

# Sexual Violence and HIV in Asia Pacific

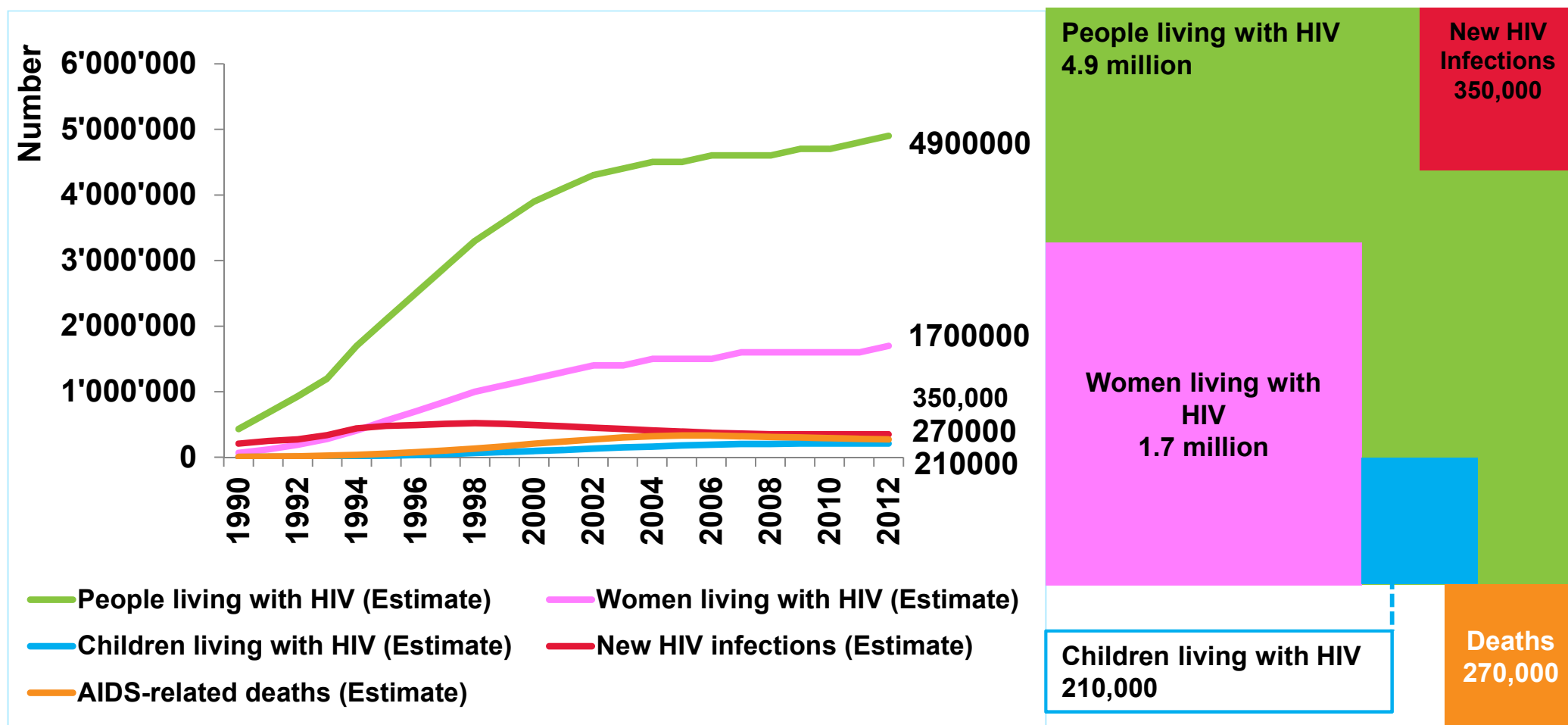
## *Why it matters?*

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# A regional overview of trends in HIV infections and AIDS deaths

## HIV and AIDS in Asia and the Pacific 1990-2012

2012 “zoom-in”



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# GBV increases the risk of HIV transmission

GBV, or the fear of it, may interfere with the ability to negotiate safer sex or refuse unwanted sex with partner or clients

Physical and biological vulnerabilities also contribute to heighten the risk of HIV transmission

Globally, studies have shown that intimate partner violence can increase **the risk of HIV infection by around 50%** and that **one in three women experience violence** by their intimate partner during their lifetime.

