

Women **WON'T** wait

End HIV & Violence Against Women. **NOW.**



Publication for Latin America and the Caribbean



act:onaid



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PRESENTATION

"Women Won't Wait" is an international coalition of organizations and networks committed and working for many years to promoting women's health and human rights in the struggle to comprehensively address HIV and end all forms of violence against women and girls now. **WWW** seeks to accelerate effective responses to the linkages of violence against all women and girls and HIV by tracking and; where necessary; calling for changes in the policies; programming and funding streams of national governments and international agencies.

WWW was officially launched on 6 March 2007. A baseline analysis of key HIV&AIDS donors' and agencies' policies conducted by the campaign (available at www.womenwontwait.org) will be followed by reports and regular scorecards toward tracking donors' and key agencies' policies and practices in depth.

On April 18th 2007 the launch for the Latin American and the Caribbean region of the Campaign **"Women Won't Wait"** was held in Buenos Aires, Argentina during the IV Latin American & Caribbean HIV/AIDS and STI Forum. During the launching the coalition presented a publication developed specially for the region **"Women Won't Wait. End HIV and Violence against Women. NOW!"** and a video produced for the Campaign that included testimonies of women from Brazil, Puerto Rico and Argentina, reflecting the link between HIV&AIDS and violence against women was shown.

This second edition of **"Women Won't Wait. End HIV and Violence against women. NOW!"** is an updated and extended version of the previous publication, and includes more personal testimonies, more recent statistics, and proposals for governments regarding public policies and actions on the link between these two pandemics.

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Members of the **"Women Won't Wait"** campaign: Action Aid; African Women's Development and Communications Network (FEMNET); Association for Women's Rights in Development (AWID); Centre for Women's Global Leadership (CWGL); Centre for Health and Gender Equity (CHANGE); Foundation for the Study and Research on Women (FEIM); GESTOS -Soropositividade; Comunicação & Gênero; International Community of Women Living with HIV&AIDS Southern Africa (ICW-Southern Africa); International Women's AIDS Caucus; International Women's Health Coalition (IWHC); Latin American and Caribbean Women's Health Network; Open Society Initiative for Southern Africa (OSISA); Program on International Health and Human Rights, Harvard School of Public Health; SANGRAM; United Nations Fund for Women (UNIFEM); VAMP; and Women and Law in Southern Africa (WLSA).

EXECUTIVE SUMMARY

A potent and deadly spiral

Two pandemics threaten the health, lives and rights of women throughout the world: one is HIV&AIDS and the other is gender-based violence against women and girls. Violence against women and girls is a major contributor to death and illness among women, as well as to social isolation, loss of economic productivity, and loss of personal freedom. Research confirms that violence, and particularly intimate partner violence, also is a leading factor in the increasing "feminization" of the global AIDS pandemic, resulting in disproportionately higher rates of HIV infection among women and girls. Simultaneously, evidence confirms HIV&AIDS as both a cause and a consequence of the gender-based violence, stigma and discrimination that women and girls face in their families and communities, in peace and in conflict settings, by state and non-state actors, and within and outside of intimate partnerships. For more than two decades, international women's movements have fought for both international recognition of, and concrete action to promote, the human rights of all women. At the core of this are the principles that every woman has the human right to be free from violence, coercion, stigma and discrimination, and that every individual has the right to achieve the highest attainable standard of health, including sexual and reproductive health. In response to the growing body of evidence on violence and HIV&AIDS, and in response to calls by human rights advocates for effective action on these issues, international institutions and national governments have articulated a concern to address gender-based violence, including within the context of HIV&AIDS. Little is known, however, about what is actually being done to address these issues in policies, programming and funding, and whether the efforts that are underway are truly based on the human rights and health agenda advocated for so long by women's movements throughout the world.

TWO PANDEMICS WORLDWIDE

"Around the world, women are facing a catastrophic assault on their bodies, rights and health as a result of the prevalence of HIV/AIDS and the unrelenting omnipresence of violence against women."

Cynthia Rothschild, Mary Anne Reilly and Sara A. Nordstrom

While each constitutes a health and human-rights crisis on its own, the combination of gender-based violence against women and girls and HIV produces a particularly potent poison. An ever more convincing body of data establishes that violence against women and girls is a crucial driver of the HIV&AIDS pandemic and HIV&AIDS is also both a cause and a consequence of gender-based violence.

Women and girls are more likely than men and boys to become infected with HIV for several reasons. Women are biologically more vulnerable to HIV infection through sexual intercourse than men. As a result of gender inequality and unequal power relationships, they are often less able to negotiate condom use or to refuse sex even with intimate partners, in part because of threats or acts of gender-based violence and coercion. Stigma and discrimination mean that HIV serostatus and even some aspects of HIV testing and treatment increase the risk of violence faced by women and girls. Increasingly, women are dealing with the way violence puts them at greater risk of contracting HIV while women who are HIV positive are more likely to be targets of violence because of additional layers of discrimination and stigma.

The impact of both HIV&AIDS and violence against women is exacerbated by inadequate services and protection of sexual and reproductive health and rights; laws that are weak or discriminatory toward women and people living with HIV&AIDS; social and community standards that validate gender inequality and the subordination of women; and the forms of multiple discrimination faced by women and girls because of their race, language, sexuality, ethnicity, and other, similar factors.

We understand violence against women to be a form of gender-based violence and, more generally, a manifestation of gender inequality and unequal power relationships. Violence against women and girls has a lethal dynamic by itself, as well as when it is combined with HIV&AIDS. The impact of these two pandemics limits the capacities of women and girls to move and express themselves freely, to fully participate in society, to achieve economic independence and to access health services including vital HIV counseling, treatment, support and care.

FEMINIZATION OF HIV&AIDS

Worldwide 39.5 million adults were living with HIV&AIDS in 2006, of these, 17.3 million were women, accounting for nearly half of all HIV-positive people. Globally, and in every region, more adult women (15 years or older) than ever before are now living with HIV, with an increase of over one million compared to 2004¹. The feminization of the epidemic is undeniable, during the last years, the number of women and girls infected with HIV has increased in every region of the world with rates rising particularly rapidly in Eastern Europe, Asia and Latin America².

