Gender, Sexuality and Violence
in the context of HIV and AIDS

A Call to Action

European Union

ICRW International Center for Research on Women

Oxfam

Introduction

Violence against people at risk and affected by HIV and AIDS may largely be a result of gender and sexuality related inequality and stigma. In India, people at risk of HIV and AIDS are also at risk of violence and live poor. Many women in India are infected by their husbands who also abuse them. Gender-based violence and HIV need to be viewed as twin pandemics that feed into and off each other, with violence being both a cause and a consequence of HIV (Maman et al, 2001). The fear of violence and stigma associated with HIV acts as a barrier, along with many other factors related to women's marginalization, to women's ability to access HIV prevention tools and services, including testing and counseling.

Other family members also perpetrate violence, which often exacerbates after the husband has died. Similarly, groups in situation of higher risk – sex workers, men who have sex with men (MSM), hijras, drug users – encounter disproportionate levels of partner violence, which usually goes unnoticed. In addition, they experience violence perpetrated largely by the state – namely police and other quasi-state actors. Indeed, the ongoing maltreatment of groups at risk and affected by HIV and AIDS is 'justified' through a system of beliefs which classifies them as inferior or dangerous.

Violence contributes to HIV and AIDS vulnerability but has been insufficiently addressed in India. Fortunately, gender and sexuality-based discrimination has been recognized by the government, as described in the final draft of NACP-III (National AIDS Control Programme) guidelines. To date, however, groups affected by and at risk of HIV and AIDS have addressed violence single-handedly, with minimal success. They recognize that more needs to be done. To this end, Oxfam GB and ICRW (International Center for Research on Women) joined forces to sponsor a national level "Call to Action" consultation. On 7 September, 2007 a large group of people representing sex workers, men engaged in male-to-male sex, hijras, drug users, people living with HIV and women's rights groups convened to explore the extent and scope of the problem. They also identified concrete directions to address violence based on community-driven approaches that work.

Gender and sexuality-based discrimination has been recognized by the government, as described in the final draft of NACP-III guidelines

Consultation Objectives

1. Understand the relationship between gender, sexuality, violence, poverty in the HIV and AIDS context, in the existing Indian scenario.
2. Develop specific recommendations to address the links between gender and sexuality-based violence and HIV and AIDS in India.

"….we lack hard data on the nature and direction of relationship between HIV and violence, and what it is mediated through both structurally and at the individual level particularly in the Indian context…"

Ravi Verma, ICRW

Consultation Summary

The consultation brought together a diverse group of people; all working towards a common goal that would address both HIV and AIDS, and violence, but one that rarely comes together on a common platform. These included women's groups, HIV and AIDS groups, marginalized sexualities groups, positive networks along with National AIDS Control Organisation (NACO) representatives and donors (UNDP, USAID, European Union, DFID and the Bill and Melinda Gates Foundation).

ICRW, Oxfam GB and EC opened the consultation with summary remarks that helped set the context. This was followed by a keynote address by NACO. There were two panel discussions – the first panel 'Vulnerability Context', had panelists defining the problem, while the second panel, 'Addressing Vulnerabilities', included presentations addressing the issues. The panel on Vulnerability Context was chaired by Tisha Wheeler, Senior Program Officer, Bill & Melinda Gates Foundation. The panel on Addressing Vulnerabilities was chaired by Mona Misra, Program Manager: HIV and Trafficking, UNDP.

Dr. Ravi Verma, Regional Director, ICRW delivered the opening address. He welcomed participants to the consultation and laid out the main aim of the consultation as looking at how violence, gender and sexuality intersect and influence each other in the context of HIV and AIDS in the country. Dr. Verma called for a collective reflection and emphasized the need for rigorous data on the linkages between violence and HIV in order to make meaningful

and contextually relevant programs. He emphasized the need for testing and validating different programs in multiple settings and use of operations research strategy to validate their impact and assess the potential for scale-up and sustainability.

Anand K. Das, Program Manager, Oxfam GB set the context of the consultation, elaborating on the driving force for Oxfam GB to support the implementation of the conference. He further highlighted the need to revisit commitments in addressing gender inequities, gender-based violence, arrive at recommendations across all levels and ACT.

