

# Gender-based violence and HIV across the life course: adopting a sexual rights framework to include older women

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**Abstract:** *It is widely known that older women are at lesser risk for sexual violence than younger women, but current inattention to older women in the gender-based violence (GBV) field has minimized the experiences of older women survivors at great detriment to their health and rights. For example, health providers seldom ask older women about their sexual activity and relationships, a neglect that leads to older women being excluded from necessary HIV testing and care as well as support services for abuse. This oversight is increasingly worrisome given the rise in new HIV infections among adults age 50 and older in recent years, with the majority of transmissions stemming from individuals unaware of their HIV-positive status. Building on sexual rights scholarship, this paper argues for an approach to public health interventions for GBV and HIV that acknowledges older women – their sexuality, sexual agency, and activity – so that health providers and advocates acknowledge and serve older survivors. © Published by Elsevier on behalf of Reproductive Health Matters.*

**Keywords:** older women, sexual rights, gender-based violence, HIV/AIDS, global public health

## Introduction

The field of international development has made significant progress in linking women's health programming with resources for addressing gender-based violence (GBV)<sup>\*</sup>, but the majority of these efforts are directed towards women and girls of reproductive age.<sup>2</sup> Recognizing the critical link between sexual coercion, cultural norms tolerating violence against women, and HIV risk, advocates in this field have successfully urged for HIV public health interventions to complement, and in many cases integrate, programs to prevent and respond to GBV. For example, the United States'

President's Emergency Plan for AIDS Relief (PEPFAR) launched the DREAMS<sup>†</sup> partnership in late 2014: a 210-million dollar investment combining evidence-based programs for GBV and HIV interventions for young women and adolescent girls aged 15–24.<sup>3</sup> Responding to the urgency of the global HIV epidemic, the DREAMS partnership and other similar programs provide a critical investment where risk is shown to be the highest.

Despite their lesser risk of sexual violence and HIV, older women are not immune to violence or HIV transmission. On the contrary, research has shown that older women who experience physical or sexual assault face more severe health consequences than younger women, resulting in their greater health service utilization, declines in overall health status, and poorer life expectancy.<sup>4</sup> Problematically, because most data collected on GBV and HIV prevalence stops counting women once they reach 50, there is still much we do not know about the extent of violence in the lives of older women and their unique risk factors for HIV.<sup>5</sup>

<sup>\*</sup>We have adapted the World Health Organization (WHO) definition of 'violence against women,' which references both intimate partner and sexual violence, and cites the United Nations definition: "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."<sup>1</sup> Recognizing the fluidity of gender and sexual identity, we employ the term GBV rather than 'violence against women' in order to be inclusive of the lives and experiences of intersex and trans women.

<sup>†</sup>DREAMS is an acronym for "Determined, Resilient, AIDS-free, Mentored, and Safe".<sup>3</sup>

Therefore, it seems that older women are virtually absent in this segment of the global public health agenda – a serious oversight considering that women age 50 and above comprise more than one-fifth of the global female population.<sup>6</sup> Meanwhile, our world continues to age rapidly. By 2030, there will be 1.375 billion people over the age of 60; today and in the future, women are the majority of the older population, mostly living in developing countries.<sup>6</sup> Ageing, therefore, is a gender issue, and older women must be fully included in the global public health agenda to prevent and respond to GBV and HIV.

Building on sexual rights scholarship, we argue for an approach to public health interventions for GBV and HIV that includes older women – recognizing their sexuality, sexual agency, and activity – so that health providers and survivor advocates acknowledge and serve women past reproductive age. By distinguishing sexual activity from reproductive capacity, a sexual rights approach to women's health and human rights best facilitates the inclusion of older women. Complementing existing human rights law and international conventions, sexual rights augment human rights related to reproductive health by enshrining a right to pleasure, sexual orientation, sexuality, bodily integrity, and gender identity within the human rights framework.

The invisibility of older women in GBV research and programming targeting the intersection of violence with HIV is predicated on assumptions that as women age, their risk for sexual and physical assault from an intimate partner markedly decreases. This consensus has driven research, policy, and programs for GBV to be targeted towards younger women, and it has also given the impression that older women, by comparison, experience insignificant rates of abuse.<sup>2</sup> Complicating efforts to intentionally assess violence across the life course is a lack of agreement on how to define 'old' age. The precise definition of an 'older woman' is loose, ranging anywhere from over the age of 45 to over the age of 65.<sup>2</sup> In the absence of global consensus for a life course approach to GBV that would include older women, the international development field has relied on a standard for data collection that specifies when to stop counting individuals based on age. The Demographic Health Surveys (DHS) conducted by the US Agency for International Development (USAID), which are used to inform the aid allocations of many NGOs and donor countries, originated

as a maternal and child health-focused survey used for family planning.<sup>5</sup> As such, it was developed to be conducted among people between the ages of 15 and 49. Over time, new sections and questions have been added to the surveys, including the assessment of GBV and HIV prevalence, and women's empowerment; however, the surveys continue to restrict the sampling frame to women below the age of 50.<sup>5</sup> Despite recent changes and additions, USAID's DHS continues to exclude women beyond reproductive age, making their needs invisible to donors when they make decisions on where and how to direct development funds.

### *The conflation of women's health with reproductive health: why we need a sexual rights approach*

Normative considerations governing who warrants inclusion in the DHS are inextricably linked to the data-driven explanation for why older women are effectively absent in the global public health agenda. Feminist scholars have long argued that society's valuation of women is dependent on their ability to bear children, denying women's sexuality beyond the scope of reproduction.<sup>7</sup> In the field of international development, reproductive health has been an important driver in programming for women; once women age out of their reproductive capacities, however, they appear to become a forgotten population. As demonstrated by the DHS, women who are deemed 'too old' to bear children are discounted in global data collection informing investments in GBV and HIV programming. Accordingly, global public health programs for women remain predicated on a view of women's roles as mothers, conflating women's health in general with reproductive health in particular. Sexual rights scholars identify this problem in critiquing frameworks for women's human rights that fail to distinguish sexual health from childbearing.<sup>8</sup> When women's health and human rights are dominated by a discourse centered on reproductive capacity, women who fall outside the scope of bearing children – either by choice or circumstance – are not protected; this is particularly acute for women as they age.

Decoupling sexuality from reproduction would undo the traditional valuation of women as child bearers, and resistance by governments and international bodies to recognize sexual rights reinforces the historic subordination of women. Rosalind Petchesky describes this resistance in

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