HIV-positive women as a percentage of total HIV-positive population over 15 years of age, 2006 estimates by region.

Sub-Saharan Africa	59%
Caribbean	50%
Middle East and North Africa	48%
Oceania	47%
Latin America	31%
Eastern Europe and Central Asia	30%
East Asia, South and Southeast Asia	29%
West and Central Europe	28%
North America	26%

Source: UNAIDS

WOMEN AND HIV IN THE LATIN AMERICAN AND THE CARIBBEAN REGION

Women account for the 30% of adults living with HIV in Latin America and for the 50% in the Caribbean³. According to the UNAIDS 2006 report "The Caribbean's largely heterosexual epidemics. Occur in the context of harsh gender inequalities. And are being fuelled by a thriving sex industry, which services both local and foreign clients".

The decrease of the men/women living with AIDS ratio across the Latin American and Caribbean region is clearly reflected in the rising number of women and girls living with HIV.

- In **Argentina** the first woman with AIDS was recorded in 1987, in 1988 the man/woman ratio was 14 men for every woman and in 2005 the ratio decreased to 2.24/1, indicating the increasing rate in women.
- In **Brazil**, the man/woman ratio is systematically decreasing, passing from 15 men for every woman in 1986, to 1.5 men for every woman in 2005⁴.
- In **Chile** for every woman with AIDS in 1990 28.4 men were diagnosed, down to 7.2 men for every woman in 2001.
- In **Colombia**, the man/woman ratio has narrowed from around 10 men for every woman at the beginning of the 1990s to a ratio of 2-3/1 en 2003-2005.
- In **Guatemala** in 1988 the male/female ratio was 8 men for every woman and dropped to a ratio of 2/4 in 2005. ⁵
- In **Haiti**, the epidemic has become increasingly feminized, with the male/female ratio moving from 6/1 in 1988 to 1/1 since 2002.⁶
- In **Honduras** in 1980 the proportion of men to women living with AIDS was 4 men for every woman; in the last decade, the ratio has almost equalized, now at 1/1.2.⁷
- In **Nicaragua**, in 1998 the man/woman ratio was 7 to 1; in 2003 it dropped to 3 men for every woman with AIDS⁸.
- In **Peru** while in 1990 there was one woman for every 11 men with AIDS, in 2002 3.3 men were reported for every woman⁹.

- In **Panama** in 1986 the man/woman ratio was 17 men for every woman, while in recent years the ratio dropped to 3 men for every woman.¹⁰

The AIDS epidemic predominates globally in young people between 15 and 24 years old and among them infection is more frequent in women than in men. OMS points out: "Young people represent half the new HIV infections, a third of which occur in women"¹¹.

- In **Trinidad and Tobago**, according to a 2005 study, the levels of HIV infection are 6 times higher among women between 15 and 19 years old than among men of the same age¹².
- In the **Dominican Republic** women younger than 24 have had almost doubled the probability of becoming infected with HIV than the corresponding male population¹³.
- In **Jamaica**, according to a 2003 study adolescent girls have had a probability 2.5 times greater of being infected than boys in their same age group¹⁴.
- In **Puerto Rico** in the period 2003/2007 in the 10-19 age group, 51% of the cases are women, thus passing the number of men with HIV¹⁵.
- In **Argentina** since the year 2004 new infections predominate in women of the 13 to 19 age group; the man/woman ratio was 0.88/1¹⁶. In the city of Buenos Aires in the period 2003/2006, the women almost doubled the men in the 15 to 19 year old age range, making the man/woman ratio 0.53, the same also occurred in the 10 to 14 year old group in which the ratio was 0.50¹⁷

VIOLENCE AGAINST WOMEN AND GIRLS AND HIV&AIDS IN THE WORLD AND THE REGION

In Latin America and the Caribbean women and girls are the direct target of gender-based violence that threatens their physical, sexual and mental health. Perpetrators may be an intimate partner, family members, community members and leaders, police, soldiers or others. According to data collected for the World Health Organization (WHO)'s recent multi-country study on violence against women, 13-61% of ever-partnered women have experienced physical and/or sexual violence by a partner in their lifetime. The WHO study¹⁸ shows that between 6 and 47% of adult women report being abused by their intimate partners and among the young women (ages 10-24) between 7% and 48% report their first sexual encounter as coerced. Women and girls encounter violence in their homes, communities, schools, workplaces, streets, markets, police stations and hospitals. Violence, or the threat of it, not only causes physical and psychological harm to women and girls, it also limits their access to and participation in society because the fear of violence circumscribes their freedom of movement and of expression as well as their rights to privacy, security and health.

Violence, product of gender inequity, is the main factor for women HIV vulnerability. In many cases, women and girls are forced into sex or coerced without their informed consent. For example, the WHO study found as many as 30% of women in some locations reporting that their first sexual experience was coerced or forced. In some countries of the region, nearly one in four women reported sexual violence by their intimate partner, as well as the number of rapes increased progressively. Other studies showed that 36% of girls and 29% of boys have suffered sexual child abuse (PAHO/WHO, 2003).

Sexual violence rates from the region

- According to facts from the demographic health questionnaires (1997-2000), 11% of the women in **Colombia**, 10% in **Nicaragua** and 17% in **Haiti** between 15 and 49 years old affirm that they have at one time been victims of sexual violence from a husband or partner. In **Mexico** and **Peru**, these statistics reach 23%¹⁹.
- In **Colombia** the Institute of Legal Medicine reported in 2000 a total of 13,542 cases of sexual crimes. 86% of the victims were female.
- In **Argentina** according to the National Office of Criminal Policy in 2005 10,318 crimes in violation of the sexual integrity were reported in the country, 3,154 were rapes.
- In **Chile** during the year 2006, 14,688 sexual crimes were reported, the equivalent of 40 sexual related crimes per day, one every 36 minutes.²⁰

- In **Costa Rica** in 2002, 4.645 sexual violence crime reports entered the justice system.²¹ According to the Violence Against Women National Survey of 2003²², 38,2% of women have experienced some type of sexual aggression after the age of 16. 27,9% of women have been sexually touched against their will and 26% of women have experienced an attempted rape or have been raped.