Laurent le Danoise, Adviser - Public Health/Gender, Development Cooperation, Delegation of the European Commission to India, Bhutan and Nepal highlighted the need to study trends in funding and the importance of conceptual clarity around issues of gender, sexuality and violence. With increasing trend of funding being routed through government, he emphasized the importance of partnership between government and civil society. He elaborated that the civil society needs to ensure that the Governments institute mechanisms to monitor and track differential impact that programs have on women and the most marginalized communities. Another aspect highlighted by Laurent was to define the concepts of gender, sexuality and gender-based violence practically, in terms of program implementation.

"Be honest; be precise in data collection and analysis. If you don't know something, say so."

Laurent le Danoise, EC

In his keynote address, Dr. Smarajit Jana, NACO urged participants to stop viewing sex workers, MSM, transgender people and women as victims to avoid being a part of the structures that create barriers to building ownership. Instead, he advised those interested in working with women and high risk groups to engage directly with them. He urged for efforts to be made to create spaces for the marginal communities so that they could actively participate in articulating their views and aspirations within programs. He ensured participants that

"We all engaged in HIV intervention program among Transgender, MSM & FSWs primarily to protect 'Mainstream Society' & not necessarily to safeguard the interest of these communities."

Dr. Smarajit Jana, NACO

"Condoms- a thing of the street, not of the home…"

Anandi Yuvraj, PATH

NACP-III is serious about addressing issues of gender and gender-based violence. Without a doubt, reducing prevalence of violence is an important indicator of success.

Anandi Yuvraj, Program Manager, PATH affirmed that physical and sexual violence is extremely common in women's lives. Because of this, the US government's ABC approach (Abstinence, Be faithful, use Condoms) is 'dangerously naïve' since it fails to acknowledge violence. Violence prevents women from being abstinent. 'Being faithful' ignores the realities in women's lives since most women are faithful when they still get infected. While condoms are important HIV prevention interventions, they continue to be controlled by men. Condom use in intimate relationships is often viewed as an indicator that norms of sexuality and fidelity have been breached by one or both partners, and so it is not surprising that even spouses of the people at high risk for HIV (such as truckers) often report no condom use with their husbands (ICRW, 2005). Even women sex workers, who report increased ability to negotiate condom use with their clients, report high levels of sexual violence with their regular intimate partners, including being beaten for requesting use of condom and being forced to have sex without condoms. (ICRW, 2005; Jenkins, 2000)

"The route to prevent HIV is to prevent violence. If there are no systems of violence prevention, how can we prevent HIV?"

Reginald Watts, Sangama

Reginald Watts, Sangama discussed sex work vis-à-vis violence in the lives of women, men and transgender people. He asserted that HIV prevention programs depend on the support of sex workers to generate HIV intervention outputs, but there is no reciprocal support for the sex workers when they face violence. And, as a consequence, many sex workers die alone.

Dr. Deepmala Mahla, ICRW discussed how gender-based violence is both a cause and consequence of HIV and AIDS in the lives of women. Gender-based violence directly contributes to HIV-related vulnerability in a number of ways. Firstly, actual or threatened violence limits women's ability to negotiate safe sexual behavior in their intimate relationships. Research shows that violence and fear of abandonment act as significant barriers for women who have to negotiate use of condom, discuss fidelity with their partners or leave relationships that they perceive as risky (Mane, Rao Gupta, & Weiss, 1994; Weiss & Rao Gupta, 1998; Dunkle et al, 2003). Gender based violence is also a consequence of HIV. Disclosure of status is often accompanied by violence perpetrated at the hands of the husband, family and community. The most common barrier to disclosure

"An individual's norms, be it man or woman, are shaped over years by means of various interactions at various levels, during life. Now if programs target only the so called 'risk groups' and not engage the partners, household and community; there is little chance of changing norms and shifting stakes"

Deepmala Mahla, ICRW

reported by women was related to fear of partner's reaction (WHO, 2004). A recent study on the links between Women's Property Rights and HIV (ICRW, 2006) documents that violence in the marital home following disclosure of status often results in the positive women being evicted. Narratives collected as part of this study highlight yet another, but relatively unexplored, form of violence – that of positive husbands towards their wives who were not positive. Affected women speak of the extreme violence perpetrated on them as a result of the anger and frustration when the husband learns of his own HIV status, as if wanting to ensure that he passes on the infection to his wife.

