

# HIV and gender-based violence among HIV-positive TASO clients

By Kizito Bennet Joseph



*Clients queue for services outside a health facility. (Photo courtesy of SAfAIDS).*

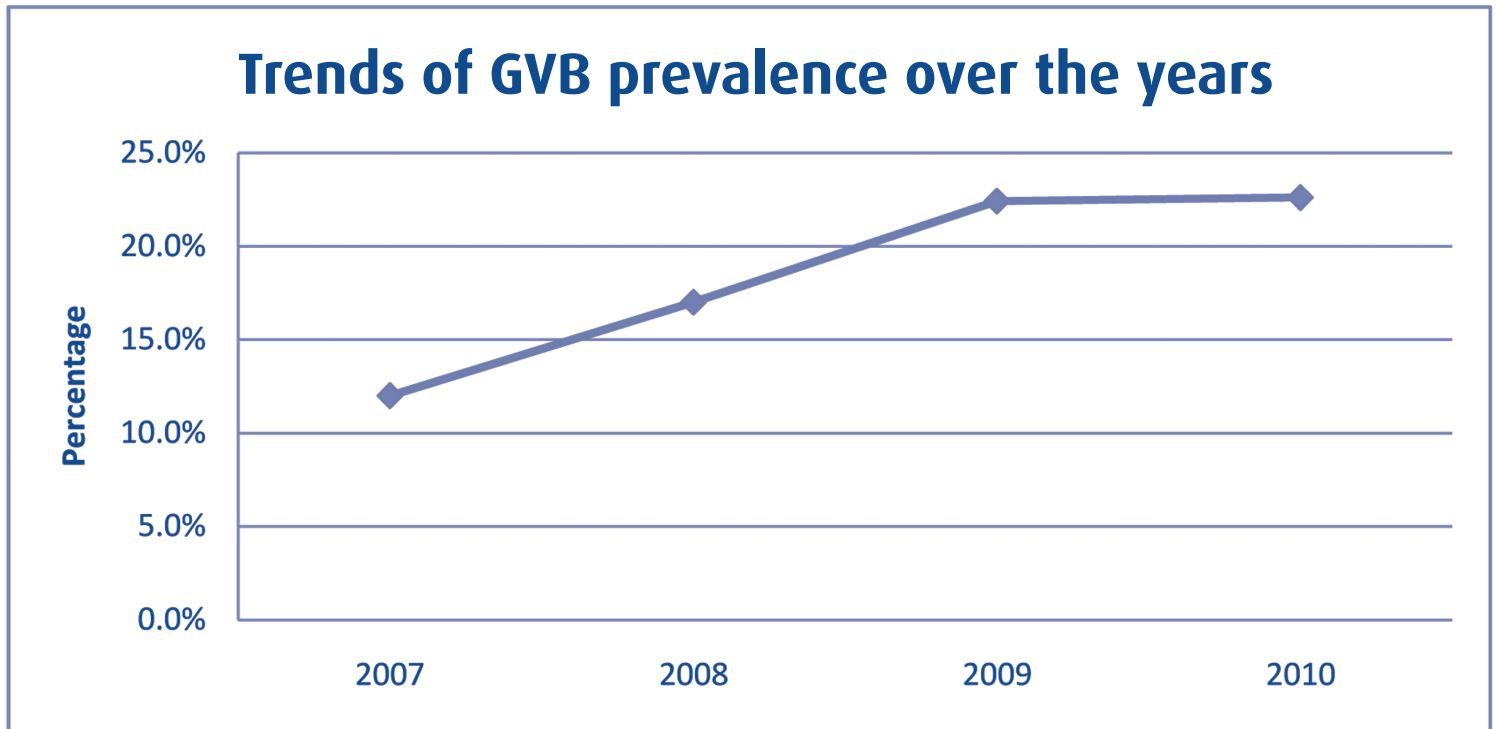
**According to the Commonwealth Human Rights Experts, gender-based violence (GBV) is “mistreatment that is directed at individuals on the basis of their gender, with women and girls making up the vast majority of victims (though boys and men can also be the target).” It is indiscriminate, cutting across racial, ethnic, class, age, economic, religious and cultural divides.**

The 2006 Ugandan Demographic Health Survey states that six in 10 married women or those in partnerships have experienced some form of physical or sexual violence by their partners while one in four married men experience physical or sexual violence perpetuated by their partners.

The survey also found that seven in 10 Ugandan women find wife beating justified in certain circumstances, mainly as a result of traditional norms that teach women to accept, tolerate and even rationalise battery.

A 2007 report from the Uganda Bureau of Statistics showed that six out of 10 Ugandan women experienced physical violence before age 15 compared to 53 per cent of men. Four in 10 women and 11 per cent of men have ever experienced sexual violence.

In 2010, The AIDS Support Organization (TASO) through review of client files realised that complaints of GBV were on the increase. On further analysis of the files, it was noted that the violence largely stemmed from disclosure of HIV status, disagreements on whether to have more children or not, disagreement on sexual activity, economic hardships, and others.



Consequently, in 2011, TASO in collaboration with the Royal Tropical Institute (KIT) of The Netherlands launched a study to establish the GBV prevalence in HIV-positive clients and its most common manifestations. This article reflects on some of the study findings and recommends how services can be better equipped to counsel clients with these problems.

