ism will have to be confrontational and constructive, and be based on optimism and an ambition for social justice for all.

Conclusion

In 2005, world leaders committed to delivering universal access by the end of 2010. But according to some U.N. reports "universal access" has now come to mean "partial access."

In 2010, the AIDS community must hold itself and its leaders accountable for achieving the universal access targets. At the next International AIDS Conference in Vienna in 2010, many countries will have to account for why they failed to deliver universal access for their citizens.

Finally, in order to achieve universal access, human rights for all must be at the heart of the AIDS response. Otherwise the AIDS response will have lost its heart and its hope and we will fail to deliver universal access.

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The author would like to acknowledge the contributions of the Track E rapporteur team: Stefan Baral, Alan Brotherton, Stevie Clayton, Felicity Daly, Sunita Grote, Kate Hawkins and Rhon Reynolds.

Lessons from Africa: combating the twin epidemics of domestic violence and HIV/AIDS

Domestic violence and HIV/AIDS have proven a lethal combination, exacting a heavy toll on women's lives, particularly in Africa. In this article, partially based on a presentation made at the human rights networking zone at the conference, Tamar Ezer examines the interrelation between domestic violence and HIV/AIDS, provides an analysis of obligations under human rights law, and describes innovative programs that attempt to address the intersection of these twin epidemics. The author argues for holistic approaches that address the social, economic and legal dimensions of the problem.

Introduction

Both domestic violence and HIV/AIDS exist on a vast scale: 10–50 percent of women worldwide are assaulted by their male partner[1] and, as of 2007, 32.2 million people were living with HIV.[2] HIV infection is growing faster among women in most regions of the world,[3] and domestic violence is a key factor in the epidemic's increasing feminization.[4]

Violence against women and HIV/AIDS are so closely intertwined that they are often referred to as the "twin epidemics." Violence is both a cause of HIV vulnerability and a consequence of infection, because women subject to domestic violence have little control over their sexual lives, and women disclosing their HIV status to partners are at greater risk of violence. Domestic violence thus contributes to women's infection and impedes testing, treatment and services.

No place has suffered greater devastation from the twin epidemics than sub-Saharan Africa. It is home to 68 percent of the world population living with HIV.[5] Women are predominantly infected, with the hardest hit being between the ages of 15 and 24.[6]

In this age group in sub-Saharan Africa, women comprise 75 percent

of the population living with HIV and, in some places, are up to six times more likely to be living with HIV than men.[7] However, Africa has also seen the emergence of innovative programs to combat the deadly linkage between HIV/AIDS and domestic violence, offering important lessons worldwide.

There is documented evidence of the success of social and economic programs empowering women. Logically, the next phase should be the integration of legal services into health and economic empowerment programs. Legal tools play an important role in improving health outcomes by confronting underlying human rights abuses. Using the law, women can access economic resources and leave abusive situations.

The incorporation of legal services thus has the powerful potential to address drivers of the epidemic and improve access to treatment and care. By protecting women's basic rights and providing them with options, legal services can both reduce risk of infection and strengthen women's ability to take advantage of HIV care.

The intersection of domestic violence and HIV/AIDS

Violence as a cause of HIV vulnerability

Women abused by their partners are less able to protect themselves from HIV infection. They have difficulty insisting on condom use, refusing sexual advances and controlling their sexual relationships. Research from Rwanda, South Africa and Tanzania indicates that women who experience domestic violence face up to three times the risk of HIV infection of other women.[8]

Negotiating condom use is especially challenging for women in stable partnerships in sub-Saharan Africa. Women in long-term relationships often have the least control over their sexual autonomy and the greatest economic dependence.[9] Moreover, requesting condom use implies a lack of trust, sexual desire and sexual experience, contradicting traditional gender norms for women.[10]

The situation is especially problematic in marriage, where the culture is for men not to be faithful while husbands want children.[11] Thus, contrary to expectation, marriage does not serve to protect women, but rather places them at the greatest risk.

