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Statement submitted by International Cooperative Alliance, a non-governmental organization in consultative status with the Economic and Social Council.

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.





Statement

The serious problem of violence against women is being ignored by society and is not a priority on the Government and social security agendas. This explains the fact that special, timely and comprehensive attention is not being paid to the situation of vulnerability in which women find themselves owing to the lack of appropriate policies and mechanisms for dealing with acts of violence and, above all, of strategies for addressing these problems at the structural level.

The countless acts of violence around the world cause a momentary stir but do not produce tangible results. The examples that show how the factors leading to the inequality in which women grow up, live, work, grow old and die; the gender inequality that arises from sexist prejudice; the manner in which power is shared; funding and social benefits; standards and values; and the way in which organizations are structured and programmes administered are all having an increasingly negative impact on women's lives and well-being, including in the form of gender-based violence that also increases their vulnerability to illnesses such as HIV/AIDS.

In Latin America, for example, we know that a woman is sexually assaulted every 150 minutes. In half of these cases, the victim is a minor. Only a third of all cases are reported and barely 10 per cent of the perpetrators are arrested; of those, 90 per cent are men. We also know that violence against women makes them three times as likely to be infected with HIV/AIDS. Most infected individuals are of sexually active age, which increases the risk of mother-to-child transmission.

Women who experience violence in their lives and are highly subordinate to their partners cannot negotiate for preventive measures in their sexual relations.

Stigma and discrimination are another form of violence to which women victims of sexual violence are exposed; they are afraid of being discriminated against, being victimized again and being condemned by society.

Both violence against women and girls and HIV/AIDS are global pandemics. The problem is complicated by the association between violence and HIV/AIDS.

In many countries, there is no comparable data on that association, let alone an approach that encourages data compilation and analysis of the problem. Databases that include such problems and show their true magnitude have not been a priority even though it is recognized that they provide key input for the promotion of public policy and for the issue's inclusion in the work programmes of non-governmental organizations, Governments and the private sector.

The lack of public policies that incorporate an integral approach to HIV/AIDS and violence against women and girls from a gender- and human-rights-based perspective has led to a sectoral response from health services and from other sectors, which are taking a piecemeal approach to the problem.

Advocacy for considering the two problems jointly and more intensively is relatively recent in many countries and comes largely from the non-governmental sector. Consequently, there is also insufficient funding for research and initiatives that focus on the two pandemics in a coordinated manner.

With respect to primary care approaches, including research, that take an integral approach to the problem of violence against women and its association with HIV/AIDS, it is necessary not only to have a description of the relevant behaviour, but to understand it and its place in cultures. We need to understand that power

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relations among stakeholders (men, women, and protection and care services), which are essential in determining levels of vulnerability to violence and HIV infection, function in a cultural context.

Therefore, one of the primary challenges at present is to develop more complex intervention models that go beyond the traditional epidemiological study using a risk-based approach, and to focus instead on power and vulnerability or, more generally, on social determinants — in other words, "the causes of the causes".

Clearly, women's empowerment and the conditions that societies set for its achievement are priorities. Greater access to education, jobs and income so that women can become economically independent, as well as social communication processes that promote their participation and access to knowledge and information about basic prevention and protection and care services, can reduce the rate of HIV infection among women and the frequency of gender-based violence.

In addition to the traditional social marketing campaigns, there is a need for systematic, planned and budgeted social communication and public information programmes that, first and foremost, will increase awareness of these problems, which are hidden in societies that tacitly accept unwanted conduct.

The fact that these problems are ignored by the public and by decision-makers is a key factor in the lack of funding and of political and social interest, and therefore in the weak, piecemeal or non-existent policies for addressing the problem. One structural issue that remains to be addressed is the question of how to change the ideologies and cultures that mean that in a world where most decision-makers are men, women are not a priority. Women in decision-making and political bodies and positions need to increase public awareness of the problem and advocate socially in order to make it a genuine priority in every country.

In that connection, attention is drawn to the Central American effort, supported by the Inter-American Commission of Women of the Organization of American States and the Spanish Agency for International Development Cooperation, to develop a model for integrated policies and programmes that address HIV and violence against women from a human-rights-based perspective in these States, where the problem is extremely prevalent. Within that framework, the Commission recently (in June 2012) published a list of 10 promising practices for an integrated approach to HIV and violence against women in Latin America. Priority should be given to documenting and sharing experience in this area within the framework of initiatives for social knowledge management that crosses borders and contributes to similar efforts.

The International Cooperative Alliance and its Global Gender Equity Committee consider it essential to promote national, inter-country and multilateral cooperation in the areas of political activism and impact, research and training in order to increase awareness of the issue, foster dialogue with public policy makers on an integrated approach to HIV and violence against women, and improve communication with a view to the empowerment of women and the social management of knowledge in order to ensure that the issue is reflected in public policy, that its importance is recognized and that the necessary resources are allocated to it.

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