



# Asia Pacific Community of Practice on HIV/AIDS, Gender and Human Rights

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Consolidated Reply  
**E-discussion on Women, HIV and  
Intimate Partner Transmission**

a partnership initiative with



United Nations Human Rights  
Office of the High Commissioner for Human Rights



UNAIDS





This Publication has been prepared by the UNDP regional Center in Colombo on behalf of UNDP, UNAIDS, UNIFEM, OHCHR and APN+.

# The Asia Pacific Community of Practice on HIV, Gender and Human Rights [HIV-APCoP]

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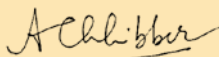
The Asia Pacific Community of Practice on HIV, Gender and Human Rights [HIV-APCoP] is an interactive and dynamic knowledge network jointly established by UNDP, UNAIDS, UNIFEM, UNOHCHR, and APN+ in response to the challenges faced by the Asia Pacific countries on HIV, gender and human rights.

This network is open to a broad range of actors working on these issues, including all relevant UN family partners, networks of people living with HIV, national and local governments, key civil society organizations, and academic and research institutions.

Drawing upon member's knowledge, competencies and experiences, this virtual forum provides the following services:

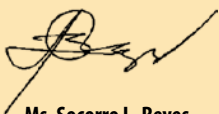
- **An online resource centre for publications, tools, human resources and other materials**
- **Database of emerging and good practices across the region**
- **A technical group that reviews studies and provides guidance to resources under development**
- **Technical advice on specific queries on HIV, gender and human rights from the countries of the region**

The HIV-APCoP can be accessed via [www.hivapcop.org](http://www.hivapcop.org)



**Dr. Ajay Chhibber**

Assistant UN Secretary General  
& Director UNDP Regional Bureau for Asia  
and the Pacific



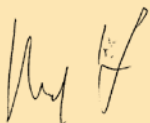
**Ms. Socorro L. Reyes**

Chief  
Asia-Pacific and Arab States  
UNIFEM



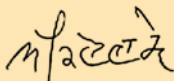
**Mr. JVR Prasada Rao**

Director  
UNAIDS Regional Support Team  
in Asia and the Pacific



**Mr. Homayoun Alizadeh**

Regional Representative  
for South East Asia  
UNOHCHR



**Mr. Shiba Phurailatpam**

Regional Coordinator and Director  
APN+

## Joint Message from the Regional Directors of UNDP, UNIFEM, UNAIDS, UNOHCHR and APN+

We are pleased to introduce a Joint Community of Practice, which focuses on the intersections between HIV, human rights and gender in the Asia Pacific region. The community of practice was designed based on the feedback provided from an online survey and more than 50 development practitioners who participated in the joint UNDP, UNAIDS, UNIFEM, OHCHR Regional Consultation on HIV, Human Rights and Gender held in May 2009 in Bangkok, Thailand. This interactive and dynamic moderated knowledge network is open to all UN family partners working on these issues, as well as national and local governments, key civil society organizations, academic and research institutions and networks of people living with HIV.

The launch of the Community of Practice was followed by an electronic discussion on a priority issue highlighted via the needs assessment survey and the feedback given by participants at the consultation held recently. The inaugural discussion topic is titled "Women, HIV, and Intimate Partner Transmission" and was moderated via the workspace by Dr. Nafis Sadik, the UN Special Envoy on HIV and AIDS in Asia and the Pacific. This booklet presents the consolidated response from this electronic discussion and will also feed into some of the key sessions organized at ICAAP'09 (the International Congress on AIDS in Asia and the Pacific). We encourage you to contribute your knowledge, insights and experience with the community and welcome your feedback and advice to make it a success.

The Community of Practice on HIV, Human Rights and Gender (HIV-APCOP) serves two basic functions to achieve the goal of knowledge networking and capacity building: to connect and collect. It connects those working for and with UNDP, UNIFEM, UNAIDS and UNOHCHR with development practitioners, civil society and government partners in the region to advocate and address the issues of HIV, Human Rights, and Gender. The HIV-APCOP also collects and serves as a regional clearinghouse for resources, experiences, training tools and methods around the themes of HIV, Gender and Human Rights in Asia and the Pacific.

We look forward to your active involvement and participation in this important joint Community of Practice on HIV, Human Rights and Gender.

## How can the HIV-APCoP help you?

- Provide access to important publications, presentations, tools, and other materials.
- Provide access to emerging and good practices across the region.
- Provide information on upcoming events related to HIV, gender and human rights in the region.
- Provide peer-review for your studies and guidance to resources under development.
- Link you to professionals working on issues related to HIV, gender and human rights.
- Provide technical advice on specific queries.