In girls and young women:

- In **Honduras**, according to facts from the ENDESA 2005-2006²³, at the national level 11% of women are victims of sexual abuse before reaching the age of 12.
- In **Jamaica** 17% of girls between 13 and 14 years old were victims of a rape or a rape intent²⁴.
- In **Peru** 45% of adolescent girls and 14% of adolescent girls in Brazil living in urban areas report that their sexual initiation was coerced²⁵.
- In **Argentina**, of all the calls made to the Phone Help-Line 0800-66-Mujer from the city of Buenos Aires during the first semester of 2007, 14 were for incidents of rape of which 85% of the victims were girls and young women between 14 and 23 years old. During the same semester, the Program for Women Victims of Sexual Crimes of the city of Buenos Aires, provided assistance to 7 women victims of rape. 71% of these victims were women under the age of 34 and 42,9% were women between 15 and 24 years old.
- In the **Caribbean** 47% of adolescent girls who had had sex, said that their sexual initiation was forced.²⁶
- In **Nicaragua**, according to the National Police the sexual crimes against girls under the age of 13 increased 46% between 2001 (339) and 2002 (496). In the National Forensic System, 2.190 crimes against sexual integrity were reported in 2003²⁷.

Indirect links between violence and aids were also found. In Nicaragua, one study found that women who were severely sexually abused in their childhood made their sexual debut more than two years earlier and reported a higher number of sexual partners than those who had experienced no sexual abuse. A study from South Africa showed that women who experienced forced sex were found to be nearly six times more likely to use condoms inconsistently than those who did not experience coercion and, were at higher risk of HIV infection. Among young women (16-23 years) those who had partners older than them had 1.6 fold higher odds of being HIV infected and were 1.5 times more likely to experience violence than women with partners in the peer age group. When sexual violence occurs, especially in girls and young women, the risk of HIV transmission is likely to be higher, but is very difficult to establish, as different USA studies indicated.

Domestic Violence increases the risk of women and girls to HIV. Studies in Rwanda, Tanzania and South Africa²⁸, show up to three fold increases in risk of HIV among women who have experienced violence compared to those who have not. It is calculated that across the Latin American and the Caribbean region between 10% and 36% of the women are victims of this form of violence²⁹. A study conducted by the Guatemalan Women's Group and ActionAid Guatemala, based on testimonies of women from the Guatemalan Network of Positive Women in Action, revealed that 61% of positive women directly relate their condition to episodes of violence perpetrated by their intimate partner³⁰.

Domestic and intimate partner violence against women in the region

- In **Chile**, 50.3 % of the married or previously married women have experienced at one time in their lives violence from their partner: 34% reported physical and/or sexual violence and 16.3% psychological abuse³¹.
- In **Puerto Rico** according to facts from the Police Statistics Division, 4.302 domestic violence incidents were reported from January 1st to April 30th 2007, 85.3% of the victims were women and 14.7% were men.
- In **Colombia**, the Demography and Health National Survey 2005 conducted by Profamilia³² revealed that 2 out of every 5 women who have ever been married or had a live-in partner reported having suffered physical aggressions from their husband or intimate partner.
- In **Argentina** in the province of Buenos Aires, according to facts from the General Office of

Gender Policy Coordination of the Security Department, between March and November of 2005 more than 20,000 domestic violence incidents were reported. 90% of them were against women.³³

- In **Haiti**, 37% of the women who report sexual violence from their partner report physical violence as well³⁴.
- In **Peru**, the Demography and Family Health Survey 2004³⁵, revealed that 2 out of every 5 women who have ever been married or have a live-in partner reported some form of physical violence from their husbands or partners during the relationship. Also, 1 out of every 10 women reported having been forced into sex by their partners.
- In the **Dominican Republic** the survey ENDESA 2002³⁶, showed that 22% of the women interviewed had experienced physical violence by their partners or former partners.

There is a lack of statistical information on the frequency of domestic and sexual violence against women and girls in the region. It is necessary to develop researches and studies that document violence rates and its intersections with HIV&AIDS. Although we are waiting for statistics that reflect these links, many life stories from women show these intersections.

Testimonies of Women from the Region

The following are testimonies of women from various countries:

"I PLAYED GOOD GIRL. . ."

. . . suddenly three guys came up to me and started bothering me, I told them to leave, but two of them grabbed my arms and told me "shut up and walk, nice and quiet! "First they robbed me, I don't know how much they took. . .I had \$35, I think. . .Afterwards, they started to get weird, they were Paraguayan, like me, and they started speaking in guaraní, they thought I didn't understand, and then I started to realize what they were going to do to me. . . I played the good girl, thinking that would save me. . . The two youngest raped me and left. I wanted to go and the other one that was behind came back, grabbed me and told me that now it was his turn, and it wasn't going to go as well as with the other two. . . "In that moment I thought that he was going to kill me, that I was going to die that day". At the hospital that I went to they gave me the morning after pill. Six months later I got tested for HIV and it came out positive. . .

I keep turning over in my mind what wasn't done, what was done wrong. . . if in the hospital they had known to, wanted to o could have done anything, if they had given me HIV PEP immediately after the rape. . .would today be a different reality?. . .I keep asking myself. . ."

Situation / case Summary presented by Sandra Barilari, Therapeutic Companion – Coordinator of the Sexual Health / Gender violence / STD-HIV-Aids Program – Woman's General Office. BsAs government – Published for Latin American and the Caribbean "Women Wont Wait" Campaign- Buenos Aires 2007

The difficulty in accessing adequate post rape attention services increases women's risk of HIV. In a study conducted in Colombia on pregnancy associated with rape, 43% reported that they did not seek attention after the incident.³⁷ In Brazil, the period of seeking attention after a rape varied between 2 hours and 2 months³⁸.

