africa

The experiences of Zubeda Dangor of Nisaa

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South Africa is reported to have one of the highest rates of sexual violence in the world, with adolescent girls being particularly at risk. In response, both the South African government and women's rights organizations are working to improve the response to domestic and sexual violence. In 1994, the same year that Apartheid officially ended, the Nisaa Institute for Women's Development was founded by a group of committed women activists. Nisaa is an NGO focusing on the abuse of women and their children (who are secondary victims of abuse). At the time, according to a Human Rights Watch report, South African women's organizations estimated that as many as one in every three South African women had been raped whilst one in six South African women had been in an abusive domestic relationship.

Nisaa provides temporary emergency accommodation and counselling services to abused women and children. Through campaigns, media presentations, talks, seminars, trainings, workshops and conferences, we promote public awareness and education on violence against women. Also, there is a resource centre available at Nisaa where the community can access information.

We became formally involved in HIV and AIDS work in 2003 when we started mainstreaming HIV/AIDS into all our programmes. Before then, general workshops on the subject were conducted for staff. The mainstreaming process went a step further when HIV/AIDS was included in our 2003-2005 Strategic Plan. The decision to mainstream HIV and AIDS was prompted largely because of the experiences we had with abused and HIV-positive women clients who were accessing our services. At that time, AIDS service organizations were not focusing on the intersection of gender-based violence and HIV. Neither were gender-based organizations focusing on HIV/AIDS.

It was easy to start discussing HIV/AIDS with our staff because they had already started mentioning this issue prior to the strategic planning sessions. HIV/AIDS was seen as both an internal and external threat to the organization in the coming years and could, therefore, not be ignored. The staff also welcomed discussions on HIV and AIDS because it also meant the creation of an environment where both infected and affected members could have open discussions in the workplace. Everybody was, thus, involved in the development of the organizational policy as well as the shelter policy on HIV and AIDS. Today, most of Nisaa's programmes have an HIV/AIDS component.

Most women believe that when they experience abuse in relationships, it must be their fault

Different levels of understanding

At the shelter, there are programmes for both mothers and children on HIV/AIDS awareness, prevention and care. The staff is also trained on how to deal with HIV/AIDS issues within the shelter. Usually the issue of HIV is introduced when exploring the different types of abuse that clients experience. HIV is mentioned as one of the dangers a woman may face when she is in a sexually abusive relationship and does not have power and control over her own sexuality. It is hard for women to grasp this reality as many of them still do not understand that being married or having a single partner does not mean one is safe from HIV. The level of understanding of the linkages between HIV/AIDS and gender-based violence differs from one client to the other. Some women come with an understanding of how much they are at risk of contracting the virus when in abusive relationships, while others do not think about that at all. Most women believe that when they experience abuse in relation-

Gender violence in South Africa: some data

Domestic violence – Research at three prenatal clinics in Soweto, a township in South Africa’s richest province Gauteng, on the relationship between HIV/AIDS and violence showed that over half of the 1395 pregnant women interviewed had been subjected to some sort of assault by their husbands or partners.¹ This finding is supported by studies from the Medical Research Council. The Council further reported that a woman is killed every six hours by her intimate partner in South Africa and only one third of people arrested for femicide were convicted. Researchers of the Medical Research Council found a high correlation between witnessing violence against mothers in childhood on South African men’s use of violence in a range of settings in adulthood. About a quarter of nearly 1400 Cape Town municipal workers interviewed witnessed their mothers being abused. Some 42% of these reported using physical violence against a partner in the last 10 years, and 9% reported physical violence in the past year.²

Forced sex and rape – According to the Deputy Minister of Health, there was an increase in sexual crimes in 2004/2005. Rape cases escalated by 4% and indecent assault by 8%. In a recent national cross-sectional study conducted in 1418 South African schools, about 11% of the boys and 4% girls claimed to have forced someone else to have sex. Around two-thirds of the pupils had been sexually abused.³ In another study involving adolescent boys and girls between the ages of 14 and 16 years, researchers found a relationship between rape-supportive attitudes and the existence of traditional notions of masculinity, normalization of inter-personal violence as well as poverty, and the commodification of sex. Adults and the community did not offer much protection to potential rape victims.⁴

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2. N. Abrahams, R. Jewkes, R Laubscher & M. Hoffman, Intimate partner violence: prevalence and risk factors for men in Cape Town, South Africa. *Violence and victims*, 2006, 21 (2), p. 247-264.
3. N. Anderson, A. Ho-Foster, J. Matthias, et al., National cross sectional study of views on sexual violence and risk of HIV infection and AIDS among South African school pupils. *British Medical Journal*, 2004, 329 (7472), p. 952.
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ships, it must be their fault. This problem is also compounded by cultural and religious beliefs that equates abuse with a part of marriage.

Nisaa includes HIV/AIDS as an integrated topic in school- or community-based presentations on GBV prevention. At a public awareness level, we initiated the Red & White Ribbon Campaign where we distribute pamphlets and ribbons and conduct talks on the link between HIV/AIDS and GBV. Training programmes are also conducted for communities or organizations which highlight the intersection between HIV/AIDS and GBV, illustrating how this happens and initiating discussions around the issues. For schools, discussions and presentations around issues of date rape inevitably raises the issue of HIV/AIDS and GBV.