## How can you contribute?

- Share your organizations work on the HIV-APCoP through publications and best practices.
- Post details of upcoming events relevant to HIV, gender and human rights in the region.
- Respond to member's queries and share your expertise.
- Participate in e-discussions.

Today we are living in a world of specialization and excellence. I am delighted that in response to this emerging reality this community of practice has been set up to discuss and explore issues that are specific to gender, HIV and human rights. I have been working to move the HIV/AIDS agenda with as powerful a gender lens as possible since 1993 but have been frustrated when gender and rights issues have often got subsumed in the HIV discussions because, for some, there were more urgent and pressing concerns. This space I am sure will move our vision with accelerated speed now in the Asian region. I feel privileged to be part of this community.

**Madhu Bala Nath,**  
Technical Advisor on HIV,  
GBV and Anti Trafficking,  
UNIFEM

The challenges and complex interplay between HIV, laws that discriminate and criminalize rather than protect people living with and are vulnerable to HIV and deep seated norms and attitudes that embed gender inequalities requires us to engage across a broad spectrum of society to shift mindsets, behaviours and actions. The HIV-APCoP provides a unique platform to exchange ideas and latest practices, and build a community of commitment across partners in the Asia Pacific for creative responses to HIV that are rights based and grounded in gender equalities.

**Caitlin Wiesen-Antin,**  
Regional HIV/AIDS Practice  
Leader & Programme  
Coordinator Asia & Pacific  
UNDP Regional Centre

## E-discussion: Women, HIV and intimate partner transmission

Launch discussion on intimate partner transmission of HIV and its linkages with violence on the Joint Community of Practice on HIV, Human Rights and Gender in Asia and the Pacific (HIVAPCOP). The guest moderator of the inaugural discussion is Dr. Nafis Sadik, UN Special Envoy on HIV and AIDS in Asia and the Pacific.

The 2008 Report of the Commission on AIDS in Asia illustrates the inextricable linkages between HIV, human rights and gender. Human rights violations and gender inequality are fuelling the epidemic and creating major obstacles in reaching our Universal Access goals and the MDG targets for HIV and AIDS.

Gender-related HIV challenges are deeply embedded in the fabric of society. Gender norms prevent girls from seeking information and services on sexual health and HIV, and deny women their say in sexual decisions. At the same time, gender norms encourage boys and men to engage in multiple sexual encounters and risky behaviour. Intimate partner violence is silencing women's voice, and preventing them from seeking help and taking measures to protect themselves from HIV infection. This is compounded by the shame and persistent stigma associated with HIV which creates powerful barriers to accessing basic HIV prevention and treatment services.

It is estimated that 50 million women in Asia are at risk of HIV infection from their intimate partners and urgent attention is needed for developing effective prevention strategies to reach them.

In the light of this, I am delighted to launch the inaugural virtual discussion on intimate partner transmission of HIV and its linkages with violence on the newly established HIVAPCOP. HIV and Intimate Partner Transmission raises questions related to intimate partner violence, giving agency to vulnerable women, engaging men in the response, and improving women's rights to inheritance and property as a way of addressing violence and providing coping mechanisms.

Please find a few key questions below to help kick start the discussion. The results of this e-discussion will feed into the multi partner (UNDP, UNAIDS, UNIFEM, UNFPA, WAPN+ and ICW) joint symposia on HIV and Intimate Partner Transmission at the 9th ICAAP in Bali, Indonesia.

HIV, Intimate Partner Transmission and Domestic Violence

- In some parts of Asia, it can be said that marriage is a robust indicator of HIV vulnerability for women. To what extent does this hold to be true in your experiences?
- Violence within marriage appears to be the norm rather than the exception in many of our communities. There is also substantial evidence that violence increases women and men's vulnerability to contracting HIV. What violence prevention efforts have been effective in empowering women and affecting HIV transmission rates?
- Spousal violence involves at least two people, usually a male perpetrator and a female victim. What approaches have been used to work with men and boys to prevent violence within marriage and reduce HIV transmission?
- For survivors of spousal violence who are also infected or affected by HIV/AIDS what kinds of support structures/mechanisms have been seen to be effective in helping them survive? To what extent do women's empowerment schemes provide enough support?

I look forward to your contribution and to a lively exchange of views.