" In 1999, I was victim of child sexual abuse. Child Sexual abuse in Paulista. It was in the newspapers and on TV. With the father of my first daughter it was something different. It was fighting and confusion. I mean, at the time I did not see it as violence, it was something common. It was common that he would hit me."

Cristina was victim of violence by her father when she was a child. Now he refuses to see her due to her positive condition. "Prejudice is the worst thing, do you understand? I miss my family, I need to talk to them, but if they don't want to see me I can't make them, it is their right."

Fragments of Cristina Moura's testimony, Brazil, from the video for Latin American and the Caribbean for the WWW campaign, 2007.

"I am 17 years old. I have a 3 months old baby. I got HIV/AIDS from my mother. She had the virus because she was raped by her stepfather. Her stepfather raped her and my aunts, and had sexual relations with my grandmother who was his wife. All of them got infected with HIV/AIDS. Then my mom was able to leave. When she left home, she got together with my dad, when she was nearly 13, 14 years old."(. . .)"Then I was born, she breastfed me, as any other mom does. After me, she had my little sister. Months later they discovered I had HIV" (. . .)"When my mom and my dad died, I went to live with my grandmother. First she treated us well, but as soon as my body started to change, when I was ten, my step grandfather raped me and my sister. We told our grandmother but she did not believe us. Finally, because I did not have any other relatives, they took me to a children's home "(. . .)" There I met the father of my baby, but we did not

have a relationship, we were not a couple. Then we were moved to another home and I got pregnant because we did not use protection".

Fragments of Morena's Testimony from Panama
in "And I don't even cry", UNICEF/ICW, Buenos Aires, 2007

Partner violence, commonly known as domestic violence, is also a factor that increases a woman's risk of contracting HIV. According to the Panamerican Health Organisation (PAHO), there is a positive association between domestic violence and Sexually Transmitted Infections- (STI)-, a higher prevalence of STI is observed in women that have suffered violence in partner relationships than among women who have not. This is based on the fact that women who have been victims of domestic violence have difficulty negotiating the use of condoms; in many cases, merely requesting condom use can lead to a violent reaction on the part of their partners, meaning that they endure physical, verbal and/or sexual abuse.

Brenda (77) is 34. She was in a physically abusive relationship during which she suspected that her husband was having affairs. She wanted to use a condom as a protection against contracting HIV/AIDS, but he refused. Despite knowing that he was HIV positive, he regularly beat her to have unprotected sex with him. Brenda nursed him until he died. She is now HIV positive. She attends church regularly, but dares not disclose her status, as she witnessed how members of the church community treated another woman who was known to be HIV positive."

Amnesty International Report
Sexual violence against women and girls in Jamaica: "just a little sex", 2006.

"Many times I saw when my father threw his dish away because he did not like the food, he would throw it against the floor and hit my mom. The physical and verbal abuse was present all the time, but I thought it was normal because nobody had told me "look this is domestic violence" (...) I was excited to grow up and be independent. When I was 15 I left, I met this individual (...) one day he slapped me because I was late, another day he hit me again and I defended myself and then started the verbal abuse I had a daughter with that man...7 years later I met the father of my son, he was 10 years older than me....this guy taught me what domestic violence was...this guy created permanent make up on my face, my eyes were always blue, that happened all the time. I would go to the police station and the guards never paid any attention to me, they were friends of his, they hung out together. When I was pregnant he also hit me ..."I am going to hit you because you do not take care of yourself, and I will hit you because you take care of yourself too much because you must be in love with the neighbor..." The father of my son introduced me to drugs, it was part of the abuse (...) that I had to put up with...Then I left him and I met this other person and went to live with him. Three months later I found out through another person that he was HIV+. When I asked him he told me it was true. I was very much in love with him, it was a sick love (...) He manipulated me, said that I did not understand him, that he was an HIV patient, but he refused to use a condom when I asked him and I said "That is ok, don't use it because I have to prove to you that I love you"...I have HIV, I am an addict in rehabilitation and many times I am co-dependent, that sometimes it is worst that the addiction itself,sometimes in the name of love we do crazy things...I was 6 years with that man. The emotional abuse I suffered was too much, many women think that abuse is only physical, but the psychological and emotional abuse is much worse (...)"

Fragments of Maria C's testimony, presented on April 25th 2003, in training "Domestic Violence and Sexual Assault Survivors living with HIV", from the Peace for Women Coordinator, CPM. Published in Voice of Voices, Year 6, Num. 3 / August 2003.

"My name is Marjorie, I have been living with the virus for more than 11 years. I had a partner that abused me and hit me all time. I had two kids with him. He left me. Another friend infected me. I was in a relationship with him. I thought he was like a living god coming to Earth. Some time ago I found out that he died. So he infected me. Then I was told I was probably HIV positive, but I did not listen. I was forced to take a test. I thought that it was a test for my serious cold. If I had known it was an HIV Test, I would not have taken it. I did not know. I talked to my cousin. She is at the University, so she explained things to me more clearly. I was silent. I could not say anything. I became very sick, I lost a lot of weight, lost my hair and felt very depressed.

My family came to me and took me to another doctor for another test. Only then was I hospitalized. I started receiving ARV and started my recovery.

Today I participate in groups supporting other women. HIV is not a tragedy in my life now, I am not going to take with me the stigmatization. I am still a mother of two, I live with my kids, and I am going back to school again. I am not going to kill myself or hide myself in a corner"

Fragments of the testimony of Marjory, from the group HIV in Action,
at meeting in Haiti for the Women Won't Wait Campaign, August 2007.

Many women who are victims of violence do not report their partners for fear, lack of information or lack of social and institutional support, resulting in more exposure to infection. In Latin America it is estimated that only between 15% and 25% of domestic violence incidents are reported³⁹.

"I have lived with violence since I was a little girl. When I was little my father hit me a lot. He hit me and cut my body and then made me wash it with salt and water to feel even more pain. He would not stop unless I was bleeding.