With young women learners, the situation is tricky. Some are informed about the linkages while others believe that HIV will only infect those who are seriously engaged in sexual relationships and that those in casual sexual relationships stand a chance of escaping infection. Some young women measure progressiveness by having a sexual encounter by the age of 14. This puts them at high risk of infection from HIV. Young men, on the other hand, record sexual encounters around the same age as a sign of conquest, which also puts them at high risk of contracting the virus.

It takes a long time for people to understand and deal with HIV and GBV as a result of the stigma attached to both issues

Explaining the link

The following hypotheses are usually put forward to explain the link between HIV/AIDS and gender violence:¹

1. Rape may directly increase women and girls’ risk of contracting HIV. The violent nature of rape creates a higher risk of genital injury and bleeding (increasing the risk of HIV transmission), while, in cases of gang rape, exposure to multiple assailants may also contribute to the risk of transmission. Studies in South Africa suggest that there are high levels of sexual violence and harassment against children, girls and women, and that significant numbers of young women report coercion in their first and subsequent sexual relationships.
2. Abusive relationships (including other forms of abuse besides that of a physical nature) may limit women’s ability to negotiate safer sex. Similarly, numerous studies have shown that women in violent and abusive relationships are at greater risk of becoming HIV positive, possibly because they are more fearful of negotiating condom use with their partners and are abused when discussing condom use. They are also less likely to be able to limit the number of sexual partners that their primary partner can have. Certain cultures promote multiple sexual partners for males thus placing the women at risk of contracting the virus.

3. Women who experience sexual abuse in their childhood may engage in riskier sexual behaviour as adolescents or adults, thus increasing their risk of HIV infection.
4. Women who receive HIV counselling and testing may be at risk of partner violence should they disclose their HIV status.

In the light of the above, it is imperative that HIV and AIDS are addressed in the context of gender-based violence programmes.

Experiences and learnings

I believe Nisaa has made significant progress in raising awareness on the interface between HIV/AIDS and GBV at a national level especially as evidenced by the launch of the Red & White Ribbon Campaign in 2003. The ultimate result of this was the production of a single ribbon with colours that represented both gender violence and HIV/AIDS aspects. We have also successfully come up with both an organizational policy on HIV/AIDS and a shelter policy for those affected by GBV and AIDS. In keeping with the policy, a fund has been started to assist HIV-positive staff and volunteers who do not have medical benefits.

Experience indicates that it takes a long time for people to understand and deal with HIV and GBV as a result of the stigma attached to both issues. GBV happens behind closed doors and is surrounded by shame and guilt. HIV cannot be seen by the naked eye until the later stages. People have learned to live in denial until it is too late to deal with or rectify the situation. Programmes like those at Nisaa are assisting communities to initiate discussions on the intersectionality between HIV/AIDS and GBV in the public arena to deal with the stigma and discrimination associated with being HIV positive and abused.

Everyone is vulnerable to HIV and GBV and it is therefore critical for everyone to take responsibility for their lives. There is need for behaviour change in both men and women, clear information on HIV/AIDS, care, innovative communication and networking. We need to author new stories of hope around HIV and have fresh discussions and interaction on these topics. Last but not least, our leaders should show a much greater commitment and a greater sense of responsibility towards the information they disseminate regarding HIV and AIDS. ■

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Mobilizing men against gender-based violence

Men as Partners (MAP) is a programme by EngenderHealth in South Africa which involves community-based workshops with men and mixed-sex audiences, in settings such as workplaces, trade unions, prisons and faith-based institutions. Based on the premise that gender inequity contributes to both AIDS and violence against women in South Africa, MAP promotes discussions of gender issues, power dynamics and gender stereotypes. A preliminary evaluation suggested that – compared to control groups – a higher percentage of participants believed that women and men should have the same rights and that wife-beating was wrong. Adolescent boys appeared more open to changing their view of masculinity than older men.

Similar work has been carried out by *CANTERA* (Population Education and Communication Centre, Nicaragua) and by Brazil-based *Instituto Promundo* in various countries in Latin America. *CANTERA* runs workshops for men in Nicaragua, Costa Rica, El Salvador, and Guatemala on masculinities, gender, power, and violence. *Instituto Promundo* conducts a programme called Program H in Brazil, Bolivia, Colombia, Jamaica, Peru and Mexico. Program H (The H stands for homens = men) focuses on gender equity promotion among young men. A quasi-experimental study conducted in Rio de Janeiro showed that the programme had a positive impact on the prevention of gender violence and the reduction of youth vulnerability to STIs, including HIV. After extensive testing, Program H is now being expanded to several countries in Asia, Africa and the Americas.

Sources and more information:

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- *Men as Partners website*: www.engenderhealth.org/ia/www (English)
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- *CANTERA website*: www.canteranicaragua.org/eng.htm (English and Spanish)