Thursday • 24 July 2014

Mujeres Adelante

Daily newsletter on women's rights and HIV – Melbourne 2014

In Focus...

Felicita Hikuam

Where are we now? What's holding us back and how do we move faster?

Speaking during the Plenary on Monday, Dr. Lydia Mungherera of Uganda, raised the question 'where are we now?', and recognised the various roles people living with HIV, and in particular women living with HIV, play at the centre of the response.

She explained that, since the beginning of the epidemic, people living with HIV have played a central role in '*breaking the silence*' on HIV, and confronting stigma and discrimination at various levels. They have highlighted human rights violations and lead advocacy to ensure that the voices of people infected and affected by HIV were meaningfully involved in the conceptualisation, implementation and evaluation of HIV-related programmes; thus pushing for a rights-based response and promoting the dignity of people living with HIV.

People living with HIV have played a pivotal role in advocacy at national, regional and international levels for resources to HIV responses, with a focus on the establishment and replenishment of the Global Fund. They have been involved in scientific research by setting the research agenda and taking part in the research processes, as well as in the analysis and distribution of the findings.

The advocacy efforts of people living with HIV have resulted in significant advances in access to anti-retroviral treatment for adults and children. At the community level, people living with HIV have increased treatment literacy, resulting in the retaining of patients in care and treatment services. They have also placed a spotlight on co-infections of TB and HIV, and led the path to the integration of HIV, SRHR, and TB services. Further, they have led the advocacy for the provision of sexual and reproductive health services and protection of related rights, particularly for women and girls living with and at risk of HIV.

Women living with HIV have played an important role in prevention of vertical transmission programmes, amongst others as peer mentor mothers, increasing uptake to services aimed at preventing vertical transmission of HIV by following-up with the mothers and exposed babies, as well as engaging fathers to ensure adherence. They have also contributed to advocacy efforts to demand women-centred prevention services and commodities, such as female condoms.

Notwithstanding the progress, Lydia called for an increase in political leadership to address challenges related to HIV, urging African governments to increase domestic financing for treatment, demanding that people living with HIV be at the centre of developments to set up AIDS Trust funds.

She called for continued research for a microbicide, an HIV vaccine, and a new TB vaccine, as well as more meaningful involvement of women in scientific research. She also called for an increase in services to prevent vertical transmission of HIV, including peer education and

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support to help retain mothers and babies in care. Access to sexual and reproductive health and rights for *all* women and girls should be increased, and people living with HIV should be involved in addressing the major *drivers* of this pandemic, such as gender inequality and gender-based violence. Men should be engaged in addressing gender inequality, because not all men are unsupportive and violent.

In her presentation entitled '*What's holding us back and how do we move faster*', during the Plenary on Tuesday, Jennifer Gatsi-Mallet of the Namibian Women's Health Network and ICW, continued the conversation and spoke in further detail about gender inequalities and the HIV response.

She recognised that, more than 30 years into the epidemic, unequal gender relations contribute significantly to HIV-related risks and vulnerabilities for women. Women and girls are at a disproportionate risk of HIV infection for various biological and structural reasons, and bear a disproportionate role of care.

Gender norms, embedded in the '*fabric of society*', define what is 'socially acceptable' for women and men, and influence risk taking and expression of sexuality, and vulnerability. Due to the pervasiveness of patriarchy, women and gender non-confirming men are deprived of agency and their ability to take steps to protect themselves, due to gender inequalities.

Further, intimate partner violence presents a significant challenge to women's vulnerability and ability to negotiate safer sex. Around the world, women are seen as '*perpetrators of promiscuity*' and, although men are most often the perpetrators of violence against women, they are seen as '*victims of seduction*' by women, resulting in insignificant or no sanctions for crimes against women. Marginalised women, such as sex workers, transgender women, migrants and refugees and other women in vulnerable situations, are particularly at risk of gender-based violence. Therefore, men's engagement in addressing gender inequalities is crucial.

