

The Intersection of HIV and Gender Violence and Inequality

By: Elys F. Vasquez – August 2008

HIV does not happen in isolation. It is strongly linked to violence against women, lack of knowledge, poverty, social and economic exclusion, homelessness, child poverty, statelessness and other types of marginalization. It is for this reason that any response to HIV at the global, national and local level needs to take a gendered approach and address the social, economic and political context in which the epidemic thrives. Universally, women face psychological, sexual, emotional, financial and physical abuse. It is against this backdrop that they must address their ability to protect themselves. Most interventions addressing women and HIV fail to make the connection between gender violence and HIV.

Various scenarios of violence against women take place around the world “man against female partner,” “man against mother, grandmother or sister,” “doctor against a woman living with HIV/AIDS,” “mother against daughter,” “soldiers against indigenous women,” “traffickers and pimps against sex workers.”

When analyzing the trajectory of women’s subjection there are three niches: virginity, maternity and being a caretaker. These niches require that women make it a life goal to care for something or someone, exist for others, be the unit of reproduction also known as the family, and fulfill man’s desires. Women who cannot or do not want to fulfill these niches are stigmatized.

During the conference, various suggestions were made to address the aforementioned issue of HIV and its intersection with gender violence and inequality. It is important to ensure that women are participating in all decision-making processes and not just on women’s issues. HIV positive women must be included in HIV strategies. These women bring a unique experience, inside knowledge and a drive to survive. It is important to distance ourselves from the rhetoric that women’s work is voluntary or unpaid while men’s requires payment. The movement of HIV positive

women emerged in a male-controlled context. Men control AIDS activism and this must change if any progress is to be made.

The question then is how does one make a young woman who has been afflicted by violence and HIV a leader. Most females that become HIV positive do not hold a public health degree but are forced to become leaders in public health in order to advocate for the improvement of affected communities. In order for these women to take risks and reach out to the public, they must have mentorship for inspiration. They need capacity building for sustainability. They need a space to put their newly acquired knowledge into practice. In order to shed cultural barriers they need support of peers. Resources must be mobilized for women whether it is in the form of employment or scholarship, include the training of women to be policy literate and have the support of strong male voices uniting with their struggle.

The knowledge gained by attending these sessions has provided me with a more in depth perspective of the underlying issues of HIV and gender violence and inequality. My program focuses on HIV prevention and education for women. By acknowledging the various factors surrounding HIV and women our program’s structure will include mechanisms for participant sustainability. HIV education is important. However, providing women with a safe and sustainable environment long after the program is over will ensure that these women continue to engage in HIV prevention practices. In order to have the full participation of the women in our program we will have the women be part of the program planning process.

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