

# Case Study: Considering GBV in Training in India

## Training for Voluntary Counseling and Testing

### Project Objectives:

- Increase Voluntary Counseling and Testing providers' understanding of links between GBV and VCT.
- Increase providers' ability to screen for GBV pre- and post-testing.

### Context:

*Voluntary Counseling and Testing (VCT):* In India, as in other regions, women primarily access HIV counseling and testing in the context of antenatal care. Because of women's contact with the health system through antenatal care, they are disproportionately tested for HIV: one study from India of 800 adult men and 800 recently pregnant women found that, even though women were more than 80 percent less likely than men to be aware of HIV testing facilities or the existence of HIV testing and counseling, women were more than twice as likely to have had an HIV test (Khale et al., 2008 in Gay et al., 2010). Though this means many women have access to testing, it may also imply that non-pregnant women may have insufficient access to VCT. Further, there is some evidence that testing may be less than voluntary—a review of literature from 1980 to 2008 on health services in rural India found that “men sought testing out of personal concern, whereas women utilized testing on the recommendation of, and in some cases reported mandatory testing by, their antenatal provider” (Sinha et al., 2009 in Gay et al., 2010).

The disproportionate testing of women also means that women often bear the burden of status disclosure to men, which carries the risk of stigma, abandonment, and violence (Greig et al., 2008 in WHO, 2006). Not only does opt-out testing in the context of antenatal care place undue burden on women for disclosure, it may also keep some women from accessing antenatal care if they fear being tested or fear confidentiality violations if tested positive. This may be especially true for HIV-positive women, as these women are more likely to choose to opt out of testing (Aziz, 2010).

*Gender-based Violence (GBV) and VCT:* Gender-based violence (GBV) is prevalent in India. As of 2006, more than 37 percent of ever-married women had experienced physical or sexual abuse by a spouse at some point during their lives (IIPS and Macro International, 2007). GBV is also a critical barrier to VCT. Fear of violence may prevent women from seeking or consenting to testing, returning

for test results, disclosing a positive result to their partners, or seeking treatment if they are found HIV positive.

Women who do disclose a positive HIV status risk stigma, abandonment, and GBV, especially as they may be accused of infidelity or blamed for bringing the infection into the relationship. Data from other regions suggests that serodiscordance in long-term couples can also result in violence and abandonment of women. Further, a study from South Africa found that intimate partner violence and low relationship power greatly increase women's HIV risk (Jewkes et al., 2010), which suggests that women who test positive may already be more likely to experience violence. Disclosure of a positive HIV status thus carries the potential for a number of negative consequences, including violence.

While data on violence following disclosure do not exist specifically for India, data do suggest that women in India fear the consequences of HIV testing: a comparative study in four Asian countries (India, Indonesia, the Philippines, and Thailand) found that men were more likely to be tested if they had HIV-related symptoms, whereas women were more likely to be tested if their partner tested positive first. Additionally, women who tested HIV positive were more likely than men to be excluded from social interactions and events, forced to change residences, or be physically assaulted (Paxton et al., 2005 in Gay et al., 2010).

### **Project Description**

A university-affiliated nongovernmental organization (NGO) has been providing HIV-related capacity building to government and private healthcare providers for the last five years in South and Southeast Asia. Workshops range from two weeks to two months and are tailored to meet the needs of specific organizations and established programs. The organization has provided capacity building on issues such as stigma and discrimination, HIV counseling, care and support, and research.

Since 2001, the organization has initiated an annual 10-week advanced certificate program for service providers in India on HIV counseling and psychosocial interventions. This has been a core training activity for the organization. The entire certificate program is structured into seven modules of 30 hours each.

The organization would like to integrate a focus on gender and GBV in the context of VCT, including training providers to screen for violence in pre- and post-test counseling and to counsel patients on options for disclosure. The training also aims to teach skills in setting up support and self-help groups for HIV-positive people and their partners.

## References

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