



On the Record: Against AIDS in Africa

Issue 7: Violence, Youth and AIDS, January 28, 2002

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From the AP Editorial Desk: Double Assault

This issue of *On the Record* looks at the link between sexual violence and the spread of HIV/AIDS.

It is a sad but undeniable fact that women and girls are vulnerable to violence. How vulnerable? More so than we might imagine. Moreover, much of the violence happens within the family. The World Health Organization estimates that as many as half of all women in the world may have been assaulted by an intimate partner.

This is confirmed by this series of 'On the Record'. Palesa, the young South African woman who was profiled in an early issue of the series, was raped by her mother's boyfriend. Kabati Ishaya, whose story is told in this issue, was violated by her uncle. Both young women carry the HIV virus as a result. They are victims of a double assault - violence and involuntary infection.

Only recently has this abusive behavior been taken up at the international level. The 1993 World Conference on Human Rights in Vienna called for the appointment of a special UN human rights investigator (rapporteur) on violence against women.

In her first report for the UN, Ms. Radhika Coomaraswamy, the rapporteur, stated the obvious: women are vulnerable to rape, domestic violence, dowry deaths, rape in war, and practices like female genital mutilation because they are women. The blunt truth is that in a context of crisis, unequal power, or pressure - and this can include poverty - men take out their aggression on women. Often, this turns into sexual violence. Preventing violence against women and girls thus serves two essential purposes. It stops the spread of AIDS and protects the rights of women and girls.

As with every other front in the battle against AIDS, everyone has a role to play in this fight. Officers of the law can protect vulnerable sectors of the population like sex workers.

Nongovernmental organizations(NGOs) , and networks like Youth Against AIDS, can expose abuse and support courageous activists like Kabati Ishaya. NGOs can also held to heal the wounds of these young victims, who suffer through no fault of their own.

The international community can provide incentives in the form of aid, and help to tighten international standards. The UN General Assembly took a step in the right direction last June, when it held a Special Session on HIV/AIDS. The Assembly can keep up the momentum at the forthcoming Special Session on Children, due to take place in May.

Governments, of course, have a particularly important role to play. The UN's rapporteur on violence against woman has found that 'the greatest cause of violence against women. is government tolerance and inaction.'

Governments have a duty to protect women, even if this means intruding into the inner sanctum of the family. The family is supposed to be the ultimate refuge. Tragically, however, for young women like Kabati Ishaya the family can also be a source of violence and even of death.

- For the latest report by the UN rapporteur on violence against women, go [here](#).

Letters: 'My Father Died of AIDS...'

(Editor's note). Since this series began in early December last year, scores of letters have been sent to YAA. Some of these are selected for publication in this series. They are edited for purposes of length, and the personal addresses of correspondents are withheld. Correspondence arising from this series, and the YAA website, will be posted on the YAA website shortly.

- (Name withheld):

Hello. I am doing a research paper about HIV/AIDS and I was wondering if u could help me out with any information that you think might be helpful. My father died of AIDS and since then I wanted to study and learn more about this but I never felt motivated until now. My best friend has it so if u can mail me any helpful info u have on HIV/AIDS, I would really appreciate it. Thank you.

- From Uche Chukwu:

We will like to work with you in the exchange of information and ideas in the HIV/AIDS awareness campaign we need educative, preventive and informative materials. Thank You.
Yours in Service.

- From Duza BabaJoin:

I was very excited to see that Youth Against Aids in Africa exists. I believe this is probably the best thing that has happened to the fight against AIDS in Africa. More grease to your elbows. I would like to find out more about what you do and how I can get involved. Hope to hear from you soon.

- From Jesper Morch (UNICEF Representative, South Africa):

The YAA newsletter is an excellent initiative.

- From Tefo, Botswana:

Hi Youth Against Aids!! I would like to invite you to check out [[this website](#)]. Together, we stand a better chance. Every day, tens and even hundreds of Botswana are being infected with, or dying from, HIV and AIDS.

Not only are hundreds of people of all ages dying every day, but at the same time children are being orphaned. AIDS is literally a serial killer on the loose. It is OUR responsibility to try and curb its spread and secure a prosperous future for our children.

I believe that without your support and the support of other Botswana living all over the world, we will lose the fight against this deadly disease. We have to, together with fellow Botswana join hands and do the very little we can do as individuals to prevent its further spread, and treat those who are ill. Stop the transmission of HIV/AIDS now!

