CHAPTER SIX

Gender violence and HIV/AIDS

By Liesl Gerntholtz

Objectives

The objectives of this chapter are to:

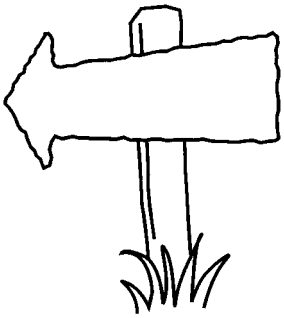
- Define the various forms of gender-based violence and how they contribute to the spread of HIV/AIDS;
- Explore and illustrate the link between gender-based violence and HIV/AIDS, as both a cause and an effect of the epidemic;
- Identify the role of the media and communicators in publicizing and raising awareness on the links between HIV/AIDS and gender-based violence.

Counselling on gender violence and HIV/AIDS in Marondera, Zimbabwe.
Photo: Trevor Davies

Introduction

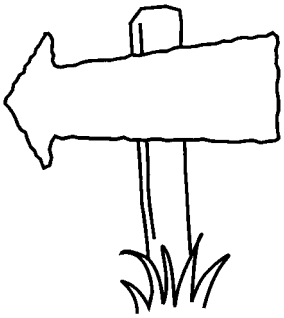
Women and girls are vulnerable to violence throughout their lifetimes. They experience violence in different forms, from abuse within a relationship, to rape committed by strangers, to state sponsored violence against refugee and migrant women. Women experience different forms of violence throughout their life cycle, and they will experience violence differently, according to their class, occupation, race, religion or other status.

Many traditional and cultural practices constitute violence against women and many cultures condone or ignore these acts.



See Chapter seven: Gender, culture religion and HIV/AIDS.

The conditions of poverty – lack of food, nutrition, no access to basic health care or to means to earn a decent wage – perpetuate an oppressive system and make women more vulnerable to violence. Women as the majority of the poor worldwide are therefore more likely to be the victims of violence.



See Chapter eight: Gender, poverty and HIV/AIDS

Violence against women has been recognised as a key human rights issue and has become an integral part of international human rights campaigns. The eradication of violence against women is seen as critical to the achievement of full equality for women.

The impact of violence on women's lives ranges from women leaving employment to serious health consequence, such as sexually transmitted infections (STIs). Violence against women limits their ability to participate in society and must be viewed as a serious barrier to development. The impact on both the girl child and the boy child is also receiving attention, and research has suggested that children who grow up in households where violence is the norm, tend to replicate similar patterns in their own adult lives.

It is important to recognize that men are also subject to violence, by women and by other men. Men in prison are particularly vulnerable to sexual violence and assault. It is important for journalists and communicators to understand that although men and boys are subject to violence, women, because of their unequal position in society socially – economically and politically – bear the brunt of violence. This chapter focuses on violence against women.

The different types of gender-based violence

Exercise one

Ask participants to each come up with one type of gender- based violence and list these on cards. Pin the cards up on a wall, cluster these, and discuss the links between them.

Tips for trainers: Below is a list of useful definitions. It is important for reporters and communicators to understand the different forms that violence may take, and also to appreciate that the law now defines many of these terms. Many are used indiscriminately when reporting on violence, and often inaccurately.

Definitions

Violence against women: Refers only to women. It is frequently confused with gender violence because over 90 percent of gender violence is violence against women.

Domestic violence: Domestic violence occurs between people who live together, are married, are in a relationship and used to be in a relationship. It is not limited to spouses, but can occur between family members, for example an uncle may assault his niece who lives in his house.

Sexual offences: Many cases of gender violence, violence against women, domestic violence and child abuse are, or have an element of, sexual violation.

Sexual harassment: Is viewed as an unfair labour practice. It is broadly defined as any unwanted conduct of a sexual nature, which can include touching, written and verbal communication and even rape.

Intimate femicide: The killing of women by their husbands, boyfriends or intimate partners.