In a focus group discussion about intimate partner violence against women in the districts of Mbale, Manafa, Sironko and Kumi of Eastern Uganda, women reported fear related to testing for HIV, disclosing HIV results, and requesting to use condoms, because they dreaded intimate partner violence. In the same study, gender-based violence was reported to be 10 times higher among HIV-positive women compared to their HIV-negative counterparts mainly as a result of disclosure, stigma, divorce and social neglect.

#### Study methodology

A total of 272 files for HIV-positive TASO clients from four branches, representing all eastern, central and western regions of Uganda where the organisation operates, were reviewed to identify any mention of GBV among clients' concerns during counselling sessions. For each file reviewed, at least eight counselling sessions for the period 2007 – 2010 were assessed for any mention of GBV and the prevalent form. A total of 1,479 counselling sessions were reviewed for over-18-year-old clients. Both female and male clients' files were reviewed.

#### Study results

Gender-based violence cases recorded in client files were observed to have increased by over 10 per cent per year from 2007 to 2009, as

shown in the graph above. In 2009 and 2010, there appeared to be some stability, at 22 per cent, thought to be due to an intensified focus on gender-based violence through one-on-one counselling of clients, health talks during clinics, education in the media and involvement of peer leaders.

For every 100 complaints presented by clients within a specific period, at least a quarter (25 per cent) are classified as forms of gender-based violence. GBV was observed to be more prevalent in women; more than a fifth (21 per cent) of women clients assessed had experienced some form of GBV within this period compared to their male counterparts, who had 17 per cent prevalence. Women experienced more sexual gender-based violence (28 per cent compared to 23 per cent).

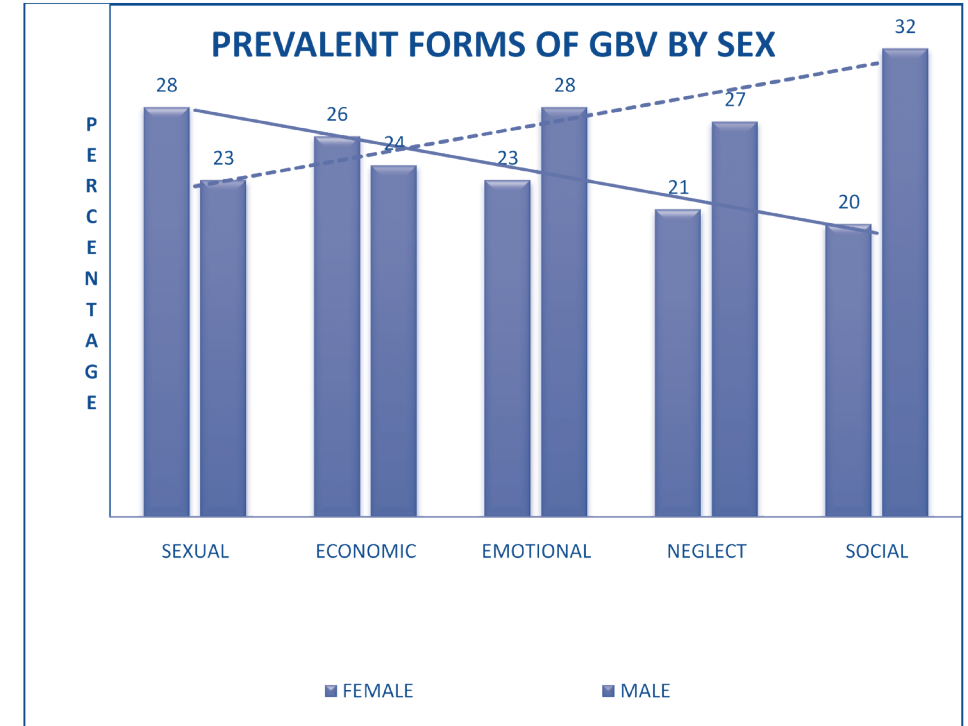
Men experienced more social and emotional gender-based violence such as denial to associate or participate with fellow men in social-cultural functions (32 per cent) such as drinking local brew from the same pot, participation in cultural courts, participation in cultural circumcision and other community activities, and being perceived as a careless. More notably and surprisingly though was the finding that common forms of gender-based violence differed inversely among the sexes to the extent that what is highest among women is the lowest among men and vice versa as shown in the graph below.

The graph indicates that among females, the most prevalent form of gender-based violence is sexual closely followed by economic and emotional. The graph also shows that for HIV-positive women, one in four are sexually harassed or raped by their partners or community members. Nearly the same number experience economic violence as a result of being denied the right to work, husbands taking their money after sale of produce and failure to cater for their subsistence needs.

On the contrary, men suffered more social violence primarily from the community and relatives by being isolated from other members, being denied the right to carry out cultural responsibilities such as participation in cultural courts, cultural marriage, and cultural practices like circumcision.

**Conclusion**

Gender-based violence is a prevalent problem among people living with HIV in Uganda. Intensi-



*Note: the trend lines indicated the most and least prevalent form of GBV by sex*

fying couple counselling, health talks and sensitisation in communities will help reduce it. Interventions should recognise the differences in sex since it is evident that GBV among people living with HIV varies widely between the sexes. ■

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*IEC plays a critical role in making people aware of the need to use health services. (Photo courtesy of SFAIDS).*