

Gender-Based Violence

Introduction:

Gender-based violence (GBV) is a worldwide problem, though the scourge is particularly difficult to eradicate in Africa, where an unhealthy mix of tradition, inequality and even ignorance conspires against women. Add HIV/AIDS into this mix and women are fighting not only discrimination and physical abuse, but also a disease that will more than likely kill them. Despite numerous treaties, declarations and interventions from rights groups and NGOs, rape is still widespread - and often goes unreported. One of the most common types of violence against women is performed by a husband or male partner - not an unknown assailant. A comprehensive solution to the problem should include not only better education and stricter law enforcement (including more prosecutions for the crime) but also the awakening of women to take control of their bodies and lives. GBV is never merely a 'family matter'. It is a mark on all of society.

The Numbers:

Violence against women and the spread of HIV are two sides of the same coin. It is no coincidence that South Africa suffers from particularly heavy caseloads of both HIV and rape. Between April 2004 and March 2005, 55,114 cases of rape were reported to South African police, though the number of actual cases might be nine times higher, according to the Medical Research Council. Since 1985, the percentage of women among adults living with HIV/AIDS has jumped from 35 percent to 48 percent worldwide, according to UNAIDS. In sub-Saharan Africa, 57 percent of adults living with HIV are women while two thirds of young HIV positive people are women and girls. According to an Amnesty International report, the level of HIV infection among pregnant women and girls attending antenatal clinics in Swaziland was a staggering 38.6 percent in 2002. Gender-based violence helps explain, at least in part, why so many young women and girls in southern Africa are HIV positive.

The Issues:

1. Types of GBV

The rights group Amnesty International has identified three distinct types of gender-based violence (GBV). The first is so-called 'family violence', or violence committed within a woman or girl's family. This type of GBV might include marital rape, sexual abuse from a husband, brother or uncle and the abuse of children. The second type of GBV is 'community violence'. This is rape by a person unknown or unrelated to a woman. Human trafficking and forced prostitution also fall into this category. The third type is 'state violence', or violence committed or condoned by individuals employed by the state. This category includes violence or rape committed by police, prison guards, soldiers or border officials.

2. HIV and female-specific risks

A mix of physiological, social and human rights factors explain why women - especially African women - are particularly vulnerable to contracting HIV. All women are at greater risk than men to the virus via heterosexual activity because semen contains higher levels of the HI virus than do vaginal fluids. The vagina also offers a larger area of mucosal tissue, which is subject to micro injuries through which HIV can enter the bloodstream. Women's genital tissues are easily damaged during sex (especially dry sex), which can cause cuts and bruises. These cuts and bruises can provide entry points for the virus. According to UNAIDS, women are two to four times more likely to contract HIV through unprotected vaginal sex than are men. Forced sex (rape) only compounds these problems.

A woman's status in society - and within her own family - directly influences her health. Many young women are exposed to sexual violence and are coerced into sex both inside and outside of marriage. Women may feel a lack of power over their own bodies, leaving them helpless to make demands on their partners (such as the request to use a condom), especially on partners who are much older. Marriage is no guarantee of protection from HIV when a woman's husband engages in unprotected sex with multiple partners. Traditional African practices such as genital mutilation, early marriage and wife inheritance also play a role in robbing women of control over their bodies and sex lives, rendering them susceptible to HIV/AIDS and other diseases.

See: ETHIOPIA: Inequality, gender-based violence raise HIV/AIDS risk for women
http://www.plusnews.org/AIDSReport.ASP?ReportID=6634&SelectRegion=Horn_of_Africa&SelectCountry=ETHIOPIA

See: KENYA: Male participation crucial to reducing gender violence and HIV
http://www.plusnews.org/AIDSReport.ASP?ReportID=6631&SelectRegion=East_Africa&SelectCountry=KENYA

See: AFRICA: Mothers and children facing dire conditions - NGO
<http://www.irinnews.org/report.asp?ReportID=46932&SelectRegion=Africa&SelectCountry=AFRICA>