- Globally, women exposed to intimate partner violence from husbands exposed to HIV through regular unprotected multiple partner sex **had a seven-times higher HIV risk** compared with women not exposed to intimate partner violence and whose husband did not have sex with multiple partners (Decker et al., 2009).
- In India, women who had experienced both physical and sexual violence from intimate partners were **over four times more likely to be HIV positive** than those who had experienced no violence.

# GBV as a result of HIV-positive status

The threat of violence is a barrier to HIV status disclosure, access to HIV services and adherence to treatment.

- 36% of women in Cambodia feared physical assault due to their HIV status (PLHIV Stigma Index 2010)
- A study found that between 3.5 and 14.6% of WLHIV reported experiencing violence from their intimate partner following disclosure of their HIV status.
- 18.4% of women were encouraged to consider sterilization on the basis of their HIV status while there is no discussion about forced sterilization among men who are HIV-positive

# Gender and HIV- Key Issues

## Gender norms and values

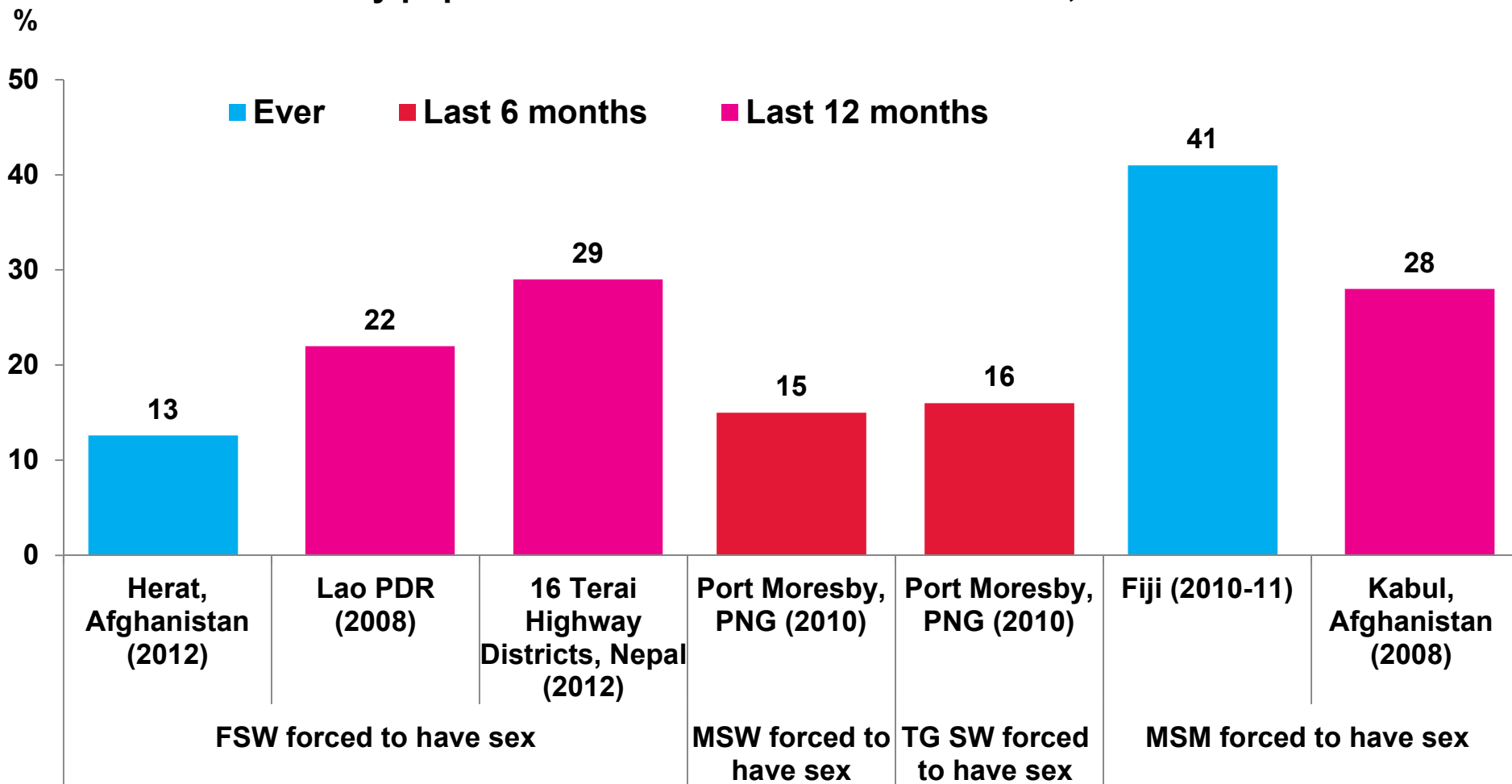
- Affects the way in which key populations interact with their sexual partners, perceive their own risks, attitudes towards health and services
- Promote unsafe sex and reduce access to HIV and sexual and reproductive health services for women, men and transgender persons
- Shape societal attitudes and practices, often leading to systematic discrimination, stigmatization and gender inequalities