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Studies in Africa find that married women have a higher rate of infection than sexually active unmarried women,[12] and conclude that "[t]he long-revered institution of marriage is unfortunately the most likely source of HIV infection for women."[13] According to the United Nations Population Fund, 60 to 80 percent of HIV-positive women in sub-Saharan Africa have been infected by their husbands, their sole partner.[14]

Not only are women who experience violence more vulnerable to HIV, but men who engage in violence are likewise more susceptible to infection. Violent behavior comes with a whole cluster of risk factors. Abusive men tend to have more sexual partners and engage in more risk-taking, and they are thus more likely to be HIV-positive.[15] The domestic violence epidemic, therefore, has important implications for the HIV status of both genders.

Violence as a consequence of infection

HIV-positive status is often a trigger for violence. In studies in sub-Saharan Africa and Southeast Asia, between 3.5 to 14.6 percent of women reported a violent reaction from their partner following disclosure.[16] Disempowered socially and economically, women are easy scapegoats for the disease and often blamed for bringing it into the relationship.[17]

In focus group discussions in Uganda, "there was a general consensus that men would universally condemn wives for bringing the disease into the home even where the woman was faithful and the husband had extra-marital sexual contact."[18] Men may refuse to take responsibility for the infection as a matter of pride and to maintain their identity as the head of the household.

There is a close connection between physical and economic abuse. Studies show that women with greater autonomy and control over resources are better protected from violence.[19] In many contexts in sub-Saharan Africa, women can only access property through the men in their lives.[20] As the Centre on Housing Rights and Evictions reports, "[T]he majority of women in sub-Saharan Africa — regardless of their marital status — cannot own or inherit land, housing and other prop-

erty in their own right. . . . [W]omen are made entirely dependent on their relationship to a male."[21]

Economically dependent on partners, women are especially vulnerable to abuse. Moreover, women fear abandonment and loss of economic support just as much as physical violence if they reveal their HIV status.[22]

As a result, a significant number of women living with HIV/AIDS do not disclose their status to their partners. About 71 percent of women in the developed world and only 52 percent of women in the developing world share their HIV status with their partners.[23]

Rates of non-disclosure are especially high among women seeking antenatal care, a time of particular vulnerability and economic dependence.[24] In one study in sub-Saharan Africa, 77.8 percent of HIV-positive pregnant women failed to share their status with their partners even after 18 months of follow up.[25]

Women identified fear of accusations of infidelity, violence, abandonment, loss of economic support, and discrimination as barriers to disclosure.[26] These fears are justifiable: 3.5 to 14.6 percent of women in sub-Saharan Africa — generally those in the most secure relationships — report negative outcomes upon HIV status disclosure.[27]

Domestic violence impedes women from accessing HIV testing and treatment. This is especially worrying because 90 percent of people with HIV do not know their status, and 72 percent of those who need treatment do not have access to it .[28]

Women fear violence from their partners if they visit voluntary counseling and testing (VCT) centres and health facilities.[29] Furthermore, they may be unable to take or adhere to treatment. A clinic in Zambia, which provides free antiretrovirals (ARVs) for women who test HIV-positive, reported that over 60 percent of eligible women refuse treatment because they fear violence and abandonment if their partners find out their status.[30]

The tragedy is that all of this is preventable.

Three-quarters of the HIV-positive women participants in the clinic were unable to adhere to ARV regimens because they were trying to hide pills or were forced to share medication with an untested spouse.[31] (Fearing stigma, men may prefer to be "tested by proxy," sending their partner out to be tested in their place.[32]) This has severe consequences for both partners as failure to take ARVs regularly increases the risk of viral resistance to cheaper and affordable medicines.