Then I met a boy and left to live with him. I stayed with him for ten years. The first four years of the relationship were all roses, but then he started hitting me. He beat me and threatened to kill me if I reported him to the women's special police. I lived ten years with him, I had three kids. My kids are my life. I do not regret having my kids, I regret the father I gave them. Today I think very carefully before starting a relationship, because I do not want to suffer all that again.

After I found out I was living with HIV life was not easy. My brother and my father became very aggressive, and my father does not want to see me. He does not accept it. When I visit them he throws me out of his home."

Fragments of Adriana Matias' interview, Brazil, from the video for Latin American and the Caribbean for the WW campaign, 2007.

In many countries, the highest rates of new infections are among married women, indicating greater vulnerability. The possibility of being a victim of violence and of losing the power to demand condom use is greater in married women, since they traditionally live in situations of greater subordination to their husbands. For example, in Ecuador 66.4% of infected women in 2004 were housewives, while sex workers constituted 11.2%⁴⁰. In Colombia the number of married women seeking governmental medical attention for HIV/AIDS quadrupled in two years⁴¹. In Guatemala two specialized clinics for HIV/AIDS located in the capital city revealed that during 2004, housewives who have no other risk source other than their regular partners accounted for 74% of the infected women.⁴² . It is also estimated that approximately 29% of the women from the region between 15 and 24 years old have been married before reaching the age of 18⁴³. Married young women and girls have less access to education and information about HIV than single women and more difficulty in negotiating condom use, facing a high risk of infection.

My name is Evelyn, I am 45 years old and I have two children. I live in a town in the center of the island of Puerto Rico. HIV has been in my body for 15 years. I was diagnosed when I was pregnant with my second child.

When I got married I was very happy and excited because I thought that man was better than any other. I convinced myself with him, I had won the lottery! When I was pregnant, we moved to the United States to live and to work. Three months later, that "spectacular" man changed his behavior in a very noticeable way. He became violent until one night when I was four months pregnant he kicked me out of the house. In September of 1992 I returned to my country, to live with my parents. When I went to the family gynecologist, he gave me the diagnosis. My first reaction was to call my husband and tell him. His first comment was "Oh, what a shame. Go find out who infected you". I began treatment in December of 1992 with the medicine AZT. My son was born with a natural birth and, thanks God, without the virus".

Fragment of the testimony of Evelyn in the launch of the "Women Won't Wait" Campaign in New York, March 2007.

"Gabriela López, twenty-four, had known for about two years that she was HIV-positive. She had five children, ages one to eight, and said she was infected by her husband who had raped her repeatedly. "He took me by force. He was jealous. He was a bit violent, I guess. He said 'Oh, yes, you will. I want sex. Do you have another man?'" López said she agreed to sex to prevent her husband from beating her. Condom use was never discussed. López became the sole provider for her children in 2002 after she tested positive for HIV during her last pregnancy because her husband decided at that point to move in with his mother. "He has brushed away any responsibility. He does not have anything to do with these children now. In her attempt to make enough money to feed her children, López tried to get a job in the free trade zones and the tourism industry. In both sectors, she was fired from jobs for being HIV-positive. At the free trade zone job, she said "They did a test. They did not tell me what it was. They just took my blood, right there. Then they fired me. I had been working for three months..."

Fragments of a Testimony of Human Rights Watch a Gabriela López, January 13, 2004
Human Rights Watch: A Test of Inequality: discrimination against
Women living with HIV in the Dominican Republic, 2004.

Women with HIV confront a wide range of real and potential violations of their human rights. These range from non-consensual testing, disclosure of results to the partner or other family members without consent, stigmatization, isolation and the rejection by family and community, to threats and acts of violence that people living with HIV suffer on account of their serological condition. The WHO notes: "Fear of negative outcomes, including fear of violence, is a major barrier to disclosing HIV status. Non-disclosure can hinder a woman's ability to access HIV-related treatment, care and support. Research indicates that between 16% and 86%

of women in resource-constrained settings choose to disclose their HIV status to their partners."⁴⁴ Many don't tell their partners for fear of being victims of violence, rejection and discrimination. Women who are HIV-positive may also be at increased risk of being targeted for violence as a result of disclosing their status, as well as because of stigma and discrimination as a result of reporting their condition to men, due to the prejudices about the link between women and HIV, still associated in the common belief to the existence of multiple partners or prostitution.

"Jessica had a traumatic experience when she visited her mom and found out that her relatives had received a call from the hospital to inform them that Jessica and her husband had HIV. "I was walking into the kitchen when my brother said to me: You can not enter! I said: Why? I have the same right as everybody else, this is my mother's house and I can come in and out whenever I want. No, he said, because you have AIDS. They just called from the hospital and told mom. My mother was crying in the living room. I went and said to her: mom, do you believe that?, do not be silly, maybe they were joking. She asked me why Alejandro and I spent a lot of time at the hospital, so I had to lie to her and I made up that Alejandro had lung cancer".

Fragments of the Jessica's testimony, 35 years old, Woman Strength and Hope Group, Santiago in "Situations of discrimination that affect people living with HIV/AIDS in Chile", Vivo Positivo, Santiago University, 2002.

Rosa Polanco, 34 years old, was tested for HIV when she was hospitalized for liver disease. "A doctor came in, and was fairly rude. He told me: "You have HIV because you didn't take care of yourself" in front of my little girls." As a consequence of this divulgence of her HIV positive condition, Rosa was expelled from her home by her mother.". She moved to a makeshift wooden shack without sanitation, electricity, or running water, in a part of Santiago dubbed "the Part Behind" ("La Parte Atrás") by locals. She said: [When I lived at home] I had to clean the bathroom whenever I used it, I had to wash my plates separately. [My mother] told me not to touch my children. She threw me out. If I didn't have HIV, I would be working, I would be with my children.... I feel less worthy than other persons because people treat me like a parasite in society. I would like to be useful again."