Regional assessments on TG Rights in AP regional show:

Institutionalized discrimination facing transgender persons – refused from education, employment, housing and other services (UNDP, 2012 & WHO 2013)

# Although data is limited, like FSW, MSM and TG experience Gender Based Violence too!

Key populations who were forced to have sex, 2008-2012



# Sexual Violence

## Bangladesh Context

- Median age at first marriage among women and men aged 25-49 is 15.5 and 24.2 years respectively, indicating large differences in age between husbands and wives, which is one of the factors affecting women's ability to negotiate safe sexual behaviors including for family planning. (BDHS 2011)
- Almost one-half of the street-based sex workers in all locations reported to be beaten particularly by members of law enforcement agencies and by extortionists. (Behavioral Surveillance Survey 2006-07)
- Among adolescent sex workers, forced sex ever was more experienced by street based FSWs (53%) than hotel based (40%), brothel based (38%) and home based FSWs (39%). (Mapping and Behavioral Study of MARA to HIV in Bangladesh. UNICEF, Nielsen, 2012.)

# Sexual Violence

## Bangladesh Context

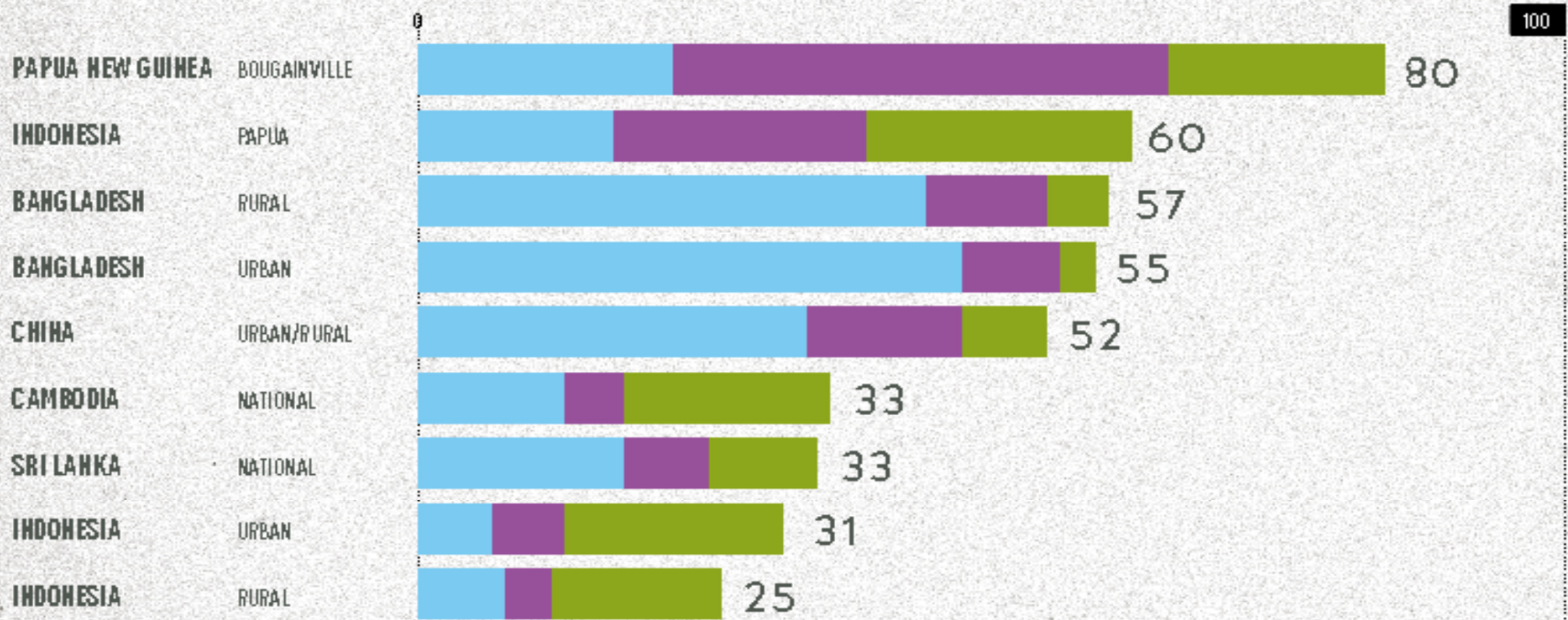
- Growing evidence in the country suggests that sexual and gender based violence makes women, girls, men who have sex with men and transgender people more vulnerable to sexually transmitted infections, including HIV and less likely to be able to negotiate safe sex.
- 53.3% of ever married women ever faced any form of physical and/or sexual violence (BDHS 2007)
- Married women, who have contracted HIV from having unprotected sex with their husbands, are often scorned, mistreated and even evicted from their in-laws home when their HIV status becomes known. (UNAIDS, FPAB, AAS, BRACU. 2009. PLHIV Stigma Index Study in Bangladesh)