Deep-rooted gender stereotypes and social norms that sanction certain behaviors in intimate relationships and encourage certain types of masculinity and femininity are fundamental in perpetuating violence. According to **Sujata Khandekar, CORO** the imbalance of power between men and women curtails women's sexual autonomy and expands male sexual freedom, placing both women and men at risk. According to her, "men are not only the culprits." They are both victims of masculinity and agents of patriarchy in a continuum that is harmful to men. Research studies and interventions now increasingly recognize that the unequal power balance in gender relations places not only women at greater risk of HIV infection, but also increases men's vulnerability, in spite of their greater power. Traditional norms of masculinity dictate that men should be sexually knowledgeable, experienced and "in control" – norms that coerce them into experimenting with sex at a young age in unsafe ways (UNAIDS, 1999) and challenge the effectiveness of prevention messages around fidelity and partner reduction (Heise & Elias, 1995). Therefore interventions that do not incorporate methodologies to create dialogue with the larger community on challenging these gender norms and breaking the silence around perceived 'private' issues only partially address the issue. Efforts to address violence not only require direct interventions but also strategic associated interventions such as work with men on notions of gender, sexuality and violence; sensitization of communities; and finally sensitization of other key stakeholders (e.g. teachers, parents, faith and community leaders) in the lives of adolescents who have the power to shape their notions of gender and sexuality.

Dr. Vikas Aggarwal, Program Coordinator, Oxfam GB shared the findings from Oxfam-led study on "Sexuality, gender and violence among high risk and affected HIV/AIDS groups in India". The study explored linkages among abuse, stigma, poverty and access to health. The study shows that even when women have access to income and assets, men usually control these, thereby compromising women's opportunity to move out of living in poverty. Quoting from the study, he recommended a greater focus on intimate partner violence across all groups that are HIV/AIDS affected or at high risk. Developing effective strategies to address intimate partner violence would demand collective action, based on understanding and deconstructing harmful masculine and feminine constructs. New domestic violence bill needs to be used effectively.

"Lets address linkages between abuse, stigma, poverty and access to health rather than take a narrow focus of biomedical and technical solutions"

Vikas Aggarwal, Oxfam GB

Laxmi and V. Sreeram, Ashodya Samiti shared experiences in bringing sex workers together to facilitate them to articulate and address their own problems. A study conducted with sex workers found no correlation between condom use and violence faced by sex workers – as clients were not the main perpetrators of violence. They use media strategically to highlight issues of abuse and exploitation. They strongly advocate Community Mobilization – bringing women together to articulate and address their problems. In their experience, mobilization has resulted in ownership as community is creating a safe space through Drop in Center (DIC) and moving to have social space and then to political space. Increasing access and utilization of services by the community is another important element in successful community mobilization. Ashodaya also suggests participating in other people's struggles to support mutual efforts for social change.

"The numerous accounts of police and rowdy brutality make it difficult to distinguish between police and rowdies"

Laxmi, Ashodaya Samiti

Tripti Tandon's presentation entitled, "Laws that help and laws that hurt," focused on several laws that infringe on the rights of sex workers and MSM. These include, Section 377, Indian Penal Code, 1860 (IPC), Immoral Traffic (Prevention) Act (ITPA), 1956, Section 268, IPC: "Act causing

"A study by LCWRI on ITPA enforcement in Delhi & Mumbai shows that over 60% cases registered against sex workers for soliciting, over 90% cases u/s 8 result in conviction and over 80% complainants are males; does the Act really protect women?"

