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LINKAGES BETWEEN HIV AND GENDER-BASED VIOLENCE IN THE MIDDLE EAST AND NORTH AFRICA

KEY FINDINGS FROM THE LEARN MENA PROJECT

**“A WOMAN IS LIKE AN OLIVE,
THE MORE YOU BEAT HER
THE SWEETER SHE IS”
(LEBANESE SAYING)**

**“When you live in violence, you do not really realize it. That’s what gets me thinking, but in this kind of life, the last of your worries is HIV and how to protect yourself. When it comes and when you discover it, you are shocked and that’s it. Then at some point, personally, I told myself that I deserved it.”
(Algeria)**

LEARN MENA is the first study on the linkages between violence against women and HIV in the Middle East and North Africa (MENA) to be led by, with, and for women living with, and at high risk of, HIV. Participatory, women designed and -led community dialogues held in seven countries across the region have enabled women to explore the underlying causes of violence and HIV in their communities. For the first time, national stakeholder dialogues led by women in their diversity are bringing the voices of under-represented and marginalised women to the table.

LEARN has generated scores of personal stories about the types and levels of violence that women living with, and at risk of, HIV in MENA experience, and the implications of violence for the region’s HIV response. Over half the women who took part in community dialogues held in Algeria, Egypt, Jordan, Lebanon, Morocco, Sudan and Tunisia were women living with HIV (53%). The dialogues also included female sex workers, women who use drugs or whose partners use drugs, migrant and refugee women, lesbian women, bisexual women, transgender women, disabled women, women who have been in prison, and women who have experienced homelessness. **Almost all of these women had experienced violence at some point in their lifetime, a much higher ratio than UN regional average estimates.**

Underpinning the project is the **Action Linking Initiatives on Violence Against Women and HIV Everywhere (ALIV[H]E) frameworkⁱ**, an innovative, applied research tool that brings together existing evidence on what works to prevent violence and builds women’s awareness to understand and address linkages between VAW and HIV in their communities.

ⁱ https://www.unaids.org/en/resources/documents/2017/ALIVHE_Framework

WHAT WOMEN SAID

Women living with HIV in the MENA region report high levels of violence, both before and after their HIV diagnosis.

HIV-based stigma and discrimination intersect closely with gender inequalities.

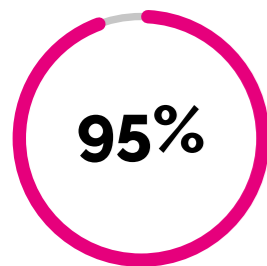
GENDER INEQUALITY IS AT THE HEART OF VIOLENCE AGAINST WOMEN AND HIV RISK

“THE WOMAN WHO GIVES BIRTH TO GIRLS CARRIES A HUGE BURDEN ‘TIL SHE DIES”
(EGYPTIAN SAYING)

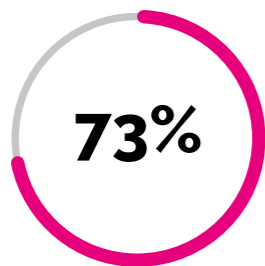
Gender norms and social expectations in the MENA region, exemplified by many traditional sayings, proverbs and songs, limit women’s power in decision making, ability to speak out, and participation in public life. Gender roles and the division of labour typically leave women socially and economically dependent on husbands or male family members. This can leave them vulnerable to both HIV and violence.

The community dialogues exposed multiple examples of women being discriminated against on the basis of their gender from childhood onwards. For example, some women had only received education until they were 12 or had never been to school. Many had experienced early or forced marriage and in some countries, female genital mutilation. These forms of violence are a source of trauma and compromise women’s sexual and reproductive health throughout their lives.

Many women spoke of how they were offered work or promotion in exchange for sex. Women who do not accept this are turned away or rumours are started about them, heightening a social belief that working women are indecent. One woman said she could not tell her husband as he would blame her for the sexual harassment and beat her.



95% of the women in the dialogues had experienced violence in their lifetime;



73% in the last 12 months

DIVORCE

“THE DIVORCED WOMAN, EVEN IF SHE MAKES HER DAILY PRAYERS, IS REJECTED BY SOCIETY”
(MOROCCAN SAYING)

Across the region, marriage is the primary source of status and security for women. Many women in the dialogues were divorced, sometimes more than once. Divorced women are highly stigmatised; they risk losing custody of their children and being made homeless. Family members encourage women to stay in abusive relationships or remarry against their will. Single or divorced women living with HIV face a double stigma and may feel pressured to marry again for financial security, which may put them at further risk of violence.