3. Rape

The women's rights group POWA defines rape as 'any forced or coerced genital contact or sexual penetration'. The physical act of rape - forced sex, typically without a condom or any protection, sometimes causing genital injury and bleeding - may directly lead to a girl or woman contracting HIV. If a woman is attacked by multiple assailants ('gang raped'), her chances of acquiring HIV will, of course, also be multiplied. The POWA definition of rape might seem obvious, even intuitive, though many South Africans - both male and female - still have difficulty understanding the concept. A 2004 nationwide South African survey of boys and girls aged between 10 and 19 found that 58 percent did not view "forced sex with someone you know" as sexual violence; another 30 percent of all respondents agreed that "girls do not have a right to refuse sex with their boyfriend". These findings help explain why many women (not only in South Africa) fail to report rape to the authorities or even to their families. Women might fear appearing disloyal to the rapist; they might fear reprisal and intimidation; they might suffer shame and, finally, they might have no faith in the justice system to either believe them or to prosecute the offender. The burden of stopping rape falls largely with the perpetrators, but also on the victims. With the help of governments and NGOs, women must stand up for their rights and take control of their bodies.

See: LIBERIA: Government, women's groups decry post-war sexual violence
http://www.plusnews.org/AIDSReport.ASP?ReportID=6646&SelectRegion=West_Africa,&SelectCountry=Liberia

4. GBV and conflict zones

When committed in the context of armed conflict, rape is a war crime. Women are particularly vulnerable to sexual violence during conflicts because of the break down of communities and the collapse of law and order. Women are sometimes forced to fight as combatants, exposing them to even greater risk of sexual violence. Mass rape during conflict has been known to drive the HIV pandemic. During the bloody 1994 genocide in Rwanda, for example, hundreds of thousands of women were raped, many by men who were HIV positive.

See: AFRICA: Gender-based violence continues to plague conflict zones
<http://www.irinnews.org/report.asp?ReportID=45282&SelectRegion=Africa&SelectCountry=AFRICA>

See: DRC: Sexual abuse a 'cancer', says Egeland
<http://www.irinnews.org/report.asp?ReportID=55596&SelectRegion=Africa&SelectCountry=DRC>

5. The way forward

The widely recognised and recommended ABC (**A**bstain, **B**e faithful, use **C**ondoms) approach to thwarting the spread of HIV will only be effective if combined with social and economic changes that empower women to claim their rights. What good is advocating abstinence if a woman is raped? What good is recommending condoms if a woman's partner refuses to use one? The World Health Organisation, in a multi-country study on women's health and domestic violence against women, suggests 15 ways forward to make all women safe from sexual violence. The 15 ideas are worth listing here:

1. Promote gender equality and women's human rights.
2. Establish, implement and monitor multisectoral action plans to address violence against women.
3. Enlist social, political, religious, and other leaders in speaking out against violence against women.
4. Enhance capacity and establish systems for data collection to monitor violence against women, and the attitudes and beliefs that perpetuate it.
5. Develop, implement and evaluate programmes aimed at primary prevention of intimate-partner violence and sexual violence.
6. Prioritize the prevention of child sexual abuse.

7. Integrate responses to violence against women in existing programmes for the prevention of HIV and AIDS, and for the promotion of adolescent health.
8. Make physical environments safer for women.
9. Make schools safe for girls.
10. Develop a comprehensive health sector response to the various impacts of violence against women.
11. Use reproductive health services as entry points for identifying and supporting women in abusive relationships, and for delivering referral or support services.
12. Strengthen formal and informal support systems for women living with violence.
13. Sensitize legal and justice systems to the particular needs of women victims of violence.
14. Support research on the causes, consequences, and costs of violence against women and on effective prevention measures.
15. Increase support to programmes to reduce and respond to violence against women.

See: *SOUTH AFRICA: Closing the gap on gender-based violence in South Africa*
<http://www.irinnews.org/webspecials/PNGBV/6643.asp>

See: *SOUTH AFRICA: Men slowly turning away from gender-based violence*
<http://www.irinnews.org/webspecials/PNGBV/6643.asp>

Key websites and documents:

WHO Multi-country Study on Women's Health and Domestic Violence against Women
http://www.who.int/gender/violence/who_multicountry_study/en/index.html

Women and HIV/AIDS: Confronting the Crisis (a joint report by UNAIDS, UNFPA, UNIFEM)
http://www.unfpa.org/hiv/women/docs/women_aids.pdf

Women, HIV/AIDS and human rights
<http://web.amnesty.org/library/Index/ENGACT770842004>

The Sexual Violence Research Initiative
<http://www.svri.org/>

People Opposing Women Abuse (an NGO undertaking research into gender-based violence in Africa)
<http://www.powa.co.za>