# THE PROBLEM: INTIMATE PARTNER VIOLENCE

PERCENTAGE OF EVER-PARTNERED MEN REPORTING PERPETRATION OF PHYSICAL AND/OR SEXUAL INTIMATE PARTNER VIOLENCE, BY SITE

● PHYSICAL VIOLENCE ONLY ● BOTH PHYSICAL AND SEXUAL VIOLENCE ● SEXUAL VIOLENCE ONLY



Patterns of partner violence also varied across sites

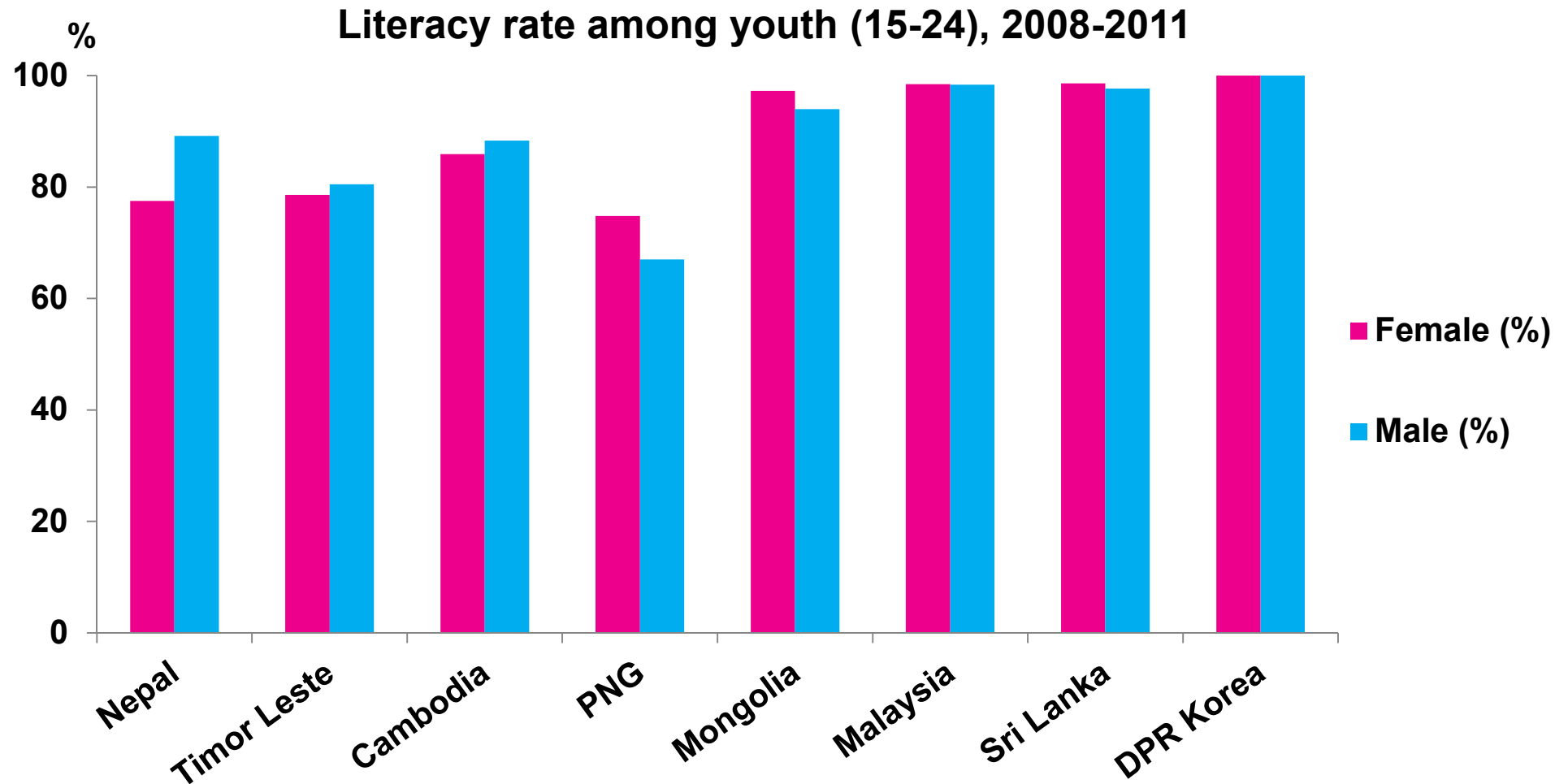
Partners for Prevention Study, 2010-2013.