“We are living in a community where people perceive women as inferior human beings and want them to stay stuck in a corner forever.” (Egypt)

“At 18 my husband used to bring a mistress and sleep with her in front of me. When I asked for divorce, my brother forced me to remarry, to an old man.” (Lebanon)

“It is necessary for all society to understand and know how dangerous the marriage of girls is.” (Jordan)

“Women will sometimes do operations to restore their virginity in order to please their husbands.” (Sudan)

“My mother blames me, saying: ‘so you want to get divorced? Where will you go with 4 kids?’” (Jordan)

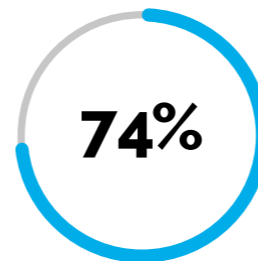
VIOLENCE AGAINST WOMEN IS PERVASIVE AND NORMALISED, LEADING TO HIV RISK

“SHE IS USED TO BEING BEATEN EVERY SUNDAY – IF IT DOESN’T TAKE PLACE SHE WILL WONDER WHY”
(MOROCCAN SAYING)

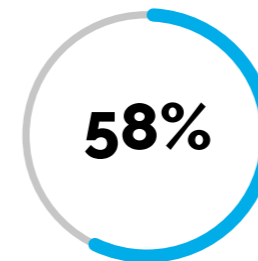
Women in their diversity in the MENA region who took part in the project report high levels of violence over their lifetime. Most women had experienced multiple forms of violence across different settings. Violence from partners and non-partners, but also family members, neighbours, healthcare workers, law enforcement agents, places them at increased risk of HIV. Experiencing or fearing violence acts as a barrier to using health services including HIV prevention and treatment, and negatively impacts treatment adherence.

As well as physical, sexual and emotional violence, several women spoke of their husbands denying them contraception, forcing them to have abortions, and attacking them to induce miscarriage. Women expressed that intimate partner violence is seen as so normal it’s often not recognised, making it extremely unlikely that women will report it.

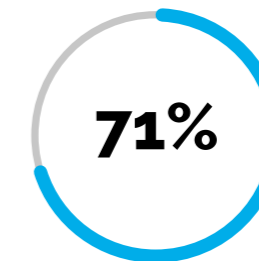
Many women had experienced abuse as children, particularly those with non-conforming gender identities.



74% of the women in the dialogues had experienced violence from their husbands or intimate partners.



58% of women in the dialogues had experienced violence or abuse at the hands of their neighbours and family members.



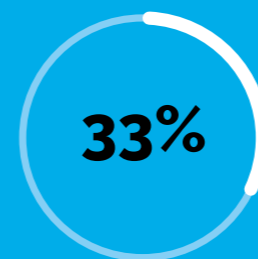
71% said they had experienced violence in public spaces and restrictions on where they can go in the community.

“Violence is everywhere. Over time, and as you get older, you come to see it as normal.” (Algeria)

“When I found out I was pregnant my husband gave me salt to drink, trying to abort me, and beat me, breaking my ribs. But I still had the baby despite everything.” (Egypt)

“I have been the victim of homophobic violence several times because of the suspicion that I am trans. I was verbally and physically abused. Initially, I took it very badly but later I got used to it.” (Tunisia)

“Many girls are harassed on public transportation. Most of the time, no-one will come to their help” (Sudan)



33% of women in the dialogues had experienced violence from law enforcement agents.

POLICE HARASSMENT OF SEX WORKERS, WOMEN WHO USE DRUGS AND TRANS WOMEN

Since drug use and sex work are illegal across the region, women who use drugs, sex workers and those supporting them can face police harassment, arrest and detention. Trans women, also, face violence at the hands of law enforcement agents and in refugee camps.

“I was robbed once. When I went to the police, the policemen mocked me.” (Tunisia)

MANY WOMEN ACQUIRE HIV FROM SEXUAL VIOLENCE, INCLUDING WITHIN THEIR MARRIAGE

Sexual violence, including marital/partner and non-partner rape, can be experienced by all women and girls and can be the immediate cause of HIV transmission. Young women, sex workers and victims of violent rape are biologically more vulnerable to HIV.

Many of the women contributing to the dialogues were rape and incest survivors and spoke of appalling sexual violence throughout their lives, commonly from men in their community, neighbourhood and family, including uncles, brothers and cousins. Many women had experienced forced sex within marriage, which is not recognised as a crime in most countries in the region.

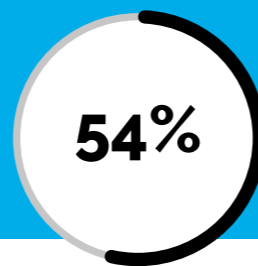
Women in their diversity spoke of sexual violence at the hands of police officers, who demand sex in return for waiving punishments and incarceration. Women in their diversity who report sexual violence may also experience secondary victimisation at the hands of the police. For example, one woman was asked to undress to 'show the bruises on her body' when she went to police to file a complaint against her abusive husband.