Fragment of Rosa Polanco's interview, Human Rights Watch: A test of Inequality: Discrimination against Women Living with HIV in the Dominican Republic

"When I was 17 I started to do drugs and started to inject, and I had a partner who I would shoot up with. When I fought with him, he told me he had HIV. After 8 suicide attempts, I decided that I couldn't kill myself and that I had to learn to live. I already had my 18 month year old daughter. I went to the hospital. At four months they did an HIV test and it showed up positive. You have to understand how to talk about this, with who to talk to. I tried to confide in someone and for two days the whole world turned away from me and I didn't know why. After 8 years without seeing my family, which consists of about 50 people, 45 would barely greet me. It was so sad and it made me feel terrible, but these are things you have to get used to.

The people who surround you think that you have nothing to offer. My current boyfriend is younger than me, and they tell me: he is young, what can you offer him?, because you have nothing left, you are a piece of trash on the sidewalk. This generates violence and feelings of impotence that make me want to say "No, I have feelings, I can help, I can love".

One day I went to the hospital to be treated for a bite, and I went and talked to the dermatologist. When he looked at my medical history, he told me these are the lesions from AIDS, they are normal for that disease. I said to him "I am not sick, I went to a different dermatologist and he told me it was a spider bite. I remember that when I was pregnant with my son, I had to have a PAP smear and a colonoscopy. My appointment was at 8:30. At 11, no one had called me in, I asked them to talk to the doctor and she said no, because of what you have...Yes, I am HIV positive I said to her. She told me I had to buy my own speculum. She said she could not use the same one with other patients that she uses with me, I then said to her "do you use the same speculum with all your patients? Thank you for letting me know because I know what I have, if you use the same one and don't sterilize it well, that is another problem."

Interview with Patricia, age 40, living with HIV, FEIM, 2007.

Sex workers are very exposed to situations of violence that increase their vulnerability to HIV and Aids. Many of them experience violence in the street, at work, or in their personal lives, thus elevating their vulnerability to HIV and other health problems. The sexual and partner violence to which many sex workers are exposed limit their ability to negotiate safe sexual relations with clients as well as with their regular partners. In Panama City, approximately 13% of sex workers report having been raped while working and this number increased 41% among those who are drug users⁴⁵. Condom use is also limited by the violence perpetrated by security forces against prostitutes or sex workers. For example, in the United States, if a woman carried condoms it was sometimes used by the police as evidence of prostitution, provoking her arrest⁴⁶. Violence against sex workers is furthermore perpetrated and legitimised by the laws that governments maintain regarding prostitution, that generally elevate the risk of violence against sex workers instead of protecting them.

"My name is Janaina, I was born in Recife, Pernambuco in 1976. I live in a refugee home with my two children: Samara who is 6 and Samuel who is 4. As a child I suffered a lot of abuse from my mother and her partners. At age 9 I was "sold" to a woman who converted me into her adopted daughter. She called me Sandra, she changed my name. She raised me as her domestic employee and at age 13 forced me to become a prostitute. I didn't go to school, I only learned to read and write. When I could I went to the interior of Pernambuco where I worked as a prostitute. I got pregnant twice. During the second pregnancy I was tested for HIV, and it came out positive. That was 10 years ago. Since then I have lived in a home for victims of violence where I also work. Since 2005 I have participated in the Working Group on Human Rights and AIDS and I receive psychotherapy. Less than a month ago I was going to travel to New York to talk about violence against women and AIDS but the USA denied me a visa. I hope that in the future people don't suffer anymore".

Janaina,
Pernambuco, Brazil

The lack of political will on the part of the majority of the donors and governments is responsible for the scarce attention paid to the problem. Among donors, funding to confront gender based violence is scarce and generally marginal, while the integration of programs that deal with violence against women in the funding of HIV and AIDS is inadequate and very difficult to access. The objective of universal access to prevention, treatment, and medical care will not be reached without a restructuring and refocusing that confronts gender inequality and that bases itself in human rights.

PROPOSALS TO THE GOVERNMENTS

Violence against women and HIV&AIDS increasingly affect life and health of women and girls from Latin American and the Caribbean, it is urgent that regional governments develop actions to recognize and integrate the intersection between these two pandemics and implement public policies that effectively face the problem.

In the region, such actions are within the frame of the Inter-American **Convention** On The Prevention, Punishment And Eradication Of Violence Against Women, known as **Convention of Belém Do Pará**, only binding international instrument about violence against women that the region has. The Convention was ratified by 32 of the 34 states of the Organization of American States, compromising the States parties to design policies, laws and programs to prevent and eliminate all forms of violence against women, protecting and ensuring their rights whether on the private or public sphere by "all appropriate means and without delay" .

For the effective compliance with the above mentioned Convention, it is recommended that regional governments adopt the following actions, keeping in mind the situation and priorities of the region:

- Design and finance programs for violence against women and girls care and prevention, including psychological and economic violence.
- **Adopt public policy that addresses the relationship between violence against women and HIV&AIDS.**
- **Develop and implement Protocols for Care for women and girls victims of family and sexual violence. These protocols should be implemented by the health, justice and security services that respond to victims. In the case of rape they should guarantee access to HIV post exposure prophylaxis as well as Emergency Contraception for the prevention of pregnancy and other forms of emergency care, including legal and psychological attention.**
- Design systems for registering data that will make visible the number of women and girls victims of violence, separating the information according to age and kind of violence as well as the existing connection between the different forms of violence against women and HIV&AIDS.
- **Include the struggle against violence against women and girls in policies, plans and national HIV&AIDS assistance and prevention programs through:**
 1. **Researching and registering situations of violence against women through healthcare services that attend women and girls living with HIV&AIDS.**
 2. **Incorporate strategies for detecting and registering cases of violence in pre and post HIV test counseling for women and inform them about resources and assistance for women victims of violence. Also, training for personnel from HIV&AIDS programs in identifying and adequately approaching the different forms of violence against women.**
 3. **Integrate HIV testing and counseling services into care services for victims of sexual and family violence.**