Women are further unable to benefit from strategies to prevent mother-to-child transmission of HIV (PMTCT), which has a devastating effect on the health of women and children. Even those women who are tested may not even return to get their results.[33] Currently, globally, 89 percent of pregnant HIV-positive women are not receiving PMTCT, and 530 000 children are infected with HIV.[34] In South Africa, AIDS is a leading killer of women in pregnancy,[35] and HIV has increased the childhood mortality rate in Africa by 100 percent.[36]

The tragedy is that all of this is preventable.

Obligation for action under human rights law

The interrelation of domestic violence and HIV/AIDS is a violation of human rights. According to the *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa,* "Every woman shall be entitled to respect for her life and the integrity and security of her person."[37] Women's right to physical integrity is further protected in international law under the rights to life,[38] health,[39] equality[40] and freedom from cruel, inhuman and degrading treatment.[41]

The (U.N.) Committee on Economic, Social and Cultural Rights remarked that a "major goal" under the right to health should be "protecting women from domestic violence,"[42] and the (U.N.) Committee on the Elimination of Discrimination against Women indicated that the "definition of discrimination includes gender-based violence."[43] Women's greater susceptibility to HIV/AIDS as a result of widespread domestic violence is thus a violation of their fundamental rights. Amongst other interventions, legal services for women are a critically needed remedy.

The recent U.N. Secretary-General's study on violence against women lays out the benefits of looking at this phenomenon through a human rights lens, especially in the context of HIV/AIDS. First, human rights provides "a unifying set of norms" to monitor government and ensure accountability.[44] Second, this framework empowers women, "positioning them not as passive recipients of discretionary benefits but as active rights-holders."[45]

Finally, it promotes "an understanding of the interrelationships between women's human rights and how denial of these rights creates conditions for violence against them."[46] This points to the importance of a multi-sectoral response to the intersection of HIV/AIDS and violence.

Holistic approaches to address domestic violence and HIV/AIDS

The above analysis highlights the need for holistic approaches that address the social, economic, and legal dimensions of the AIDS epidemic. As researchers increasingly recognize, medical interventions focused on individual patients are insufficient. Rather, there is a critical need for "AIDS prevention strategies based in the concept of empowerment that help women to gain control over their economic, social, and sexual lives."[47]

There are pioneering programs in Africa implementing these strategies. The two described below incorporate social and economic development strategies whose impact on HIV risk has been documented and established.

Social empowerment to reduce abuse and infection

Tackling the root causes of domestic violence is critical for HIV prevention. Domestic violence touches on core identities and definitions of masculinity and femininity.

The Stepping Stones program for HIV prevention aims to improve sexual health through better communication between partners and promotion of more equitable relationships.[48] To achieve these objectives, the program relies on participatory learning and self-reflection.[49] The Gender and Health Research Unit of Pretoria's Medical Research Council evaluated a South African adaptation of this program in rural Eastern Cape,[50] focusing on its ability to impact new HIV infections, sexual behaviour and male violence.[51]

Domestic violence touches on core identities and definitions of masculinity and femininity.

This was a cluster randomized trial among women and men aged 15 to 26 from 70 villages.[52] Villages, containing about 20 female and 20 male subjects, were allocated to either the Stepping Stones program or a three-hour session on safer sex and HIV.[53] All subjects were interviewed and given an HIV test at recruitment, with follow-up interviewing and re-testing at one and two years.[54] The quantitative outcomes were supplemented by in-depth interviews with 21 participants — 11 men and 10 women.[55]

The program had an impact on both individuals and the community. At two years, women in the intervention group had 15 percent fewer new HIV infections than those in the control group.[56] Men in the intervention group reported fewer partners, consistent condom use, and much lower involvement in intimate partner violence.[57]

Participants in the intervention group further reported advising others on HIV and avoiding violence and persuading partners and family members to be tested.[58] Men recounted stopping fights between friends, improved relations with parents and elders, and an end to involvement in delinquency acts such as stealing pigs or robbing street vendors.[59]