WOMEN LIVING WITH HIV EXPERIENCE HIGHER LEVELS OF VIOLENCE, DUE TO THE STIGMA OF HIV

"CLEANLINESS IS FROM FAITH AND FILTHINESS IS FROM WOMEN"
(JORDANIAN SAYING)

Women living with HIV in the MENA region are typically shunned by their neighbours, communities and even their families. For too many women, violence is a direct result of an HIV positive diagnosis. The fear of violence leads many women to hide their status, which negatively impacts their health.

HIV stigma is entrenched in society, including in government, education and health settings. Women living with, and at risk of, HIV spoke repeatedly of how they are denied access to treatment and care, including maternity services. Their confidentiality is not protected, they are shouted at, treated inhumanely and humiliated. One woman described how she was slapped by other patients when seeking emergency medical treatment for her son, who died the next day.

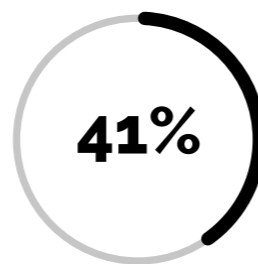


54% of the women in the dialogues said violence or fear of violence had affected their ability to protect themselves from HIV or manage their HIV.

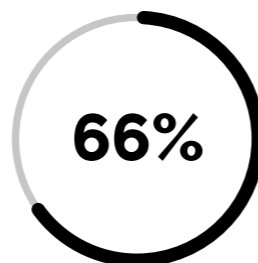
"I was raised at my grandmother's house. My uncle sexually assaulted me when I was 5-years-old." (Egypt)

"I'm sometimes physically and mentally tired and, despite that, he wants to have sex with me, even if I'm worn out. If this is considered my duty, I personally consider it rape." (Jordan)

"If a girl stands up to the man who has abused her, he will deny it and she will be blamed, even though she is the victim." (Sudan)



41% of women had experienced violence in healthcare settings;



this figure rises to 66% among women living with HIV

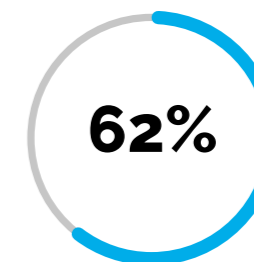
"At the hospital, I was not respected... They took a picture of me and they posted my picture saying that I am HIV positive ... I went through hell after giving birth ..." (Tunisia)

WOMEN IN THEIR DIVERSITY AS AGENTS OF CHANGE

WOMEN SUPPORT WOMEN

Despite experiencing high levels of violence throughout their lives, the women's personal testimonies revealed extraordinary resilience and mutual support. Women living with HIV in their diversity are emerging as powerful leaders and advocates for an improved response to HIV in the region.

Supportive community organisations and peer groups, together with the provision of legal advice on accessing rights, are providing a lifeline to women and girls in their diversity, enabling them to improve their situation. For one participant, seeing a television programme about HIV encouraged her to talk about her status without shame, and this has opened up opportunities and led to a better quality of life.



62% of women in the dialogues said they had received at least some support for violence.

"I was on drugs for 29 years and now I am a volunteer at a centre which supports drug users. My work and recovery has come to the attention of figures in high authority in Morocco. [They say] 'Ah you are the strong woman I read about'." (Morocco)



Women use ALIV(H)E framework to analyse country response. © Golda Eid

ENERGY FOR CHANGE AND HOPE FOR THE FUTURE

Increasingly, women are expressing resistance to harmful, gendered expectations and are refusing to give in to a widespread culture of violence. Women are aware that norms are changing over time and are passionate about ensuring future generations face less violence. Despite limited political space, support and resources, women are actively addressing HIV and related social injustices, including gender-based violence. Partnerships with allies in government, technical agencies and civil society are crucial to their success.

"I have a big dream to change the laws. Seeing women grow strong is my deepest wish" (Jordan)

ENDING THE VIOLENCE:

CHANGES WOMEN WANT TO SEE

Women talked about the systemic changes they want to see in all four of the fields set out here. These actions will assist in the delivery of global commitments to eliminate all forms of violence against women and girls (Sustainable Development Goal 5) and achieve universal health coverage (Sustainable Development Goal 3).