Tripti Tandon, Lawyer's Collective

injury, obstruction, or annoyance to public," Section 294, IPC: "Obscene act in public place," and Section 110, Bombay Police Act: "Behaving indecently in public". These laws criminalize sex workers and men engaged in male-to-male sex. Doing so increases the risk of HIV, by limiting information on prevention. Although gay, bisexual & transgender people report frequent & sometimes severe forms of violence, most avoid seeking legal protection for fear of being 'outed', of being arrested under Section 377 as well as harassment and blackmailing by police. Though sex work per se is not an offence, ITPA restricts: a means to earn a living, sites to provide services, and the sex workers ability to dispose earnings and collectivize. Both laws, that is Section 377, IPC and the ITPA are currently being reviewed through judicial and legislative processes respectively. Notwithstanding the outcome, community involvement in the reform process has been empowering in itself.

Gender-based violence and HIV share certain characteristics that have programmatic implications – both are associated with shame and blame; both are regarded as private matters; both are fuelled by unequal power relations and both can only be effectively addressed through ensuring the creation of gender-equitable norms within communities and families. Thus programs that have been effective in addressing violence include elements addressing more than one characteristic at a time, tackling both the structural drivers of violence, and the programmatic impacts.

Arif Jafar, NAZ Foundation International, urged groups to work with the police and the judiciary, especially the criminal justice system. Groups must ensure that instances of violence and abuse including rape are legally redressed. Moreover, advocacy work must aim to change discriminatory laws such as Section 377 of the Indian Penal code. In addition to changing and redressing laws, work must focus on changing attitudes against homophobia. There is need to deconstruct notions that violence against feminized males (and females) is socially permissible, and that such males are less than human. There needs to be educational work on masculinity and gender and the way the distorted stereotype of gender affects MSM, especially feminized MSM. Institutionalized stigma in these areas requires capacity building within the government, non government organizations (NGOs) and community-based organizations (CBOs).

Issues and Options

The groups engaged in some interesting deliberations and identified challenges that lie ahead. These include:

- National AIDS Control Programme needs to step-up its support to rights-based approaches to HIV prevention: NACP-III, in spite of huge shifts from the previous two phases, focuses on a service delivery mode. While defining the need to transfer the program to community, this commitment is still not backed with concrete actions and proposals about the process and steps. Although this remains problematic, the component of enabling environment does provide scope to try and test out any approaches.

- System level interventions needed to reduce gender based violence: They include amending laws to make them helpful; sensitizing police and legislators to the issue of gender based violence; engaging key opinion makers like religious and community leaders and making gender sensitive public health system.

- Greater sensitivity to alternative forms of sexuality: There is a need to generate greater sensitivity to alternate forms of sexuality and gender among law-makers and public health providers to reduce violence against them. They include various sub-sets of Men who Have Sex with Men (MSM) communities including transgenders. Issues such as violence against sex workers, exploitation and blackmailing of MSM communities, partner violence of positive women, sex workers and kothis are the realities in which the marginalized communities live. Seldom do programs meet their needs or support their livelihoods and their struggles for living without fear and stigma.

- Deconstruction of masculinity: This should be an integral component of Gender based violence reduction programs. Various strategies which are contextually relevant should be tried out to confront and challenge dominant modes of masculinity and create and support alternate masculinity forms and expressions that are supportive, violence free and nurturing.

- All possible public health services should be utilized to promote the reduction of gender based violence: Government should treat it as a public health issue. Within the HIV programs, these opportunities exist at Integrated Counseling and Testing Centers (ICTCs); Parent to Child Transmission Centers (PTCTs); and ART Centers; Within the Reproductive Health services the opportunities should be maximized at Antenatal Centers; Primary and Community Health Care Centers. There is a need to utilize wide scale opportunities that exist within the private health care sector and particularly private practitioners of various systems of medicines (AYUSH and Allopath).

- Reaching out to women in the general populations: Given the fact that epidemic is now moving into general population, there is clear need to reach out to women in the general population who seem to be at low HIV risk. There was a suggestion that domestic violence may be a marker for identifying the risk to women from general population and public health outreach system should be sensitized to this need.

- Donors must realize the criticality of gender-based violence in the spread of epidemic and also women's health. Donors must come forward to support greater evidence based programming and innovative ways to address and reduce gender based violence.