Social and economic empowerment to reduce abuse and infection

Intervention with Microfinance for AIDS and Gender Equity (IMAGE) addresses the link between violence and social and economic disempowerment. South African researchers started this project, in collaboration with the microfinance organization, Small Enterprise Foundation (SEF), in 2001 in Limpopo, one of South Africa's poorest provinces.[60]

Groups of about 40 SEF participants were already meeting every two weeks to repay loans and discuss business plans, and IMAGE expanded these meetings to include sessions on gender and HIV.[61] In order to receive further loans, women had to attend these workshops.[62] Each workshop was run by a woman from the local community, trained to lead role plays and discussions about relationships, sexuality, gender roles and the effects of local culture on the treatment of women.[63]

The IMAGE program led to a significant drop in domestic violence. After two years of participation, women were half as likely to experience domestic violence in the previous year when compared with a similar group of women who had not participated in the program.[64] IMAGE participants additionally collaborated with male community leaders, including village chiefs, police, and school principals, to raise aware-

ness around domestic violence and HIV/AIDS.[65]

The program empowered women by addressing the link to economic independence. It also created a "collective social energy," allowing women to work together on common problems they could not solve on their own.[66]

Addressing legal dimensions

To build on the success of programs such as these, the next phase should be the integration of legal services into health and economic empowerment programs. Legal action is a key vehicle through which to confront the social determinants of health[67] and provide women with meaningful choices, including mechanisms for protection and redress.

As the U.N. Secretary-General's study on violence against women recognized, survivors of violence "often need legal services" for a variety of issues they face, "such as divorce, child custody, child support and maintenance, property settlements, housing, employment and civil suits." [68]

The Open Society Institute's Law and Health Initiative (LAHI), in collaboration with the Open Society Initiative for East Africa, is supporting pilot legal integration programs that seek to address human rights abuses that underlie vulnerability to infection and impede treatment. The hope is that providing coordinated, more complete services would improve their effectiveness and increase individuals' access to justice.

In Kenya, one project integrates human rights training and legal services in 30 HIV facilities of the Christian Health Association of Kenya, and another integrates paralegal services into savings and loans programs run by CARE, training both a paralegal network and leaders in the community on laws and issues affecting women.

One-stop shop for the consequences of infection

Similarly, a holistic approach is necessary to address the domestic violence consequences of HIV infection. VCT centres have an important role to play in identifying and supporting victims of violence.[69] It is thus crucial to integrate domestic violence screening, counseling and management strategies into testing centres,[70] and women should be provided with legal services to empower them to leave abusive relationships.[71]

LAHI is helping to support several such projects. In Kenya, the Coalition on Violence Against Women has partnered with Liverpool VCT Care and Treatment to provide women in post-rape centres with comprehensive services. A lawyer is placed in the hospital where these post-rape centres are located, enabling a "one-stop shop" health clinic with testing, counseling and legal services.

In South Africa, the University of KwaZulu Natal is integrating legal education and services into health centres offering pregnant women HIV tests as part of antenatal care.

In Swaziland, the Swaziland Action Group Against Abuse has partnered with HIV testing centres, operated by Family Life Association of Swaziland and the AIDS Information and Support Centre, to strengthen their capacity to respond to violence. Project activities include training staff from the three organizations on the intersection of HIV/AIDS and gender-based violence, assisting women to safely disclose their HIV status, screening rape survivors for HIV infection, providing legal support, and developing a referral map for comprehensive services.

Conclusion

The twin epidemics of domestic violence and HIV/AIDS are indeed incredibly challenging issues. Domestic violence both increases women's vulnerability to infection and constitutes a major barrier to testing, disclosure and treatment. However, programs like the ones described above, are encouraging and show that interventions can work in unraveling this lethal intersection. We need to think creatively and adopt holistic approaches that address social, economic and legal dimensions. Integrating legal services into economic empowerment and health programs can play a powerful role in confronting the underlying human rights violations fueling the twin epidemics.

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