INTERNALISED GENDER-EQUITABLE ATTITUDES, VALUES AND PRACTICES; CHOICE AND AGENCY

WOMEN WANT TO HAVE

- Opportunities to build their self-esteem and leadership skills
- Access to peer support groups and networks
- Economic empowerment and financial independence
- Legal literacy and guidance on their respective rights
- Access to education without stigma
- Programmes to address violence within families
- Practical support for women who experience violence

GENDER EQUITABLE SOCIO-CULTURAL NORMS

WOMEN WANT TO SEE

Women want to see public and community awareness-raising and information campaigns that:

- Raise awareness and promote transformation of harmful social and gender norms that underpin gender inequality, inviting men to treat women with respect and dignity
- Highlight increased levels of violence against women in their diversity and ways to address this
- Recognise and respect the rights of trans women, sexual minorities and other women with non-conforming gender identities
- Use all aspects of the media, including social media, and engage with religious leaders and schools

WOMEN ALSO WANT

- All organisations that work on HIV and violence against women to reinforce the ALIVIHIE framework's values of human rights, sexual and reproductive health and rights, participation, gender equality, safety, evidence-informed responses and respect for diversity
- Stronger networking and cross-movement building to work on effective interventions to address intersections between HIV and gender-based violence

INCREASED ACCESS TO, AND CONTROL OVER, PUBLIC AND PRIVATE RESOURCES

WOMEN ARE CALLING FOR

- Better access to healthcare, maternity services, and sexual and reproductive health services
- Non-discriminatory, non-judgemental and high quality, integrated health services with strong referral systems, and dignified treatment by health providers
- Local organisations providing support at the intersections of violence against women and HIV (including shelter/housing, economic support, access to work, legal assistance and specific services for women experiencing violence)

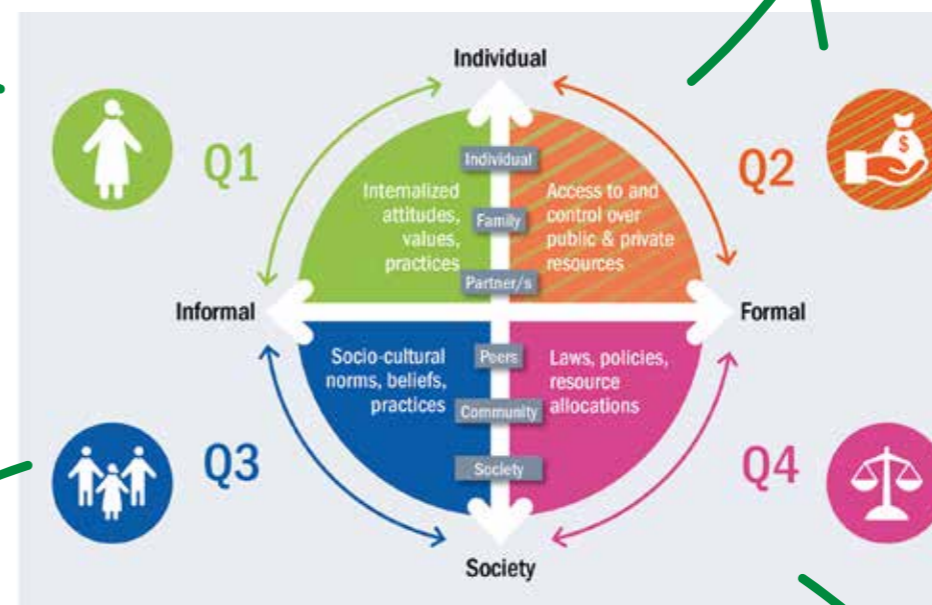
HOW YOU CAN HELP

Reinforce the ALIVIHIE framework values described here in all organisations that carry out work on HIV and violence against women

Promote the meaningful involvement of women in their diversity, including women living with HIV, in all activities including the design and delivery of policies, programmes and strategies relating to HIV and violence against women

Promote safe spaces for women in their diversity to discuss the issues they face and plan for action

Support the use of the ALIVIHIE framework by women in their diversity to monitor and evaluate interventions



ALIVIHIE Framework change matrix (adapted from Gender at Work)

LAWS, POLICIES AND RESOURCE ALLOCATIONS THAT RESPECT, PROTECT AND FULFIL WOMEN'S HUMAN RIGHTS

WOMEN ARE CALLING FOR

- Equality between women and men and the protection of women's human rights via a multisectoral approach
- Full implementation of laws and policies that protect the rights of women – including women living with HIV and women in their diversity – from stigma, discrimination and all forms of violence, including early and forced marriage and female genital mutilation
- Greater freedom for organisations that support women in their diversity to carry out their work without fear of arrest, harassment or detention by the police
- Greater government commitment and action to integrate HIV within the agenda on universal health care
- Meaningful involvement of women living with HIV in the development of national AIDS strategies, women empowerment strategies and gender assessments, as well as the design and delivery of related policies and programmes

ABOUT FRONTLINE AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere. Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live.

As a result, 1.7 million people were infected with HIV in 2018 and 770,000 died of AIDS-related illness.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

ACKNOWLEDGEMENTS

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