Rape: is defined in many countries as the "intentional, unlawful penetration of the vagina by the penis". This is a very narrow definition and means that many acts, including forced anal sex between men and between men and women, would not be considered as rape by the law. This can be a problem because most countries consider rape to be a serious crime that carries a severe sentence.

Sodomy: Is the penetration of the anus. It is not considered a crime in South Africa, although many other African countries do consider it unlawful, even if it is between consenting adults

Indecent assault: Is a broad term that is often used to describe different forms of sexual assault that do not fall within the narrow definition of rape. This could include penetration by any object, other than a penis.

Statutory rape: Many countries have laws that protect young women from rape, even if they have consented to sex. In South Africa (and other countries) for example, a young woman under the age of 16 cannot consent to sex, so even if it can be shown that she agreed to have sex, the perpetrator can still be prosecuted for rape.
("Gender in Media Training: A Southern African Tool Kit, GL and IAJ 2003").

Gender violence and the life cycle

Exercise two

This exercise can be conducted in a plenary session or participants can be divided into smaller groups, depending on the time available.

Ask participants to write down the four stages of a woman's life: childhood, adolescence, adulthood, old age, and identify what kinds of violence the woman may be vulnerable to during those periods. Then ask them to identify why the violence places the woman at risk of HIV/AIDS.

Tips for trainers: Handout twenty can be given to the participants after they have completed this exercise to help them begin to think through some of the links between violence and HIV/AIDS.

handout twenty

Violence and HIV/AIDS risk throughout a woman's life

Childhood	The immature genital tract and lack of power against adult sexual aggressors place children at risk of HIV infection from sexual abuse and child prostitution.
Adolescence	The immature genital tract and lack of power against adult or peer sexual aggressors place adolescent females at risk of HIV infection from rape and coerced sex, economically-motivated sex, forced prostitution, and courtship or date rape.
Adult reproductive years	Violence from the following contributes to the HIV risk of women in their adult reproductive years: intimate partner violence; marital rape; violent retaliation of husbands or partners at the suggestion of condom use; and forced prostitution.
Older age	Women later in life may be particularly vulnerable to violence as a result of economic insecurity and (in some societies) diminished social status. Violence against older women can include rape and violence between intimates, both of which pose a risk of HIV transmission.

Adapted from Heise, L., Ellsberg, M. and Gottemoelle, M., "Ending Violence Against Women", Population Reports, December 1999, Series L(11.)

Gender violence and HIV/AIDS – reinforcing gender inequality?

Violence and HIV/AIDS interact in complex ways to reinforce gender inequality: violence increases women's vulnerability to HIV/AIDS, and HIV/AIDS in turn may lead to violence against women who disclose their HIV status.

Box three: Gender violence and HIV/AIDS

There are four main reasons why violence against women and HIV/AIDS overlap;

- Coercive sex can cause injuries and bleeding that can lead directly to a higher risk of HIV infection for women; typically this type of sex, including rape, takes place without the use of condoms, and women are unable to negotiate condom usage in these encounters;
- Abusive relationships represent an on-going threat to women – again it is difficult for women to negotiate condom usage and safer sex practices within violent relationships;
- Research indicates that women who have been abused as children are more likely to engage in high-risk sex practices e.g. multiple partners;
- Women who know their HIV status or who are perceived to be living with HIV may be at risk of violence from partners and their community.

Violence against women with HIV/AIDS

Exercise three

Gugu Dlamini lived in KwaZulu-Natal, a province of South Africa. On International AIDS Day, 10 December 1998, she publicly revealed that she was living with HIV/AIDS at a rally to mark the day. Shortly afterwards she was murdered near her home by several youths. It has been suggested that these young men had heard about her HIV status and were angry that she had chosen to reveal it publicly.
Ask participants to discuss reasons why Gugu's HIV status could have given rise to her murder. Then ask them to discuss whether things would have been different if Gugu had been a man who had chosen to disclose his status. Participants must give reasons for their answers.

Tips for trainers: Participants should think about the fears that people have about HIV/AIDS and the way that the disease has been stigmatized.