(Editor's note: a future issue of this series will profile the work of young AIDS activists in Botswana)

- From Aisha:

Hi, my name is Aisha Elston and I am the Vice-President of the Organization of African American Unity (OAAU) at my high school in the United States. Our club will be gathering donations during February for Black History Month and we want to know how we can get our money to the children in Africa who are living with AIDS and be of service to you. Thank you for your help and we look forward to hearing from you soon. Thank you.

In the News:

New Global AIDS Fund is Urged to Finance Drug Treatment for Poor Countries

Thousands of AIDS activists have signed a petition demanding that the new global AIDS fund finance the treatment of antiretroviral drugs in poor countries.

The appeal was drawn up at the recent International Conference on AIDS and STD's in Africa, which took place last November 9 through 13 in Ouagadougou, Burkina Faso.

The appeal seeks to influence the board of the new global AIDS fund, which is currently meeting in Geneva today (January 28 - 29, 2002). The fund was launched last April by UN Secretary-General Kofi Annan, with the hope that it will raise \$10 billion.

One of the tasks facing the new board members will be decide how to spend the money. With this in mind, the Ougadougou appeal seeks to dispel any doubts that antiretroviral drugs are less

effective in poor countries, particularly Africa. A senior American aid official caused a storm of controversy last year when he suggested that the drugs are too sophisticated for use in Africa.

'We demand the Global Fund to include the purchase of antiretroviral drugs as well as the financing programmes of access to care in developing countries, and in particular in Africa, as an absolute priority whatever the prevalence rates,' says the appeal.

- To sign the appeal send an email to galk@noos.fr.

Profile: Kabati Ishaya, Rape Victim Turned AIDS Activist

By Lydiah Bosire

Kabati is from Nigeria. She and I meet at a working group on HIV/AIDS organized by the UN Fund for Population Activities (UNFPA), during the Special session of the UN General Assembly on AIDS in New York.

Kabati reminds me of my sister Fenah, who is about the same age. She is articulate and self-assured. She looks like any 18 year-old. But her life has been anything but normal.

After I introduce myself to her, one of the first things she tells me is that she is HIV+ and would I like to have lunch with her the next day so that she can tell me about herself? Of course, I say. So I meet her for lunch the next day.

She asks the photographer to take a picture of us eating, and specifically of her taking a bite into her meatball. I find that funny at first, then I realize she is a girl collecting moments. And she collects any information that she can come about. She is a beautiful young woman, and she has been HIV+ since she 13. She is not on any medication.

'I was raped by my uncle in 1996, when I was 13,' says Kabati. That is how she got infected.

Sexual abuse is very common, she explains. As a young woman myself, I deplore the fact that society does not protect sexually-abused women. This is not just about Nigeria. In many countries women live with the fear of sexual abuse. They can do nothing about it, even though in this age of AIDS rape may be tantamount to a death sentence.

Kabati was treated for gonorrhoea after the rape. She became pregnant, and sought a herbal abortion. The abortion was performed in unsafe conditions, and she contracted many infections as a result. Her uterus was ruined. 'Now I cannot have more babies because of the abortion,' she says. Unfortunately, unsafe abortion is common practice in her village.

Kabati's mother was 13 when Kabati was born. Kabati's father came for her and took her to Lagos, where she stayed until her uncle (father's brother) raped her. 'I ran away to the village and stayed with my grandmother' she says.

Her salvation was Care For Life Mission, an NGO that works in rural Nigeria. She was sick in both 1998 and 1999. Care for Life took care of her and paid for her hospitalization. During this

time, Kabati was tested for HIV. Once they knew the result, Care officials gave her three days of counseling about the basics on HIV/AIDS before telling her that she was infected.

'Before the test, I never had any information about HIV/AIDS,' says Kabati. In a way she feels lucky that she knew relatively little about the disease when she was told the news. She thinks this made it easier for her to deal with it.

The real test came after she received the results: 'At first I did not tell anyone.' This is a common, fearful, reaction to news of infection, especially in a rural community. She finally told people and their reaction was very negative. 'At my grandmother's house, I was given my own cup. As soon as they knew (about my infection), they wanted to cover up the news to avoid embarrassment. They do not consider me part of the family. I moved out.'