Recommendations

The day long discussions brought out some crucial recommendations that the group proposed to submit to NACO to be included in the NACP-III.

- **Promote an enabling environment for changing damaging gender norms and those which promote gender inequality and condone gender-based violence.** These include AIDS prevention education programs that use community-based, participatory processes that allow for critical analysis and reflection among community members in order to trigger transformations in gender roles and norms.

- **Tailor HIV prevention messaging and programming.**
  This needs to be done in order to meet actual needs and match actual behavior – with a focus on 'healthy sexuality' rather than disease prevention.

- **Form a gender/sexuality violence advisory group.**
  This group should aim to influence and support NACO, donors, programs and research. They should consist of representation from civil society, UN agencies, donors and government. This would include those involved with women's rights, HIV+ women, drug using women, sex workers, MSM and transgender people.

- **Identify and fund a gender and sexuality-based violence research agenda.**
  Conduct literature review and identify research gaps. Support participatory action research that is closely engaged with on-the-ground action. Fund mixed-methods studies, focusing on including participatory action research, that provide information on the extent and nature of violence. Gather rigorous data that estimates the social and economic cost of the twin burdens of HIV and gender-based violence to households, communities and national economies. In addition, gather empirical data to highlight the intimate association between vulnerability to HIV, violence and coping mechanisms in the case of women affected by HIV.

- **Generate donor support.**
  Compile existing research data and identify gaps and opportunities. Support research that informs community-based programming. Fund community-led programs that prevent and combat violence in HIV and AIDS contexts.

- **Develop a common minimum rights-based program.**
  Such a framework can support community action at the national level. It should draw from lessons among those that presented in the consultation and others engaged in effective prevention and support. The program should consist of essential components to mobilize, network and strengthen communities to take action to reduce their vulnerability. They should advocate that these CMPs become part of the HIV prevention response and ensure these processes are mentioned to ensure there is integrity of process.

- **Change damaging laws by building broad based coalitions.**
  Mobilize groups affected by damaging laws- women's rights, HIV+ women, drug using women, sex workers, MSM and transgender people – so that they can organize more effectively against harmful laws and for gender equitable and violence prevention programs nationwide.

Annexure I

Agenda Call to Action:

Consultation on Gender, Sexuality and Violence in the Context of HIV and AIDS
September 2007

The Claridges, New Delhi

Session	Time	Speakers
Session 1	9:00 - 9:30 hrs	**Opening remarks and setting the context** *Dr. Ravi Verma, Regional Director, ICRW* *Mr. Anand Das, Program Manager, Oxfam GB* *Mr. Laurent le Danois, Adviser - Public Health/Gender; Development Cooperation; Delegation of the European Commission to India, Bhutan & Nepal*
Session 2	9:30 - 10:00 am	**Keynote address** *Dr. Smarajit Jana, National Program Officer: Targeted Interventions, NACO*
Session 3	10:00 - 10:15 hrs	**Meeting structure and anticipated outcomes** *Dr. Deepmala Mahla, Senior Specialist: Gender & HIV and AIDS, ICRW*
Session 4	10:15 - 11:15 hrs	**Thematic Panel 1: Vulnerability Context** **HIV+, violence, gender and vulnerability of women infected through partners:** *Ms. Anandi Yuvraj, Program Manager HIV & SRH, PATH* **Violence against sex workers, male, transgender female:** *Mr. Reginald Watts, Director, Sangama* **HIV and AIDS, Inheritance and property rights, stigma and discrimination:** *Dr. Deepmala Mahla, Senior Specialist: Gender & HIV/AIDS, ICRW* **Youth, gender and sexuality violence:** *Ms. Sujata Khandekar, Chief Secretary, CORO*
Session 5	11:15 - 11:45 hrs	**Discussion** Moderated by Ms. Tisha Wheeler, Senior Program Officer, Bill & Melinda Gates Foundation
	11:45 – 12:00 hrs	Tea/Coffee