Exercise four

Give participants a copy of the article, "Raping to Live" in **Handout twenty-one**. Ask them to read it and discuss the gender and violence issues and how these are linked to HIV/AIDS that are raised in the article. They should be asked to comment on the journalistic strengths and weaknesses of the article. Participants should answer the following questions during their discussions:

- Why are some groups of women are particularly vulnerable to violence.
- What are the links between gender violence and HIV/AIDS in the article?

Participants can be divided into smaller groups to facilitate discussion on the article.

Tips for trainers: The article illustrates how women and girls are vulnerable to violence – young women who cannot say no to sex, girl children without parents, children who are being abused. Participants, after they have identified these vulnerable groups, should try to list the factors that increase their vulnerability to HIV infection – violence during the assault; having to have sexual intercourse without a condom and with men who have multiple partners etc. The article also deals with the controversial issue of virgin rapes. Participants should be asked how they felt the article dealt with the issue – in particular, they should be asked to comment on the headline of the story. What evidence does the journalist put up to support her view? You should also ask participants what the situation is in their country – have there been any reported cases of rape to "cleanse" the rapist of HIV/AIDS? The groups should consider how these myths, and their perpetuation by media reports, contributes to the stigmatization of people living with HIV/AIDS.

handout twenty-one

Raping to live

By Penny Dale, (BBC Focus on Africa, April-June 2003.)

One of the first things that struck me when I visited nineteen-year-old Misuzi Mtonga at the Canaan Orphanage in Lusaka was her willingness to talk so openly about the pain she went through while being sexually abused by her father.

The subject is still taboo in Zambia, but for Misuzi, being open is the way forward. This calm and bright young woman is determined to shed her unhappy past, not just to make a difference to her own life but also to that of others.

She has been helped by the kindness, love and counseling offered by her new home in Chelston, one of Lusaka's busier suburbs.

Thanks to the Anglican Children Project which runs the home, Misuzi, and another 50 or so boys and girls, sleep easily in their beds, are back in school, and are learning practical skills such as raising chickens and sewing.

But Misuzi is aiming much higher. She has set her heart on becoming a doctor: a profession through which she hopes to give the love and care denied to her in her own home.

Misuzi's sexual abuse at the hands of her father began when she was 10 years old and lasted for five years.
"My father would abuse me, sometimes every day. If I refused him, he would beat men and he would warn that if I told anyone he would kill me," Misuzi recalls.

The psychological and physical affects were horrendous.
"Sometimes I felt sick, usually I felt very lonely. I wondered why this was happening to me, and why my own father did this to me," she says. "At school, I lost my concentration. I thought everyone was talking about me; that they knew what I was going through. But they didn't."

In desperation, Misuzi would run away to her aunt, confiding to her about the abuse. But her aunt would return her to her family home and the abuse continued.

Misuzi eventually found the strength to leave home, to break free from the clutches of her father by taking refuge in the orphanage. She is amongst the lucky ones. Others have not been able to escape the fate that often awaits the victims of sexual abuse: infection with HIV.

According to a recent report by Human Rights Watch, entitled "Suffering in Silence", sexual abuse is a major reason why five times as many Zambian girls as boys under the age of 18 are HIV positive.

The report says that Zambia is in the grip of a social crisis which is wrecking the lives and spreading HIV among vulnerable young girls to such an extent that, if left unchecked, it could derail attempts to control the AIDS pandemic.

Sexual assaults on girls have reached shocking proportions. Girls mostly fall victim not to strangers but to members of their own family. Families often close ranks, leaving girls to suffer in silence.

Very few cases are reported to the police who – in any case – are not trained to deal with abuse cases in a sensitive or efficient way.

Because abuse and rape are still not talked about openly in Zambia, it is hard to get accurate statistics. But one clinic in Lusaka, the YWCA, recorded 23 cases in 1998, 77 in 1999, 88 in 2000, 110 in 2001, and 152 in the first 10 months of last year (2002).