I ask how she managed to keep herself alive. 'I hawked,' she says.

Her mother does not know about Kabati's status. 'She is very young, and she is remarried. She does not want people to know she has grown-up children.'

With the help of the Mission, Kabati began to re-emerge from her shell. 'On 4th of April 2001, I began to talk about it.'

This cost her some friends. 'At first, it was not easy. I would not talk to people, because they would run away. When I went to school, people would leave a space around my desk.'

Gradually however, students began to realize that they would not be infected by sitting with her. They learned that at after-school programs on AIDS. In the event, Kabati stopped going to school for four years because she could not afford it. It was only last year that Care for Life helped her with her fees and she went back.

Ever since she started to talk about her status, Kabati has been a girl with a mission. 'Young people who are HIV+ come to my house and they need food,' she says. They even borrow her clothes. One 15 year-old friend who stays with her is afraid to tell people that she is HIV+. This includes her boyfriend. She is afraid they will run away from her.

But Kabati also feels helpless because she cannot provide any real support for the young people she helps. 'Many young people come to me and tell me they have wounds and itches. They have STDs and they do not even know. And I do not know what to do,' she says. 'There are many youth in the village I want to help. I want someone in the village to help me because I am always weak and tired.'

Kabati has been able to talk to young people in about 10 villages, and they know her. About 30 people come to her regularly. She wants to start up a library of resources for the youth. But, before she does all this, she knows that there is a lot for her to learn. 'I need to be trained,' she says. She has done a lot of organizing, with almost no resources.

Kabati wants young people around the world to make sure they do not expose themselves to risk.

'Someone like me, I never dreamt of myself in such a mess,' she says, wistfully. 'I wanted to get married a virgin and have a family. Things changed, and here I am.' She wants young people everywhere to identify with their affected peers and help raise awareness where they can - to 'put myself in the shoes of those affected.'

She is very hopeful about her village. Yet the hardest thing has been the way people react to her. 'They insult me, point at me, mock me and look down on me. I look at it like this: If you want to talk to me, talk to me. If you do not, that is your problem.'

Lunch time is over. So is the interview. We make our way out of the restaurant after sharing our dreams, fears and hopes like any two young women.

'I want to study mass communication,' she confides. 'I want to do TV presentation. I want to save the next generation from poverty, sexual abuse and HIV and AIDS. I want to be a very good mother.' This slips out. Maybe for a moment she has forgotten that her unsafe abortion will deny her this dream.

Inside, I cry. We talk some more, and then return to the conference. I feel that we owe it to the Kabatis of this world not to pretend that everything is all right. It is not enough that our eyes mist over. We must stand up and help. For all the young women of our generation. They have a right to dream.

Later, we go to the computer room. She asks for my help in figuring out how to access her Yahoo mail. She has forgotten her password. We sit and talk about random things.

- Lydiah Bosire is president of YAA.

Dying of Sadness: Excerpts from a UN Report

The following extract is taken from a report by Peter Gordon and Kate Crehan, written for the UN Development Programme (UNDP).

UNAIDS estimates that by December 1997, 30.6 million people around the world had been infected with HIV, with more than 70 percent of these infections occurring through unprotected sexual intercourse.

The proportion of these infections which is attributable, directly or indirectly, to sexual violence is unknown. Nonetheless existing evidence on gender and sexual inequality, together with data on the distribution of HIV among specific groups and locations, and available information on the nature and scale of sexual violence (particularly against women and girls), suggest that it is likely to be significant.

The term 'sexual violence' often appears in the literature but its definition is broad and the term is used to describe rape by acquaintances or strangers, by authority figures (including husbands), incest, child sexual abuse, pornography, stalking, sexual harassment and homicide.

At its most fundamental, sexual violence describes the deliberate use of sex as a weapon to demonstrate power over, and to inflict pain and humiliation upon, another human being. Thus, sexual violence does not have to include direct physical contact between perpetrator and victim: threats, humiliation and intimidation may all be considered as sexually violent when they are used with the above purposes.

Violence against women and girls occurs on a vast scale, and specifically sexually violent acts figure prominently. Available evidence suggests that at least one in five of the world's female population has been physically or sexually abused at some time in their lives. Violence is as significant a cause of death and incapacity among women of reproductive age as cancer, and a greater cause of death than traffic accidents and malaria combined.