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# Strategic Directions to Address Sexual Violence

- A strong multi-sectoral approach is needed to address the wide-spread sexual violence including,
  - ❑ Strengthen legislation and policies aimed at combating sexual violence in all its forms
  - ❑ Empowering young people including women and girls with Life-Skills Based Education
  - ❑ Allocate required resources to get the job done
  - ❑ Strengthen crisis response mechanism to ensure services for victims including access to justice
  - ❑ Raise awareness on gender norms, debunk myths around gender roles and masculinity

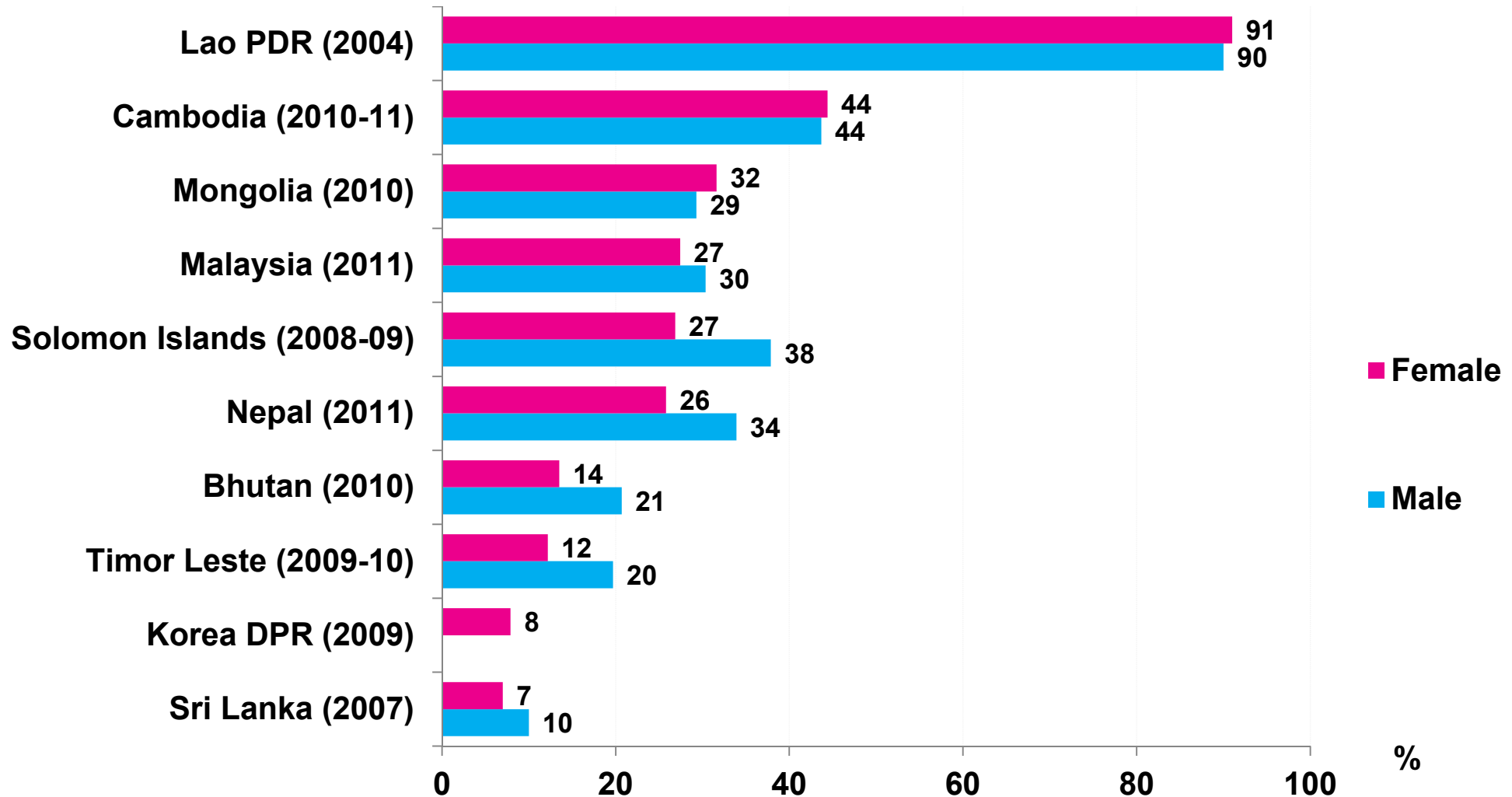
# Literacy rate among young men and women is better than ever, especially among young women



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# But the knowledge of HIV is significantly lower