- Finance research and studies with the objective of studying the different forms, causes and consequences of violence against women as well as the connections that exist between them and HIV.
- **Train personnel from HIV&AIDS, sexual and reproductive health and violence against women prevention and care programs on gender based violence and the intersection between violence and HIV&AIDS with the purpose of promoting prevention and/or attention for women and girls victims of violence, taking into consideration the existing connections between violence and HIV&AIDS.**
- Protect the rights of women living with HIV&AIDS and women victims of all kinds of violence, guaranteeing confidentiality and voluntary HIV testing.
- Promote the empowerment of women and girls by means of access to education and information about their rights as well as programs for economic empowerment.
- Incorporate women into the design of the assistance programs and projects for women victims of violence and promote the participation of women living with HIV&AIDS in policies and programs in response to the epidemic.
- Review laws that penalize actions of violence against women and monitor compliance with these laws by judges.
- Regularly carry out wide-reaching campaigns to educate and raise awareness in the community about violence against women and girls and the intersection with HIV.

WORLDWIDE ACTIVITIES OF THE WWW CAMPAIGN

Show us the money

The **WWW Campaign** was officially launched on March 6, 2007 in New York during the 51st Session of the Commission on the Status of Women at the United Nations. During the launch, the publication **"Show Us the Money: Is Violence Against Women on the HIV&AIDS Funding Agenda?"**, a study done by Susan Fried on key HIV & AIDS donors and the policies of these agencies, was presented.

This report, developed within the context of the **WWW** coalition, analyses the policies, programming and funding patterns of the four largest public donors to HIV&AIDS: the Global Fund to Fight AIDS, Tuberculosis and Malaria, the President's Emergency Fund for AIDS Relief (PEPFAR/US), the UK Department for International Development (DFID), and the World Bank. The study also included UNAIDS: the Joint UN Programme on HIV/AIDS. The report is the first step in an effort by this coalition to monitor the policies, programmes, and funding streams of international agencies and national governments, and to hold these agencies accountable to basic health and human rights objectives. The report is based on a scan of publicly available information of each of the institutions and on interviews with staff, key informants and experts in HIV&AIDS and gender-based violence.

Main findings of the study were the following:

1. Multi- and bilateral agencies examined continue to treat gender-based violence as an "add-on" rather than as integral to all aspects of their work on HIV&AIDS.
2. Within policy and programmes, violence against women and girls is rarely highlighted as a major driver and consequence of the disease, nor measured statistically as a means of contributing to the evidence base.
3. It is extremely difficult, if not impossible to determine the precise amount of money contributed to work at the intersection because none of these donors specifically track their programming for and funding to violence eradication efforts within their HIV&AIDS portfolio. The difficulty of tracking spending on these areas increases the difficulty of holding donors and other actors accountable and of advocating for increasing funding from national governments as well as from external funding institutions.
4. **The source of the problem rests in gender inequality.** Governments, multilateral agencies and bilateral donors have failed to confront adequately the intersection of violence against women and HIV&AIDS, as well as to seriously face up to the pervasiveness of violence against women and girls, because they lack a serious commitment to challenge gender inequality, integrate a gender analysis, allocate necessary resources to gender equality work

The study concludes with a series of recommendations to develop and then translate policy into action to integrate violence against women into the HIV&AIDS programming. The complete study as well as the Executive Summary (both in English) are available at www.womenwontwait.org.

The "Women Won't Wait Campaign" for Latin America and the Caribbean

On April 18th, 2007 the regional **"Women Won't Wait"** campaign for Latin America and the Caribbean was launched at the IV Latin American and Caribbean Forum on HIV/AIDS and STIs in Buenos Aires. At the launch, the regional publication for "Women Won't Wait. End HIV and Violence Against Women. Now!" was presented. Additionally, a video produced specifically for the Latin American

and Caribbean campaign reflecting the intersection between violence against women and girls and HIV&AIDS was shown. The video included testimonies of women who live with HIV in Brazil, Puerto Rico and Argentina and whose relationships reflect physical, sexual and psychological violence as cause and consequence of their condition.

The coalition has made around 1000 copies of the video for distribution. Also, the Brazilian member organization GESTOS has given presentations of the campaign and the video at sub-regional meetings organized by the Brazilian Special Secretary of Policy for Women as well as at a workshop uniting 30 NGOs working on violence against women and at the regional meeting of NGOs working on HIV&AIDS that took place in the northeastern region of Brazil

The "Women Won't Wait" video for Latin America and the Caribbean can be seen at http://www.feim.org.ar/informe_lanzamiento_www.htm

Call to Action to the G8:

In preparation for the June 6 the meeting of the G8 in Germany, the "**Women Won't Wait**" coalition has prepared a Call to Action to demand that the government of Germany and the other countries in the G8 complete their promise of the past year- incomplete as of yet- to contribute annually 8-10 billion dollars to guarantee universal access to prevention, treatment, and care of HIV.

Likewise, throughout this document the coalition demands that the G8 direct financial resources for the response and eradication of violence against women which is a huge factor in the HIV&AIDS epidemic. The coalition demands an increased contribution of at least 10% towards programs dedicated to prevention and attention to violence against women and girls and to providing services for sexual and reproductive health.

The Call to Action is available at www.womenwontwait.org

Letter to the Global Fund to Fight AIDS, Tuberculosis, and Malaria

In September of 2007, the coalition **WWW** prepared a letter directed to the donors of the World Fund for the fight against AIDS, tuberculosis, and malaria, demanding immediate action on the intersection of violence against women and children and HIV&AIDS. The **WWW** Campaign called the donors to demonstrate leadership through the following actions:

- Increase funds directed to the prevention and elimination of violence against women and children and HIV&AIDS. This response should include greater financing of sexual and reproductive health and the promotion of women and girls' empowerment as an integral part of the response to AIDS.
- Increase attention and concrete action on the connection that exists between violence against women and HIV by means of:
 - The development and inclusion of indicators of violence against women in the tools of monitoring and evaluation.
 - To solicit beneficiaries the recollection of information about the nature, frequency, and causes of violence against women.
 - To consider technically faulty any national plan against AIDS that does not include the prevention and response to violence against women and girls as a central figure in the prevention, attention and treatment of AIDS.
- To designate funds specially for organizations of civil society with work on women rights, violence, and organizations of women living with HIV&AIDS to fortify and promote their participation in national processes establishing priorities and strategies dealing with AIDS, carried out by the Mechanisms of Coordination of the Country. The inclusion of the voices and experiences of these organizations will permit the incorporation of interventions directed to the undertaking of the intersection between violence against women and HIV within national subsidy proposals.