Some data exists in relation to sexual violence against men and boys, suggesting the vulnerability of specific groups of men and boys (i.e. those who occupy subordinate positions in relation to other men), of specific settings (all-male institutions such as prisons and the military) and of specific contexts (conflict situations). Women are most likely to be assaulted within the confines of their own family and household, and are more likely to be injured, raped or killed by a current or former intimate partner than by anyone else.

- Available data suggest that between 16-52 percent of women throughout the world have been assaulted by an intimate partner.
- In the United States, ten women are killed every day by their partners with 74 percent of these deaths occurring after the women have left the relationship.
- A study of court records in Zimbabwe revealed that 59 percent of homicides of women were committed by the victim's intimate partner. In Russia nearly half of all murder victims were women murdered by their male partners.
- In Papua New Guinea, 18 percent of all urban married women had to seek hospital treatment following domestic violence.
- In India, between 1988 and 1993 more than 20,000 women were murdered or committed 'suicide' because they were unable to meet demands for increased dowry.
- Seventy percent of the 22,000 divorces in Vietnam during 1991 were sought because of violence.
- In rural China, suicide is thought to account for 30 percent of healthy years of life lost and in Sri Lanka death from suicide is five times the rate of death from infectious diseases.

- In urban Maharashtra and Greater Mumbai, one in every five deaths among women aged between 15-44 is from 'accidental burns' and for younger women this figure is one in four.
- Available data suggest that globally, at least 10-15 percent of all women report being forced to have sex and that considerable proportions of the victims of sexual assault are less than 15 years old.

Attempts to explain sexual violence in terms of nature, biology or evolution, not only oversimplify a complex phenomenon, but in effect (if not intention) perpetuate the problem by implying that it lies beyond human control.

Sexual violence is a gendered phenomenon: its nature and extent reflect pre-existing social, cultural and economic disparities between men and women. The relationship between victim and perpetrator reflects existing power differentials or struggles between people: for example between husbands and wives, between older men and younger men or children, between sex workers and clients or police, or between members of particular ethnic groups.

In the same way that sexual violence mirrors gender inequalities so it reflects other forms of social inequality. Far from being universal, sexual violence is clearly associated with specific social settings and circumstances: in particular those characterised by social and political conflict and the breakdown of law and order which can occur in their wake; situations in which relations are hierarchically structured in terms of dominance and submission (most commonly reflected in terms of gender relations but possibly in other social or political rivalries). The vast majority of sexually violent acts are committed by men, whether against women, children or other men.

The role of substance use, particularly alcohol, in relation to sexual violence is multi-faceted and complex. It is also gendered. Particular substances, e.g. alcohol, may affect individual behaviour (for instance in relation to disinhibition or aggression) while the social settings in which they are consumed, for example exclusively male environments, may implicitly or explicitly condone sexually violent behaviour. A study in New York City revealed a dynamic and mutually-reinforcing cycle of trauma and abuse in relation to the vulnerability of female crack users to sexual violence.

However women may also be implicated as accomplices or as perpetrators: within the family, mothers in law may abuse in-marrying women. Research in secondary schools in Harare revealed that 30 percent of 549 pupils reported sexual abuse: half of whom were boys reporting abuse by female perpetrators. On a larger scale, evidence clearly points to involvement of women (including teachers, journalists, nurses) in the Rwandan genocide whether by inciting others to commit violence, by benefiting from the violence or by direct personal involvement.

The sexual victimisation of men and boys occurs and does so on a considerable scale in certain situations. However, it is highly likely that the shame and stigma associated with such violence will result in massive under-reporting. Responses to sexual violence against boys and men also reveal the extent to which sexual victimization and passivity are perceived, in many cultures, to be utterly inconsistent with masculine gender and sexual identities.

While there is always the danger that highlighting the need to consider male sexual victimization may distract attention from the more substantial problem of sexual violence against women and girls, this does not necessarily follow: understanding more fully the specifically gendered and sexual dimensions of sexual violence, without resorting to uninformed generalisations and gender and sexual stereotypes, may prove ultimately to be illuminating in addressing the problem of violence more generally.

- View a copy of the report on '[Dying of Sadness](#)' from the HIV and Development Programme of the UN Development Programme UNDP.