Sincerely,



**Dr. Nafis Sadik**

UN Special Envoy on HIV and AIDS in Asia and the Pacific  
HIV-APCOP Guest Moderator

**Responses were received with many thanks, from;**

Madhu Bala Nath, UNIFEM

Azrul Mohd Khalib, UNDP Malaysia

Dr. Jean D' Cunha, UNIFEM East & Southeast Asia

Anjani Bhattarai, UNDP Nepal

Jay G. Silverman, Harvard School of Public Health

Nashida Sattar, UNDP Regional Centre in Colombo

Niranjan Saggurti, Population Council

Vandana Mahajan, UNIFEM

# Consolidated Response: Women, HIV and Intimate Partner Transmission

[The HIV-APCOP received responses from members in India, Malaysia, Thailand, Nepal, USA, Sri Lanka and the Fiji Islands]

## Background

Findings from a recent study<sup>[1]</sup> on spousal and intimate partner transmission in sero discordant couples in Southeast Asia indicate that women are increasingly contracting HIV from their husbands and long term partners and they constitute the majority of new infections.

These findings also confirm that discrimination and violence against women/girls and the norms and standards of sexual engagement that condone or socially sanction violence in intimate partner relationships, render women vulnerable to HIV/AIDS. Cultural taboos, including the notion of sex being a “male right,” especially within marriage, often gives women little space to openly discuss and negotiate sexual relations within marriage, increasing their vulnerability to HIV infection. Positive women face disproportionate stigma and discrimination, which affects emotional well being, diminishes access to treatment and care, employment and a spectrum of other services. Finally, when a positive woman has to assume the additional responsibility of caring for family members suffering from HIV/AIDS, it increases emotional/physical stress, enhances time poverty, and may reduce her earning potential or push her to earn more.



[1] In 2008, the UNIFEM East and Southeast Asia, Regional Office Bangkok, conducted a study, entitled “Responding to the Feminization of HIV/AIDS: A Rapid Assessment of Spousal and Partner Transmission of HIV and Sero Discordant Couples” in four countries in Southeast Asia in partnership with UNAIDS, Asia Regional Office, Bangkok.

## Summary of Responses to Questions

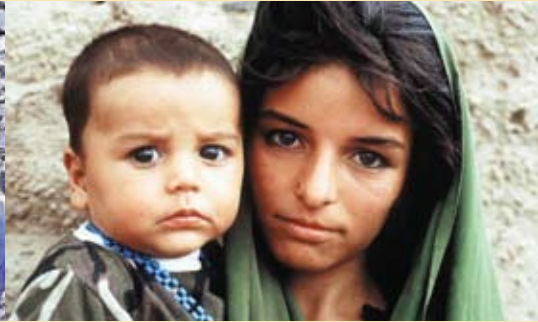
**In some parts of Asia, it can be said that marriage is a robust indicator of HIV vulnerability for women. To what extent does this hold to be true in your experiences?**

Members felt that marriage is not yet a 'robust indicator' of HIV in Asia but is increasingly emerging as a possible risk to contracting the virus. Framing the issue this way runs the risk of a range of conservative responses from non-acceptance and branding this position as anti-marriage to introduction of mandatory pre marriage testing. What might be more useful is to use data and analysis to establish the power dynamic - power exercised by and large by men over women in society as a whole, including in marriage - as a key cause. Interventions need to strike at this power dynamic in order to make any real difference in terms of halting or reversing the spread of HIV.



It is important to note that not all women in marriage are at risk for HIV; there are specific groups of married women who are at higher risk than other women. Research to date has characterized such groups of women by the behaviors of men and cultural practices in marital system within the South Asian context. For instance, married women who face Intimate Partner Violence (IPV), have husbands with hypermasculine attitudes or are heavy users of substance. These men are also more likely to engage in unprotected extra marital sexual relations and hence are at increased risk of HIV transmission. Female partners of migrant men or female migrants themselves as married partners are at risk of HIV due to lack of knowledge and skills to protect themselves and inaccessibility and lack of knowledge about quality services. This multi-factorial risk of HIV transmission in intimate partner relationships points to specific groups of married couples at higher risk rather than "marriage" itself being an indicator for risk of infection.

It is critical to invest heavily in helping women to assess their risk of HIV infection through self-administered questionnaires. These have been developed in the region but since they have to go through peer counselors and field workers, the assessment of self risk has to be done keeping the woman's and man's right to privacy in perspective.



**Violence within marriage appears to be the norm rather than the exception in many of our communities. There is also substantial evidence that violence increases women and men’s vulnerability to contracting HIV. What violence prevention efforts have been effective in empowering women and affecting HIV transmission rates?**

***“Double Jeopardy”***

*Recent studies in India reveal that female partners of abusive men are (a) with a partner who is more likely to get infected based on his behaviour outside the relationship, and (b) more likely to become infected by that partner based on his behaviour inside the relationship. This places many women in double jeopardy regarding their risk for HIV.*

*\*Other country examples are available on the HIV-APCOP*

It was noted that we are rather far from operationalizing the established links between violence prevention efforts and HIV prevention rates in a cohesive, coordinated way in policies and programs as this is only just gaining gradual acceptance, in particular, among governments. As a result, we are even farther away from establishing quantitative links between violence prevention efforts and HIV transmission rates.