Recommendations for the Reauthorization of PEPFAR

In October of 2007, the WWW Campaign prepared a letter to the United States members of Congress, including recommendations to consider in the process of the Reauthorization of the Emergency Plan of the President for the fight against AIDS to be carried out in 2008. The stated recommendations aim to fight the adversity and inequality that women and girls confront in developing countries, which places them at a higher risk of contracting HIV. The following actions are recommended.

- To incorporate the detection and tracking of violence and sexual abuse in all programs of prevention, treatment, and attention to HIV&AIDS
- To integrate services of sexual health and reproduction to the existing services of prevention, treatment, and attention to HIV .
- To support methods of prevention controlled by women, offering to women the tools necessary to prevent HIV&AIDS. This includes increased funds for the development and distribution of female condoms and programs teaching adequate and consistent use. Likewise, to increase the budget for the research and development of new technologies for prevention, including vaccines and microbicides.
- To support legislative reforms promoting gender equality, including the right to property and inheritance, prohibiting all forms of gender related violence and assuring the compliance of all legal protection.

Links and Related Publications

Interamerican Convention to Prevent, Sanction, and Eradicate Violence against Women. "Convention de Belém do Pará"
www.cidh.oas.org/women/convencion.htm

ActionAID International
www.actionaid.org/

FEIM - Foundation for Studies and Research on Women
www.feim.org.ar

IAWC - International AIDS Women's Caucus
www.aidswomencaucus.org/

RSMLAC – Women's Health Network of Latin American and Caribbean
www.reddesalud.org/espanol/

CHANGE – Center for the Health and Gender Equality
www.genderhealth.org/

FEMNET – African Women's Development and Communications Network
www.femnet.or.ke/

AWID – Association for Women's Rights in Development
www.awid.org/

World Health Organization. Gender Ethnicity and Health Unit.
www.ops-oms.org/Spanish/ad/ge/home.htm

UNIFEM, site on Gender and HIV/AIDS
www.genderandaids.org

Global Coalition on Women and AIDS, UNAIDS
<http://womenandaids.unaids.org/default.htm>

Violence Against Women and HIV/AIDS: Critical Intersections. Partner Violence and HIV/AIDS. WHO and Global Coalition on Women and AIDS
www.who.int/gender/violence/en/vawinformationbrief.pdf

HIV/AIDS. Women's Empowerment on issues of HIV/AIDS and Violence. Latin American and Caribbean Experiences. RSMLAC and Action Aid.
www.reddesalud.org/espanol/datos/ftp/MujerySida.pdf

Thorough Study on All Forms of Violence Against Women. Secretary General's Report, UN. www.un.org/womenwatch/daw/vaw/SGstudyvaw.htm#more

WHO Multi-country study on women's health and domestic violence, September 2005
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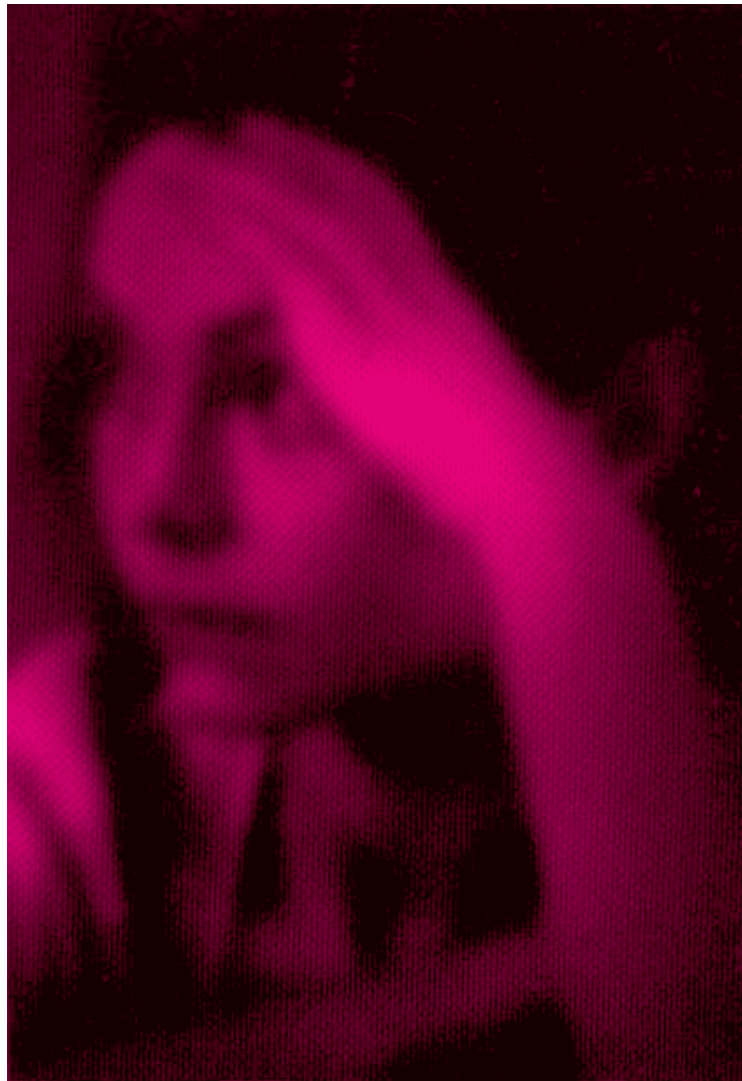


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