Proportion of young people (15-24) with comprehensive HIV knowledge, 2004-2011



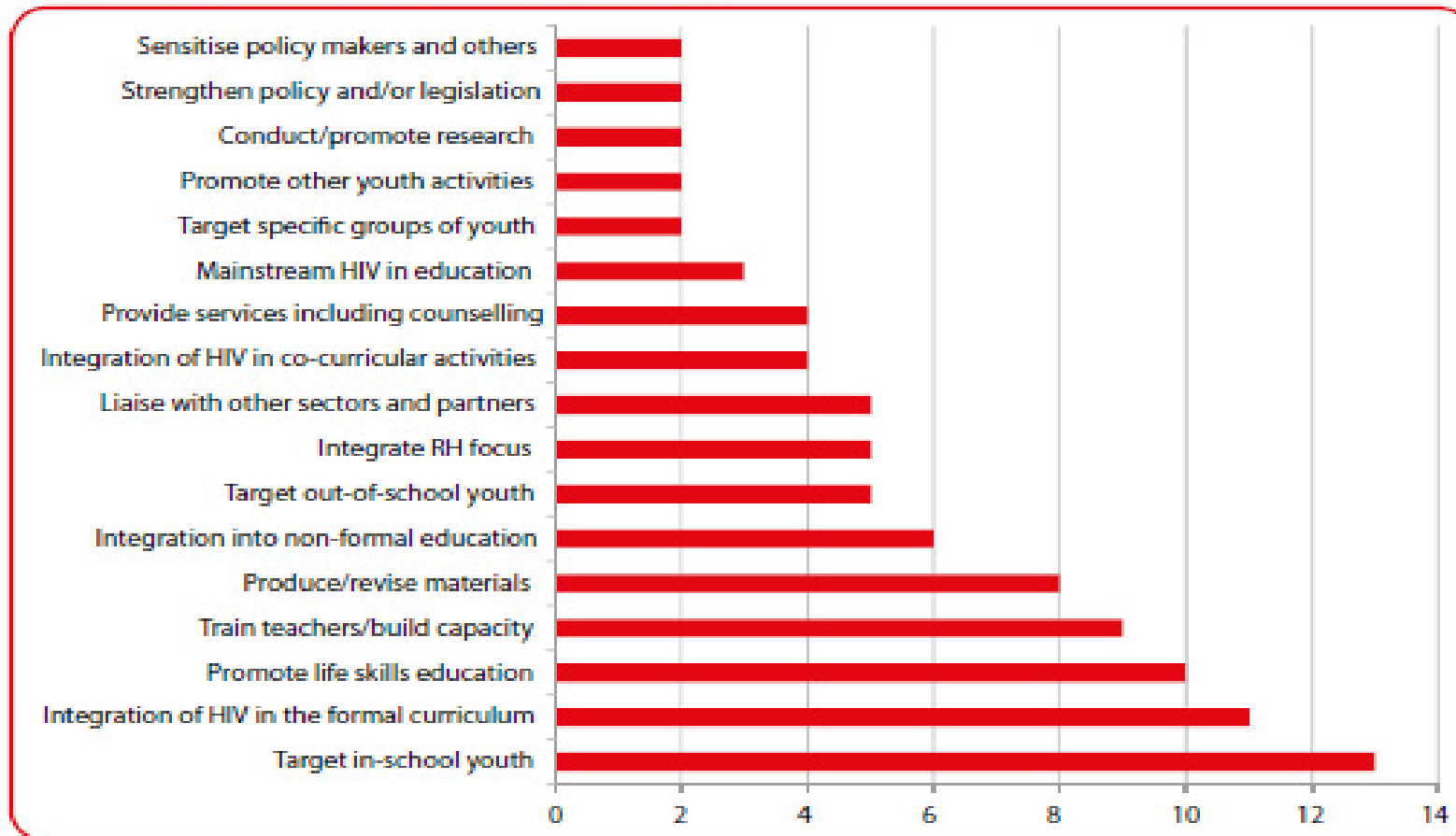
Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on 1. UNAIDS Epidemiological fact sheets, December, 2006; 2. UNAIDS Report on The Global AIDS Epidemic 2010; 3. National Statistics Directorate, Ministry of Finance. Timor-Leste Demographic and Health Survey 2009-2010, December 2010.; 4. National Statistical Bureau, UNICEF and UNFPA, Monitoring the situation of children and women, Bhutan Multiple Indicator Survey 2010, May 2011; 5. Central Bureau of Statistics. Monitoring the situation of children and women, Democratic People's Republic of Korea Multiple Indicator Cluster Survey 2009, Final Report, December 2010; and 6. UNAIDS. (2012). Annexes - UNAIDS Report on the Global AIDS Epidemic 2012.



