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Preventing Gender-Based Violence and HIV: Lessons from the Field

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Gender-based violence (GBV) is increasingly recognized as a critical driver of the HIV epidemic in many settings, particularly in sub-Saharan Africa where the incidence of HIV infection is growing at alarming rates among young women in particular.¹ In fact, GBV as an HIV risk factor features prominently in the Global Health Initiative Strategic Framework and the U.S. President's Emergency Plan for AIDS Relief.

Research suggests that females experience violence across their lifespan, from infanticide to childhood sexual abuse; unequal access to food, education, and medical care; to sexual harassment in school and forced early marriage (Watts and Zimmerman 2002). The findings from over 100 international studies carried out in the last two decades paint a disturbing picture. They show that about one out of every three women globally has been raped, beaten, or otherwise mistreated, usually by a family member or intimate partner (Ellsberg and Heise 2005). The

impact of this violence on the physical and mental health of women and girls is devastating and seriously limits their ability to participate fully and share in the benefits of development (For a comprehensive look at the prevalence, causes, costs and consequences of violence against women, see United Nations 2006).

GBV puts women and girls at greater risk of HIV infection through multiple pathways (Campbell et al. 2008). Women who have been raped face an obvious risk of infection from their assailant. However, women are often reluctant to report the crime because of the stigma associated with rape and therefore do not receive any care or follow-up, including post-exposure prophylaxis, where it exists. Women living with violent partners are less able to protect themselves from unsafe and coerced sex. At the same time, women living with HIV are more likely to suffer violence as a result of their status, both from intimate partners as well as family and community members. Because of this, the fear of violence can keep women

¹ Gender-based violence was defined by the U.N. Convention for the Elimination of All Forms of Discrimination against Women (1992) as “violence that is directed against a woman because she is a woman, or violence that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty” (General Recommendation No. 19). In 1993, the U.N. Declaration on the Elimination of Violence against Women would stipulate that the violence against women referred to in the declaration was “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (Article 1). Subsequently, this definition became widely used as the definition for gender-based violence. In more recent years, the term has been used by others to include other forms of violence that might be directed toward men and boys, particularly in the case of sexual violence in conflict situations and violence against sexual minorities. In this paper, we use the term to refer specifically to the forms of violence described in the U.N. declaration, which are most commonly used by men against women and girls. For purpose of this paper, the most relevant forms of violence are sexual assault and intimate partner violence.

from seeking testing, care, and treatment, and in some settings may even discourage women from attending prenatal services to avoid testing and disclosure of their status.

An integrated strategy to address GBV in the context of HIV needs to take women's and girls' specific vulnerabilities into account in all aspects of addressing the epidemic. Laws need to be reformed and implemented to sanction all forms of GBV and to provide survivors with access to justice.² Health systems need to recognize how rape and domestic violence shape women's risk for HIV. Thus, providers need to be trained to identify women living with violence, and to respond with appropriate care and referrals, making sure not to put women at increased risk for violence through their actions (for a summary of evaluated interventions, see Bott, Morrison, and Ellsberg 2005). However, many experts, including the World Health Organization, suggest that primary prevention of GBV is a more effective strategy for reducing both GBV as well as HIV prevalence. There are few examples of interventions that have successfully tackled the challenge of combining HIV and violence prevention, but two innovative programs, one in Nicaragua and the other in Uganda, have found ways to do so.

For the past decade, Puntos de Encuentro based in Nicaragua and Raising Voices based in Uganda have been honing strategies that engage people to talk about and take action against GBV and HIV. Puntos de Encuentro developed *Sexto Sentido*, a weekly soap opera broadcast in several Central American countries and soon in Bolivia that presents issues of violence, gender equality and inequality, sexuality, and HIV through the life and relationships of various characters who are straight, gay, transgender, male,

and female. In some communities, the messages on the show are reinforced through a nightly radio call-in program where these issues are debated and through education packs that are disseminated by peer educators in schools, youth camps, and other community settings. Evaluation of the program identified a significant reduction of stigmatizing and gender-inequitable attitudes, an increase in knowledge and use of HIV-related services, and a significant increase in interpersonal communication about HIV prevention and sexual behavior (Solórzano 2008).

Raising Voices, which works throughout East, Central and Southern Africa, uses a four-phase process called SASA! (meaning "Now!" in Swahili) to mobilize communities against GBV and HIV. The phases include 1) getting people to start thinking about GBV and HIV; 2) raising awareness about how communities accept men's use of power over women; 3) supporting women, men, and activists affected by or involved in preventing GBV and HIV by fostering solidarity among them and with others; and 4) taking action by harnessing the community's power to prevent GBV and HIV. The SASA! approach engages local leaders, police, journalists, health personnel, and religious leaders as well as women and men in communities in this process, as all have a role to play in preventing and responding to GBV and HIV.

