

The Complex Intersection of Gender-based Violence (GBV) and HIV Infection: To Understand Beyond the Obvious

Vandana Dabla^{1,*}

¹Technical Consultant – Gender and HIV, Organization: UN Women; India

*Correspondence should be addressed to Vandana Dabla; vandana.dabla@gmail.com

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Commentary

The Gender-Based Violence (GBV) and HIV/AIDS are two significant social and public health issues that intersect in a rather complex way affecting women. GBV- going beyond the physical violence, includes emotional, social and economic violence too. While GBV increases the risk of contracting HIV [1,2], being suffering from HIV infection heighten the risk of experiencing GBV [3]. Women who have experienced such form of violence are 1.5 times more likely to acquire HIV [4], and approximately 30% of women living with HIV globally have experienced GBV during their lifetime [5].

This complex intersectionality is driven by various factors, including social and economic inequalities, stigma and discrimination [6]. Whereas sexual violence put the women in the higher probability of getting HIV infection, an emotional trauma like verbal abuse and undignified living related to HIV stigma affects women's sense of agency, making it difficult for her to practice contraceptive autonomy or making free decisions about their sexual and reproductive health. In addition, social factors such as gender inequality and regressive norms, further exacerbate the risk of HIV [7]. In many societies, women have less power in sexual relationships and face societal pressure to comply with their partner's demands. This fractured power dynamics in relationships hinders their ability to negotiate safer sexual practices [8] and seek testing and treatment for HIV. Moreover, HIV associated stigma may isolate women from social support networks, making them more vulnerable to violence [9]. Discrimination further limits their access to resources, including healthcare and legal protection, further increasing their risk of Intimate Partner Violence (IPV) [10] and compromising their ability to manage their medical condition.

Economic violence on the other hand, devoid her of the free access to financial resources which enhances the vulnerability of forceful acceptance of abusive relationships and thus IPV [11]. Many studies indicate that HIV-positive women are more likely to experience IPV, and this form of GBV equally affects the treatment uptake among HIV infected women [12]. Moreover, the economic dependency can force women to engage in transactional sex or remain in relationships where their risk of contracting HIV is high [13].

Not known as obvious, but GBV poses a significant barrier to the uptake and continuation of HIV testing and treatment services, along with retention in care [14]. Survivors of GBV often experience trauma that can affect their willingness to undertake HIV testing or adhere to antiretroviral therapy (ART) [15]. The fear of their HIV status disclosure and potential violent reactions from partners or family often discourage women from accessing rather readily available free HIV services in India – in its public health sector.

To effectively address the interconnectedness of GBV and HIV, the integrated approaches and a matrix of strategies are essential [16]. These methods must address both the prevention of GBV and the reduction of HIV transmission risk among women. Some key strategies must include (a) a comprehensive Sexual and Reproductive Health Education that addresses both GBV and HIV. Such education and awareness targeted for both men and women may also navigate challenge harmful gender norms and promote gender equality. (b) The integrated services of GBV screening and HIV testing, for easy identification of at-risk women for both GBV and HIV. Also, strengthen social support networks to enhance engagement [15] (c) Expand the reach of socio-economic programs [17] and schemes like vocational training,

microfinance, and support for entrepreneurship, to enhance women's economic independence. And thus, reducing their vulnerability to both violence and HIV infection. (d) Strengthening legal framework to protect women from GBV and discrimination; along with community-based interventions [18] to promote behavioural change, to further establish gender equity, reduced HIV-associated stigma and ending gender-based violence.

Nonetheless, the complex and multifaceted interconnection between GBV and HIV undoubtedly requires a more inclusive and integrated approach; for women's health being influenced by multiple factors beyond physical absence of disease, must be deeply understood to device our health and social frameworks in development and policy domains.

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