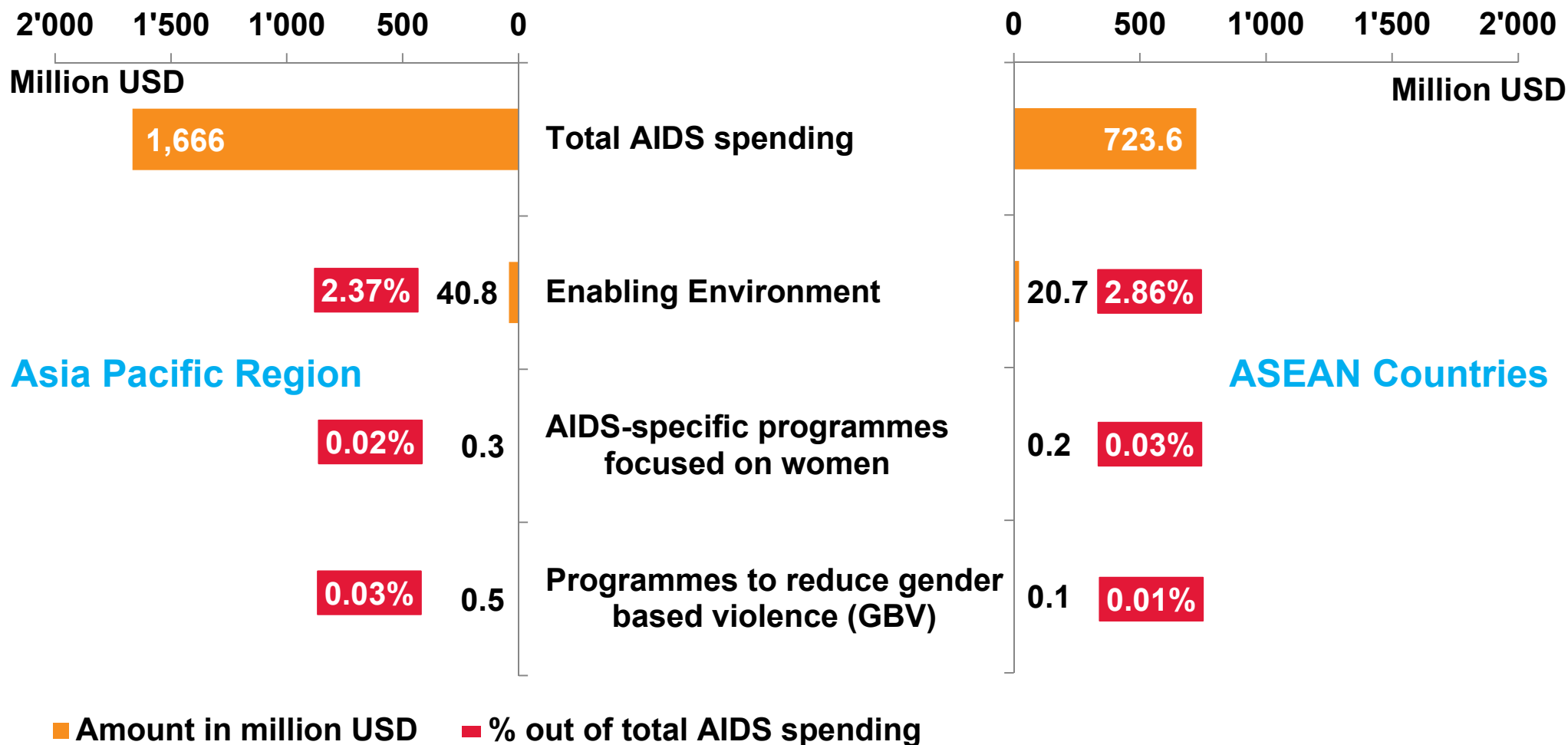
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# Lack of sexuality education

Figure 6: Number of countries mentioning specific sexuality education interventions in their education sector strategic documents and plans



# Not enough is spent on critical enablers including gender equality interventions, 2010-2011



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# Some progress in engendering the HIV response but mostly no change in trends

## Scorecard on gender equality in national HIV responses (2011-2012)

Country	Recommendation 1: Generate and use evidence								Recommendation 2: Translate political commitments into action				Recommendation 3: Create an enabling environment			
	Disaggregated data available (age and sex)		National response gender review undertaken		Data available on gender-based violence and HIV		Data on resources used for women's programmes		Funding gender-equity programmes for men and boys		Integrating services for sexual and reproductive health and for HIV		Women living with HIV participate in response review		Social protection includes women living with HIV	