Even more difficult is pinpointing the number of girls who have been infected as a result of abuse, partly because most Zambians do not know their HIV status.

However, the country's National AIDS Council estimates that about 1.75 million girls are vulnerable to HIV infection, and one of the main reasons is the growing incidence of sexual assaults.

All too common is the abuse of orphans by guardians, the very people who are supposed to protect vulnerable children from harm.

This kind of abuse has spiraled out of control in the past few years. Experts working in the field of child protection say this has happened precisely because of very high rates of HIV infection in the country.

There is a common but mistaken and dreadful belief that sleeping with a virgin – and the younger the better – is a cure for AIDS. This belief is one of the reasons why more and more cases of rape are now being reported.

The belief that raping a child or a virgin will cure a man of AIDS appears to stem in many cases from a custom that has been practised in the country for a long time, according to Felix Mwale of the Anglican Children's Project.

"Sexual cleansing" involves a widow having sex with a relative of her husband in order to purge the widow of her husband's spirit, a high-risk practice given that one in five people in Zambia are living with HIV.

According to Mwale, that belief is now being given a new interpretation, with people seeing it as a way of 'cleansing' themselves of AIDS.

The myth is being perpetuated by some traditional healers, and it is also tied into a culture that is dominated by men and has little respect for the rights of women and children.

Moreover, there is no access to the anti-retroviral drugs that do prolong lives in other countries, and without which HIV infection usually means a death sentence.

The result? The rape of young girls, including babies.
Few politicians have spoken out against the 'cleansing crime' but Kenneth Kaunda – the founding father of Zambia – has broken the taboo.

"It would appear to me that some people believe that a man who is suffering from HIV/AIDS can rape a child, six months old, one year old, whatever, and he'll be cured," Kaunda said recently. "What a stupid belief. It brings shame to Africa. You rape a child believing you'll be healed by this, what madness is this?"

Marital rape

UNAIDS research suggests that married women are particularly vulnerable to HIV infection. Many cultures and communities condone multiple sex partners for men, a practice that increases the risk of infection for women; married women who request the use of condoms are often subjected to violence, as it is believed that they must be committing adultery.

Many men do not believe that it is possible to rape their wives – they believe that marriage entitles them, legally and morally, to have sex with their wives whenever they wish.

Exercise five

Divide participants into pairs and ask them to interview one another on the issue of marital rape, using the following questions:

- Should rape within marriage be a crime? Give reasons for your answer.
- Do you think that marital rape is linked to the spread of HIV/AIDS in your country? Give reasons.

Tips for trainers: This exercise tests the underlying views of the participants on the issue of marital rape. This exercise however will only work successfully if your groups contain men. If not, send participants out to interview members of the public at random, using the same question. Remind them to interview equal numbers of men and women to get a sense of the gender dimensions of the issue.

Post exposure prophylaxis (PEP)

Reporting on PEP for rape survivors is an important aspect of the media's role. PEP, drugs that can reduce the risk of contracting HIV/AIDS after a rape, is not available in many African countries and is therefore a key issue for women, especially in those countries that have high levels of violence against women and girls.

Exercise six

Give participants copies of the article, "AIDS drugs do protect rape survivors" in **Handout twenty-two.** Participants should read the articles and answer the following questions:

- oes the article provide useful information about PEP?
- What other information could be provided?

Tips for trainers: The article can also provide a useful starting point for a discussion about the use of statistics. There have been many questions raised about the figures that are provided on the numbers of women who are raped. Ask participants to examine where the statistics used came from, whether they are accurate and how the author used them. **Handout twenty-three** is a useful fact sheet about PEP that can be given to participants after the session.

Violence against women, HIV/AIDS and the media

There has been a growing debate about the role that the media has played and the role that it should play, in reporting on violence against women.

These problems are exacerbated in stories where HIV/AIDS and violence against women
Overlap. Where they are reported, women are stigmatized and HIV/AIDS is portrayed as the "disease of sinners and prostitutes" and one that thrives on immorality and promiscuity.