Despite distinct settings and using different media, both programs have identified common lessons with respect to changing underlying attitudes as well as behavior related to gender norms, sexual health, and violence.³ Amy Bank, co-creator of *Sexto Sentido* and former Executive Director of Puntos de Encuentro and Lori Michau, co-founder of Raising Voices, shared reflections on these lessons in interviews in March 2010. The first important lesson they learned was

² See the U.N. Secretary-General's database on GBV, which summarizes laws and policies related to GBV by country; <http://webapps01.un.org/vawdatabase/home.action>.

³ Although SASA! has not yet been evaluated, Raising Voices has been conducting process evaluation and monitoring since the inception of the program in 2008 to continuously improve their approaches. A scientific, rigorous evaluation of SASA! will be conducted and is scheduled to be completed in 2011. For more information on the study, see: <http://www.raisingvoices.org/sasa/study.php>.

that to change attitudes, the issues of GBV and HIV must become real for people by seeing the effects on someone they know or to whom they can relate. In other words, to internalize the links between GBV and HIV, one must perceive and critically think about the benefits and consequences for him- or herself and the surrounding community, rather than a distant societal problem.

In Nicaragua, HIV incidence is still fairly low and quite stigmatized, unlike in Uganda and other African countries where everyone knows someone who is infected with HIV. Nicaraguans know rationally that HIV is a big problem globally and that it could be a problem in Nicaragua, but they do not generally think it could happen to them. “By having someone like Gabriel [the most popular character of *Sexto Sentido*] who is a young, straight, good-natured guy, contract HIV, people felt like they knew someone like them who contracted HIV,” says Bank. Likewise, when asked about the impact *Sexto Sentido* had on her, one young woman said, “Several subjects, like violence and AIDS, had a real impact on me. I’d talked about those issues but had never seen them as real as in *Sexto Sentido*. I’ve talked about those issues with my friends.”

In Uganda, where HIV is much more prevalent, Raising Voices makes people think critically about how gender norms and violence fuel HIV. As Michau, puts it, “First we try to help people think through what’s going on in their own lives and how GBV and HIV relate to their experiences.”

A second important approach to GBV prevention is to make people—both men and women—feel capable and empowered to act on changed attitudes in their own personal lives as well as in their communities. A key strategy to doing this is to get people to focus on what they can do instead of what

they *cannot* do—looking at the strength in people and the assets in the community, rather than focusing on the problem alone. According to Michau, “It can be quite overwhelming—the high levels of HIV, lack of water and sanitation, poverty. We can’t go into a community and tell people that violence is a major problem and they are at risk for HIV; emphasizing the risks related to these issues in a negative way doesn’t foster hope and agency. We instead encourage people to think about their strengths and then to question the status quo; in the case of SASA! this means to start questioning the power imbalance between women and men. We ask men and women, ‘How are you using your power to improve your relationships and communities?’” The SASA! approach also stresses process; instead of giving messages, it provides ideas and gets people to figure out for themselves what works for them.

Similarly, Puntos de Encuentro encourages men to use their manhood in positive rather than harmful ways. *Sexto Sentido* appeals to men’s desire to be “macho” or a “real man” by showing examples of Gabriel, a “real man,” being supportive and sensitive to women as opposed to being violent or pressuring women to have sex. “We must make the distinction between being macho and machista⁴ and let men know that real men don’t have to be machista,” says Bank. Both Puntos de Encuentro and Raising Voices have found that encouraging dialogue between women and men on difficult issues such as power and sexuality is more effective than working with men or women in separate groups.

An outstanding challenge for GBV prevention work is *how to get people to act on their increased knowledge and gender-equitable attitudes?* Both Puntos de Encuentro and Raising Voices emphasize that one source—be it a television show in the case of the former, or a SASA! workshop in the latter—is not

⁴ *Machista* can be defined as someone who is excessively masculine to the point of being a male chauvinist.

enough to get people to take action. Both programs support activists to spread messages about human rights in relation to sexual health—including GBV—in schools, in the media, in religious institutions, and venues in the community on a long-term basis. In Bank's words, "The messages need to be part of the air that people breathe."

Yet in a context of short-term donor funding and resource-poor settings, being able to sustain activism throughout the community in the long-term is challenging. Programs often cite lack of funding or the short-term duration of projects as hindrances to being able to achieve lasting change, and measure impact if there are any funds at all to carry out an evaluation. Puntos de Encuentro and SASA!, however, integrate sustainability of activism by providing tools for dialogue in everyday life that do not require an expensive new project or a highly skilled facilitator. "A lot of programs talk about empowering people, but they don't give them the skills to make that change. SASA! builds community member's skills to talk about power, violence and HIV—in common, everyday language that encourages personal reflection," says Michau.

Harnessing the power within people to change and leveraging that power to sway an influential critical mass and arrive at norms and behaviors that support gender equality is at the heart of effective GBV prevention programs like SASA! and Puntos de Encuentro. Empowering people to change by personalizing the risk related to GBV and HIV is a first step; supporting people to continue to integrate change in their daily lives is the on-going but not insurmountable challenge.

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