

U.S. Agency for International Development

> Bureau for Global Health

## SUCCESS STORIES

HIV/AIDS

## HIV and Partner Violence: What are the Implications for Voluntary Counseling and Testing?

MILLIONS OF WOMEN AROUND THE world face two threats to their health and well-being: HIV/AIDS and violence by an intimate partner. The threat of violence can not only limit a woman's ability to negotiate safer sex with a partner, but also discourage a woman from sharing the results of HIV testing with her partner. Disclosure is crucial in HIV/AIDS prevention, because it can motivate a partner to get tested and receive counseling that may result in less risk-taking behavior, thus helping to prevent the spread of the disease. In addition, disclosure helps women better plan their futures and, if pregnant, take measures to prevent transmission of HIV to their infants.

A study in Tanzania, funded by the U.S. Agency for International Development and conducted by Muhimbili University College of Health Sciences and the Horizons Program, investigated violence and its impact on a woman's willingness to disclose HIV-test results with her partner. The subjects of the study were voluntary counseling and testing clients at the Muhimbili Health Information Center. The findings are being used to improve voluntary counseling and testing services in Tanzania and also to contribute to a growing body of knowledge to inform and improve the quality and effectiveness of programs in other countries.

The study found that more than a quarter of the female voluntary counseling and testing clients in the study agreed with the statement: "Violence is a major problem in my life." And nearly a third experienced at least one violent episode by a partner in the three-month period before testing. HIV-positive women were almost three times more likely than HIV-negative women to have experienced a violent sexual or physical attack. Younger HIV-positive women (18–29 years of age) were ten times more likely to report violence than HIV-negative women in that age group. Surprisingly, both women and men informants accepted a certain level of violence as a way to "correct" or "educate" women and believed that violence that does not leave a physical mark is justified.

Despite this backdrop of violence, HIV-positive women's disclosure to partners has increased over time, rising from 27 percent in a 1990s study to 64 percent in this study. This is likely due to greater community awareness, decreased stigma, and greater emphasis on disclosure during preand post-test counseling. In contrast, however, a greater proportion of women who tested negative (80 percent) shared results. This leads one to conclude that disclosure remains a difficult decision for many women, especially those who test HIV-positive. Overall, more than half of the women who chose not to disclose, regardless of their HIV status, made that choice out of fear of their partners' reaction, principally fear of physical abuse or abandonment.

Interestingly, while there was considerable fear of partner's reaction—probably due to the overall prevalence of violence in women's lives—there was little evidence in this study from either HIV-positive or negative women that disclosure frequently led to violence. "The message of the study is more complex," according to one researcher. "For some women, disclosure will remain risky, with potentially serious repercussions. For others, counseling approaches that encourage but don't force disclosure can help women develop safe disclosure plans."

To lessen the fear surrounding HIV testing and disclosure for women, the study recommends that programs train counselors to ask sensitive questions about partner violence, encourage client HIV-status disclosure only after a safe "disclosure plan" is agreed upon, and refer women to community-based programs that support women living in violent situations. Interventions to raise community awareness, change norms about sexuality and violence, and encourage couple communication are recommended.

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