While the signs of progress in addressing violence against women are many, large scale efforts at violence prevention have not been very effective, until now.<sup>[2]</sup> They have either tried to create spaces for women in their own homes through acts like the Domestic Violence Act in India or they have moved into the economic empowerment model of creating incomes for the survivors of violence so that they can, at best, survive. However, members noted: neither of these initiatives directly help in HIV prevention.

Good macro data on (a) different forms of violence against women; (b) sex disaggregated data and gender statistics on the feminization of HIV/AIDS and spousal transmission is presently ‘work in progress’. One among many problem issues in data collection is poor reporting due to stigma and discrimination. This adds to the problem of establishing links between the efficacies of violence prevention efforts, women and preventing HIV transmission.

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[2] There are, however, community based examples of how work on preventing discrimination and violence against women and HIV prevalence have been combined with good effect.

It is now becoming clear that to prevent HIV for women in violent relationships we need;

- Psychosocial interventions like trauma counseling and help in building self esteem along with access to women controlled technology for AIDS prevention, such as the female condom.
- Substantial work on lobbying with governments to make this affordable and accessible.
- Violence against women practitioners need to come together with HIV/AIDS practitioners, including related ministries and government departments, ministries of women's empowerment, and health ministries to facilitate the development of policies and programs that are focused and coordinated.



### **Spousal violence involves at least two people, usually a male perpetrator and a female victim. What approaches have been used to work with men and boys to prevent violence within marriage and reduce HIV transmission?**

Members agreed that work with men and boys is absolutely critical to support men to redefine masculinity and deconstruct the concept of hegemonic (hyper) masculinity themselves. The UNDP project, Partners for Development, is beginning to gather speed on issues relating to masculinity and some networks on this issue are beginning to find their space in South Asia. They are however as yet nascent and are trying to gather evidence and research on men and GBV. There is considerable data on intimate partner violence however, not much of it is from the perspective of men. ICRW has just completed a study on why men are violent and how they feel after they are violent. The study points to the need for self esteem development of adolescents as well as the importance of trauma and guilt counseling to help adolescents living in violent homes to value non violence.

## For survivors of spousal violence who are also infected or affected by HIV/AIDS what kinds of support structures/mechanisms have been seen to be effective in helping them survive? To what extent do women's empowerment schemes provide enough support?

Members suggested a variety of empowerment mechanisms to support survivors of spousal violence who are also infected or affected by HIV/AIDS.

- Economic empowerment programs that are gender responsive and consistent with market demand.
- Gender responsive workplace, education policies that ensure that HIV positive people, including women do not lose their jobs and children/youth are retained in school/college.
- Effective trauma counseling that is not moralistic and that combines indigenous with western methods or is solely indigenous. The above kind of counseling needs to be developed for children and family members as well, but one it not aware of this, though it might exist.
- Community awareness raising to create community support that reduces stigma and discrimination and enhances service provision (community also involves local service providers in communities as well)
- Advocacy and pressure groups to reduce drug prices and enhance women's access to treatment and care for both spousal violence and HIV, and the same for their children.
- Work with men and boys and other family members to care for HIV positive family members, including positive women family members to reduce women's work burden.
- Support programs for children where both parents are positive or have expired. This is a huge emotional burden that women in particular tend to carry.

### **Boundaries of Safety and Risk**

*In Papua New Guinea the relevance of standard definitions of risky and safe are being called into question because of the prevalence of spousal HIV transmission. For instance, divorced, separated or widowed women who exchange sex for money are considered 'safe' sexual partners, and married women are considered to be 'safe' from infection in their marriages. The focus on 'at risk groups' may contribute to the failure of prevention messages and miss the point that transmission could be more frequent where most people do not expect it, or in social spaces considered "safe".*

*\*Other country examples are available on the HIV-APCOP*



## Final Note

Finally, one member felt that in the current HIV scenario in the region, the emphasis of focusing on certain population groups and communities and having a targeted approach, may lead to women being addressed essentially as spouses and partners of MARPS. This member suggested that the focus be broadened to address the issues of vulnerability to HIV and impact of violence for those women and young girls who are not wives or in any marital relationship. This ideological framework would bring in the political, social and economic agency of women and girls as human beings in their own right and not merely as wives, partners and spouses.

To reach out to women in marriage who are at risk or are vulnerable, there is no getting away from addressing the underlying causes of gender inequality. This work needs to be embedded in the larger efforts taking place across the world by diverse groups of men and women to address VAW and other forms of gender based violence. A life cycle approach, which highlights her denial, deprivation and discrimination as a continuum of human rights violation, is needed to tackle the risks of HIV and violence for women in marriage.

## Key references

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