Journalists and communicators pay little attention to the impact of violence on women's ability to keep themselves safe, and rarely explore the links between violence and HIV infection.

handout twenty-two

AIDS drugs do protect rape survivors

New local research challenges President Thabo Mbeki's stance on treating the pandemic

A groundbreaking study by a Johannesburg clinic has provided incontrovertible evidence that anti-retroviral drugs stave off HIV infection in raped women if taken soon after the attack.

The findings of the study, conducted on hundreds of rape survivors at the Sunninghill Clinic in Sandton, Johannesburg, over the past two years, contrast starkly with the government's controversial contention that the efficacy of such treatment remains unproven – in particular the stance of President Thabo Mbeki and Minister of Health Manto Tshabalala-Msimang.

The government has objected to administering anti-retroviral in state hospitals. The ban has been slated as particularly bizarre in the cases of raped women – at the risk of getting the disease from their attackers – or HIV positive pregnant women – for whom the drugs can be highly effective in preventing transmission to the unborn child.

South Africa's position is becoming increasingly out of synch with the rest of the world. The World Health Organisation reported this week that two-thirds of HIV positive women in Rwanda became infected as a result of rape – which debunks Mbeki's questioning of women's vulnerability to HIV in cases of rape.

The new Sunninghill study coincides with the latest embarrassment to hit the government over its anti-retroviral policies. Last week the Mail & Guardian reported that the Northern Cape Health MEC had blasted Kimberley hospital for administering anti-retrovirals to "Tshepang", the nine-month-old baby who was allegedly rapec and sodomised by six men last November.

The saga at Kimberely hospital exposed how officials across the country have fallen under the spell of Mbeki's controversial beliefs about the connection between HIV and AIDS and the efficacy of anti-retroviral drugs drugs. The governments' position on anti retrovirals has not been codified, but instead disseminated through statements from the President and debate in the media.

The M&G was alerted to the clash between the government and the Kimberley hospital by a German doctor who was suspended by the hospital for, among other things, criticising Mbeki in a report to her foreign funders. This week the South African Medical Association reacted to the saga by saying that doctors should do as they wish with regard to anti-retrovirals, and should not allow their ethics to be affected by government thinking.

The Sunninghill study, by Dr Adrienne Wulfsohn, has proved the efficacy of the treatment if anti-retrovirals are given to raped women within in 72 hours of the attack, confirming similar studies elsewhere that have so far been ignored by the government. Wulfsohn's study – the largest of its type yet in the world – confirms that no rape survivor becomes HIV positive if she receives anti-retrovirals within in 72 hours.

Wulfsohn has monitored more than 1000 rape survivors – of whom more than 600 have come through Sunninghill. Her findings form part of the world's first guidelines for post-exposure prophylaxis after sexual assault to be issued soon by the influential Centres for Disease Control (CDC) in the United States.

In preliminary notes the CDC says: "Post-exposure anti-retroviral therapy after sexual exposure to HIV should be considered where the risk of HIV exposure in the assault appear significant."

Apart from proving the drugs' efficacy, the study also contains observations about their toxicity, one of Mbeki's main bugbears. The CDC says: "Post-exposure prophylaxis appears to be well tolerated in adults and children, and significant adverse effects are rare in the short periods of time during which prophylaxis is taken."
In South Africa, researchers estimate that the risk of HIV after rape is 40 percent, given the prevalence of HIV in young men – those most often involved in rape – and given the fact that most rape in South Africa is gang rape.

Wulfsohn's research began almost three years ago when she set up the first Netcare rape clinic at Sunninghill. "I couldn't find any research data and so began monitoring my patients," she says. Although Sunninghill is wealthy area, 95 percent of rape patients come from poor areas such as Thembisa, Diepsloot and Alexandra.

"We have a big enough research study to show that post-exposure prophylaxis after rape works," Wulfsohn says. However, her approaches to the government have met with no response. Wulfsohn says it will cost the state much more to treat HIV-infected women than to administer the drugs. What makes the government's stance even more puzzling is that the price of the drugs has dropped almost 300 percent over the past two years.