	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
Cambodia	3	3	3	3	3	2	1	2	1	2	2	2	3	3	2	3
Fiji	1	1	1	1	1	1	1	1	1	0	2	2	3	3	2	1
Lao PDR	3	3	1	2	3	3	3	3	2	2	2	2	1	2	2	2
Nepal	2	3	1	2	1	1	1	2	2	2	2	2	3	3	2	2
Pacific Island Countries	1	0	1	0	1	0	1	0	2	0	2	0	3	0	2	0
Papua New Guinea	3	3	3	3	3	3	2	2	2	2	3	2	2	3	2	2
Sri Lanka	3	1	1	1	1	1	1	1	2	2	1	2	3	2	2	2

# What can Parliamentarians Do?

- Garner political commitment to carry out advocacy and awareness with state and non-state actors to remove social stigma and discrimination that perpetuates vulnerability to HIV and SV.
- Build consensus and initiate reforms of punitive laws, policies, discriminatory and arbitrary practices and denial of access to justice to create an enabling social and medico-legal environment.
- Establish/reinforce mechanisms to ensure accountability and oversight and build partnership with law enforcement authorities and public health officials.
- Ensure commensurate resources are secured to engender the response and build LSBE interventions.
- IPU can help coordinating events with parliamentarians in next ICAAP in Bangladesh in November, 2015.



**Thank you**