Session	Time	Speakers
Session 6	12:00 - 13:00 hrs	**Thematic Panel 2: Addressing Vulnerabilities** **Sexuality, gender and violence among high risk and affected HIV and AIDS groups in India:** *Dr. Vikas Aggarwal, Program Coordinator, Oxfam GB* **Advocacy and social change as an alternative to law reform -** violence against sex workers and trafficking debates: *Ms. Laxmi and Mr. Sreeram, Ashodaya Samiti* **Law that helps and laws that hurt - Violence, gender, sexuality and the state:** *Ms. Tripti Tandon, Senior Technical & Policy Advisor, Lawyers Collective* **Community mobilization - Violence, MSM (kothis) and transgender and the politics of organizing despite difference:** *Mr. Arif Jafar, Executive Director, Naz Foundation International*
Session 7	13:00 – 13:30 hrs	**Discussion** Moderated by Ms. Mona Mishra, Project Manager, UNDP
Session 8	13:30 – 13:45 hrs	**Closing remarks**
		Mr. Anand Das, Program Manager, Oxfam GB and Dr. Deepmala Mahla, Senior Specialist: Gender and HIV/AIDS, ICRW
	13:45 hrs	Lunch

Annexure II: List of Participants

SL	Name/Organization
1	A. Kumar National Commission on Women
2	A. Meeru Naga Mothers Association
3	Aditi Sharma Action Aid
4	Amitava Sarkar SAATHI
5	Anand Das Oxfam GB
6	Anandi Youvraj PATH
7	Anupama Pathak MASUM
8	Arif Jafar NFI, Lucknow
9	Arna Seal Consultant
10	Arpita Das TARSHI
11	Arti Malik Lawyers Collective
12	Ashok Kavi UNAIDS, India
13	Bazo kire Kekhrie Foundation
14	Bhagwan Kesbhat Yuva
15	Bhagwati PWN+
16	D. K. Mangal UNFPA
17	Deepesh Gupta ICRW

SL	Name/Organization
18	Deepmala ICRW
19	Diepiriye S Kuku - Siemons Consultant
20	Dr. Hemlata Pisal MASUM
21	Dr. Prasanta IPPF
22	Dr. S. K. Chakravarty HLFPPT
23	Dr. Vikas Aggarwal Oxfam GB
24	Dr. Smarajit Jana NACO
25	Geetika Hora Consultant
26	Govind Khelkar UNIFEM
27	Janet Hayman USAID
28	Jena Abraham DFID
29	Josephine Oxfam GB
30	K. Ela Prodigals' Home
31	Kanta Singh Women Power Connect
32	Kavita Mathur EPOS Health (India) Pvt. Ltd
33	Kumkum VSO India
34	Laurent le Danois European Commission

SL	Name/Organization
35	Longshi Prodigals' Home
36	M. Bindu Madhavi Breakthrough
37	Madhu Bala Nath IPPF
38	Madhu Joshi Oxfam GB
39	Malini Oxfam GB
40	Manju Dhasmana Oxfam GB
41	Mini Varghese FHI
42	Mona Misra UNDP
43	N. N. Deepak Engender Health
44	Nandita Oxfam GB
45	Paramita PATH
46	Priya Mohanty India HIV/AIDS Alliance
47	Priya Nanda ICRW
48	Prof R. S. Goyal IIHMR
49	Rajesh Jha EPOS Health (India) Pvt. Ltd
50	Ramesh Venkatraman Action Aid
51	Ratna P. C Aashodaya Samiti, Mysore
52	Ravi Verma ICRW
53	Reginald Watts (Rex) Sangama, Bangalore

SL	Name/Organization
54	Rekha Rai DMSC (Durbar)
55	Rituparna Borah Nirantar
56	Rosalie HRLN
57	Sheja Nair ICRW
58	Shweta Sharma PWN+
59	Sonali Khan Breakthrough
60	Sonica Sharma Rajasthan State AIDS Control Society (RSACS)
61	Sreela ICRW
62	Sudha Jha SAATHI
63	Sujata Khandekar CORO
64	Sunita Arora HLFPPT
65	Sunita Kujur CREA
66	S. V. Sreeram Disha
67	Swati ICRW
68	Tisha Wheeler Arahan
69	Tripti Tandon Lawyers Collective
70	Vijay Nair Consultant
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