Post-exposure prophylaxis to rape survivors is being administered widely in 20 European countries, Botswana, Thailand, several US states and Canada.

According to a South African Law Commission report in 1999, South Africa has about 1,6-million rape attacks a year.

Jo-Anne Collinge, spokesperson for the national Department of Health, said of the Sunninghill study: "The department would be open to looking at any research that exists because one of the great problems is the lack of research." She added that the study will be of "great interest" to the department.

The South African Law Commission this week launched its revised discussion paper on sexual offences – radically proposing that the state should assume responsibility for "providing the financial means to cover the cost of prescribed medication for victims of rape", including anti-retroviral drugs, writes Khadija Magardie.

The treatment to be covered by the government also includes trauma and pre and post-HIV test counseling.

The document's proposals, which were released for public comment in late December, would mean that if a doctor regards the drugs as necessary and prescribes them, the state should foot the bill. The impetus behind the suggestion would be to help indigent people who cannot afford the drug cocktail, which costs nearly R2000.

The purpose of the latest discussion document, commissioned last year, was to reform the laws relating to sexual offences – and includes recommendations relating to, among other things, reporting and investigating of sexual offences, the procedures for disclosure, court hearings, rules of evidence and sentencing of sexual offenders.

The discussion paper also suggests that failure by a person to disclose that he or she is infected with a sexually transmitted disease, including HIV, prior to having sexual relations with another person, consenting or otherwise, should be a criminal offence.

The law commission says in the document that such behaviour constitutes "criminal sexual activity", adding that it "provisionally endorses the view that a separate offence should be created which specifically criminalizes harmful HIV-related behaviour in the context of committing a sexual offence". In effect, rapists could face an additional sentence to that received for their crime.

(Source: Mail and Guardian January 18-24 2002).

handout twenty-three

PEP and rape survivors

Q: What is PEP?

A: PEP (post exposure prophylaxis) is a course of anti-retroviral medication that may stop you from getting HIV after a rape.

Q: Who should take PEP?

A: Anyone who has been raped or who has been penetrated through the anus.

Q: When should I take these drugs?

A: These drugs must be taken within 72 hours (about three days) after the rape. It is very important to take them as soon as possible.

Q: Can children who have been raped take these drugs?

A: Yes they can, but the dosage is different to that taken by adults. A doctor will work out how much the child needs to take.

Q: How long do I have to take the drugs for?

A: 28 days.

Q: When will I know if the drugs have worked?

A: When you first report the rape or assault, you will be asked to undergo an HIV test (this must be done with your informed consent and with pre- and post-test counseling). If the result is negative, you will be given a course of PEP. You will have to have another test three months after the rape, and another one six months after the rape. If you are still HIV negative, it means that you have not contracted HIV from the rape. If you test positive immediately after the rape, it means that you were living with HIV before the rape and you will not be able to take PEP.

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Q: Where can I get PEP?

A: On April 17, 2002, the South African Cabinet announced that PEP would be available to rape survivors at public hospitals in South Africa. PEP is however still not available through the public health system to women in other SADC countries.

("PEP for rape survivors", prepared by the ALP and the Center for the Study of Violence and Reconciliation.)

Story ideas from this chapter

- PEP – a story that investigates whether PEP is available in your country and if not, what options are available to rape survivors to protect themselves.

- Seek out organizations in your country that are conducting research on the links between violence against women and HIV/AIDS. Stories on the research could be linked to the need for more effective legislation, policies and practices.

Key learning points

- Violence against women reinforces gender inequalities.

- Gender violence limits women's ability to negotiate safer sex and increases their vulnerability to HIV infection. HIV/AIDS in turn may be a cause of violence.

- Journalists and communicators rarely make the links between violence against women and vulnerability to HIV/AIDS, preferring instead to sensationalise stories and identify women as either victims or vectors of the infection.