



Preventing Domestic Violence

None in Three is funded by the European Union

THINGS YOU SHOULD KNOW - DOMESTIC VIOLENCE AND WOMEN WHO ARE LIVING WITH HIV

The Caribbean Landscape

In the Caribbean, a region of 39 million people, there are between 350,000 and 590,000 living with HIV, per the 2013 census. (Certainty in numbers is affected by under-reporting or a considerable lag in reporting, and the long incubation period between infection and the development of AIDS which can be up to 10 years). The Caribbean carries the 2nd largest global prevalence, after Sub-Saharan Africa. The highest prevalence within the Caribbean Region is found in the Bahamas, with 96% of all Caribbean infections concentrated in five nations: the Bahamas, Dominican Republic, Haiti, Jamaica and Trinidad and Tobago. Cuba has the lowest prevalence in the Caribbean, with no sign of infection amongst pregnant women, whereas the prevalence of HIV+ pregnant women is very high in Belize, Suriname and St. Lucia. Haiti accounts for 59% of all AIDS related deaths in the Caribbean.

New infections in the Region have declined by 40% since 2005, and there has been great success with the PMTCT program (Prevention of Mother to Child Transmission). However, the rate of vertical transmission (mother to child) remains higher in the Caribbean than in the Americas and the general high prevalence of HIV-AIDS in the Caribbean is considered epidemic. The epidemic is intensified by a range of socio-cultural factors, including the following issues:

- 60% of transmissions in the Caribbean are heterosexual, between male to female partners.
- There is an association between sexual violence and coercion and HIV transmission. Also gender inequality and factors which prevent women negotiating safe sex are significant drivers of the epidemic.
- The fabled “machismo” of Caribbean men expects them to know very much about sex and to engage in it early and frequently. This prevents them from seeking education around safe-sex practices, leaving their partners exposed to risk. Since women are often economically and emotionally dependent upon men, they are expected to defer to male demand for unprotected sex, even when they know their partner is infected.
- Sexual violence during childhood is the greatest determinant of high-risk activity during adolescence. For example, there are over 5,000 Haiti living on the streets, having run away from abuses within the home. These (and all homeless women and children) are at risk of further sexual violence, including unprotected sex for trade.
- Early sexual debut increases the opportunity for larger numbers of sexual partners, which leads to increased exposure to infection. In 1998, PAHO’s Caribbean Adolescent Health Survey conducted in 100 schools in Grenada, Antigua, Dominican Republic and Jamaica, showed 40% claiming a sexual debut before age 10, and another 20% claiming a debut before age 11 or 12.
- Under employment and unemployment of women and youth contribute to high levels of poverty, which in turn contributes to high risk behaviours such as multiple concurrent partnerships and transactional sex.

- Women and girls are also particularly vulnerable due to early sexual initiation. (The number of young girls living with HIV is 1.2 times higher than the number of young men. Women aged 20-24 are three times more likely to be HIV+ than men of the same age.)
- Adult deaths due to HIV impose further financial hardships on other family members (such as aging grandmothers left to raise orphaned children), and on the rest of society.
- Children orphaned by HIV related parent deaths (83,000 in 1999), are profoundly negatively impacted. There is evidence of declines in nutrition and schooling, as children can no longer afford these costs. This reduces literacy and health rates in communities, particularly already poor communities.
- HIV-AIDS is starting to push back or reverse the life expectancy gains achieved in previous decades.
- Children find themselves indirect victims of the epidemic, as countries with scarce medical resources often drain their skills and medicines on fighting the HIV disease and its related opportunistic infections, leaving less hospital bed space and other medical supplies and services for sick children. Childhood diseases and malaria are some which now take second place after HIV.
- Stigma, discrimination and extreme marginalization provide barriers to services and an absence of social protections for these sub-population groups.
- Inherent tensions coming from religious institutions in attempting to set conservative and discriminatory attitudes regarding sexual expression and practice.
- There is a large discrepancy between cultural, moral and religious taboos and actual sexual practices in the Caribbean.
- Many institutions (mainly the Church – and therefore their congregations) oppose the use of condoms in some locales.
- Political support and funding has dramatically decreased for this population. This is particularly acute in the Eastern Caribbean where there has been a significant withdrawal of donor funding. This has been notably bad in Trinidad and Tobago.
- Governments and agencies who do fund prevention and treatment initiatives, do not have responses of adequate scale to meet the problem, nevertheless there have been some notable achievements in stemming the spread of infection in the region (for example in Barbados).
- High cross-border mobility affects access to services, particularly among women.
- There is limited access to voluntary, confidential testing and counselling in several countries.
- There are serious bio-medical deficiencies in terms of management and treatments for diagnosed HIV+ patients.
- There is a generalized fear of taking the test, as a positive test result can lead to marginalization or exclusion from the workplace, family and society.
- Individuals' skills in negotiating safe sex, creating and maintaining healthy relationships are lacking.
- 20% of infected women have no known risk factor, as they were infected by their long-term, committed male sex partner / spouse.
- Other individuals cannot control their own risk of infection, such as newborns, victims of rape, and accident victims who need a blood transfusion.)

- A variety of myths concerning transmission remains strong among many Caribbean people, and prevents the practice of safe-sex.
- Schools have not been successful in running impactful sexual health education programs – there is no standardized training to provide technical expertise in the Region.
- Hotels have not agreed to carry condoms (alongside the Bible) in hotel rooms.
- Sex Tourism is a threat to exposure. The Caribbean is the most tourism dependent region in the world, (U.S. \$32 billion in 1998). Tourists include “sex tourists” who travel specifically to engage in sexual vacations with fellow tourists and local residents – female sex workers, beach boys, and children.)

References

Camara B, Wagner HU, Hopedales CJ et al. (1998) Evaluation of STD/HIV/AIDS surveillance systems in five Caribbean countries. *12th World AIDS conference*, Geneva, June 28th – July 3rd, 1998 (Abstract 43451).

Caribbean Task Force on HIV/AIDS. (2000). *HIV/AIDS in the Caribbean. Addressing the Challenges and Opportunities for Strengthening the National and Regional Response to the Epidemic*. Prepared with the support of UNAIDS.

Cuchi P, and Patz D. (1998). Mosaic of the AIDS epidemic in Latin America and the Caribbean. *Journal of the International Association of Physicians in AIDS Care*, 4(7):36-7.

De Groulard M, Wagner U, and Camara B. (1998) Analysis of the System of HIV/AIDS in the English Speaking Caribbean. *12th World AIDS conference*, Geneva, June 28th – July 3rd, 1998 (Abstract 13164).

Gwatkin DR, and Guillot M. (2000) *The Burden of Disease Among the Global Poor: Current Situation, Future Trends and Implications for Strategy*. Washington, D.C.: World Bank

Marshall D. (1998) “HIV/AIDS and patterns of mobility in the Caribbean: Policies and strategic priorities for interventions”. Caribbean Consultation on HIV/AIDS: Strategies and Resources for a Coordinated Regional Response.

World Bank. (2000). Intensifying Action Against HIV. World Bank Development Committee, April 17, 2000. SEC M2000-85