



WHAT WORKS FOR WOMEN AND GIRLS

Evidence for
HIV/AIDS
Interventions

- ▶ Women and girls are uniquely affected by HIV and AIDS.
- ▶ Addressing HIV/AIDS in women and girls requires evidence of successful interventions.

That evidence is in one place ▶ www.whatworksforwomen.org

Violence Against Women: A Summary of Issues, Interventions, and Evidence

Violence against women, a risk factor for HIV, is widespread.

Violence against women—a human rights violation—is widespread, ranging from 15 percent to 71 percent, as reported by nearly 20,000 women ages 15–49 in one global study (Ellsberg et al., 2008). Violence against women has also been clearly demonstrated to be a risk factor for HIV in countries worldwide from Brazil (Barros et al., 2011) to Rwanda (Dude, 2009) and Zimbabwe (Nyamayemombe et al., 2010). Violence is also a consequence of being identified as having HIV (WHO and UNAIDS, 2010). Inequitable gender norms are related to increased violence (USAID, 2008a). Both males and females often justify violence as acceptable (Jejeebhoy and Bott, 2003; Amuri et al., 2011).

Violence increases HIV risk through a number of pathways.

Violence can increase women’s risk of HIV in three ways: (1) “through forced or coercive sexual intercourse with an infected partner, (2) by limiting women’s ability to negotiate safe sexual behaviors, and (3) by establishing a pattern of sexual risk-taking among individuals assaulted in childhood and adolescence” (Maman et al., 2000: 466). In Chile, women who had suffered intimate partner violence were highly likely to have sexual relations with a partner whose HIV status was unknown, as well as have sex without condoms (Miner et al., 2011). In Uganda, young women who reported always using condoms were less likely than those who never used condoms or used them inconsistently to report having experienced physical violence or sexual coercion (Zablotska et al., 2006). A study in eight countries in Africa found that 40 percent of women said that they would have sex if their husbands refused to use a condom, and the same percentage believed that women do not have the right to refuse sex with their partner (Andersson et al., 2008).

Sexual abuse of children increases their risk for HIV.

A national study in Tanzania among adolescents and youth ages 13 and 24 found that nearly 3 in 10 females and 1 in 7 males experienced violence prior to the age of 18 (UNICEF/Tanzania et al., 2011). Men also report experiencing violence as children, in countries such as Brazil, Chile, Croatia, India, Mexico, and Rwanda. Childhood experiences of violence are associated with later adoption of inequitable gender attitudes, including violence against women (Contreras et al., 2012).

Eliminating violence against women requires a comprehensive approach; health services can play a crucial role in responding to survivors of violence (UNIFEM, 2010; Jina et al., 2010; Elson and Keesbury, 2010).

“To date, there have been few initiatives worldwide designed to respond to violence against positive women; consequently, evidence regarding promising practices... is limited” (Hale and Vasquez, 2011).



Interventions, Outcomes, and Supporting Evidence to Address Violence Against Women and Girls		
Intervention	Outcome	Countries Represented and Study References
What Works		
Applying community-based participatory learning approaches involving women and men	More gender-equitable relationships and decreased violence	Ethiopia, South Africa (Pulerwitz et al., 2010a; Jewkes et al., 2010c; Jewkes et al., 2006b; Colvin, 2009).
Promising		
Establishing comprehensive post-rape care protocols that include post-exposure prophylaxis	Improved services for women	Kenya, Malawi, South Africa, Zambia (Keesbury and Askew, 2010; Siika et al., 2009; Kilonzo et al., 2009a; Kim et al., 2007a; Kim et al., 2009a).
Integrating participatory training on HIV, gender, and violence into microfinance programs	Reduced gender-based violence	South Africa (Kim et al., 2009b)
Training teachers about gender-based violence	Change in norms about acceptance of gender-based violence	Ghana, Malawi, South Africa (USAID, 2008a; Dreyer, 2001 cited in James-Traore et al., 2004).
Promoting public health	Increased awareness of violence against women	India, South Africa, Zambia (Morel-Seytoux et al., 2010; Usdin et al., 2005, cited in Rottach et al., 2009; Pelto and Singh, 2010).

(See www.whatworksforwomen.org for a more detailed description of the methodology.)

For more information on violence against women and full references for the citations, see www.whatworksforwomen.org.