Although a lot of work still remains to be done, there has been some progress in addressing gender inequalities, including the adoption of a resolution by the African Commission on Human and People's Rights to condemn the forced sterilisation of women living with HIV.

…resulting in insignificant or no sanctions for crimes against women…

…we need to *step up the pace* in addressing gender inequalities, which is complex, long-term and often hard to measure…

…focusing on community engagement to address gender-biased norms…

Jenni also mentioned that several UN and government agencies, such as UNDP, UNAIDS, Global Fund and US President's Emergency Plan for AIDS Relief (PEPFAR), have taken steps to mainstream gender issues within their HIV-related programming. Several examples of effective community engagement promoting women's empowerment and mainstreaming of gender issues in HIV-related programming were cited, including those from India, Thailand, Albania and Namibia. These interventions have begun to challenge gender norms and gender inequalities at the community level, and '*elevated*' women living with HIV to political and traditional leadership positions. Further, national HIV programmes have begun to acknowledge the importance of gender mainstreaming in HIV programming.

In order to turn around the tide of HIV, we need to *step up the pace* in addressing gender inequalities, which is complex, long-term and often hard to measure. Gender inequalities are multi-dimensional and require multi-dimensional responses at all social levels, focusing on community engagement to address gender-biased norms at the family and household levels. It is crucial that HIV-related programmes recognise local views – instead of undermining them as '*outdated and evil*' – as this could build resistance in the local response. This could also lead to the strengthening of counter-productive measures, such as the adoption of outrageous punitive laws against gender non-conforming people.

HIV programmers should understand and mainstream gender dimensions in programme planning, implementation and evaluation. Gender equity should be promoted, and addressing gender-based violence should be included in the post 2015 development agenda. The enjoyment of legal rights of women, and non-conforming people, should be ensured and masculinity, traditional norms and patriarchy should be addressed. Gender positive religious involvement should be increased along with funding for community-based gender and HIV work. The economic empowerment and meaningful involvement of women living with HIV, and other populations affected by gender inequalities, are key to effective HIV responses. There needs to be an end to forced sterilisation of women living with HIV, whilst simultaneously promoting women's sexual and reproductive health and rights. At the same time, the work of community-based organisations, who reach communities others may not have access to, should be supported.

But ultimately, it is everyone's duty to support community initiatives to address gender inequalities, so that communities can strengthen their resilience and ability to meet their own needs.

Felicita is with ARASA.

News from the *'margins'*…

Unpacking risks…

A session on Wednesday entitled '*Unpacking risk and HIV in transgender communities*' discussed the challenges facing transgender communities in the United States, Argentina and Indonesia. Participants shared various models and interventions that have been adopted to create enabling legal and policy environments for transgender people, and also improve their living conditions.

The key challenges facing transgender people are repressive legal and policy frameworks and high levels of stigma and discrimination. This affects their family, health, work, housing and safety. The presentation by Cecilia Chung from SERO demonstrated that states, which criminalise HIV transmission, create a disabling legal environment for transgender people. Laws are so arbitrarily enforced that people do not know how to protect themselves legally. A study revealed that a majority of transgender people felt that HIV disclosure was complicated and depended on the circumstances. They also felt that it was reasonable to avoid HIV testing, if there was fear of prosecution.

Inge Aristegui from Argentina highlighted the importance of legal frameworks that recognise the gender identity of transgender people in improving their overall living conditions. The adoption of the Argentinian Gender Identity Law in 2012 has significantly improved the quality of life of transgender communities in the country. A study revealed that since passing the law, they had more access to education, healthcare and employment opportunities and could exercise their political rights by registering to vote in national elections. The law also contributed to a decrease in police violence against transgender people.

Vinola Wakijo from Indonesia shared how the Kebaya project is assisting transgender people living with HIV to start ARVs in the treatment as prevention era. Safe accommodation provided as part of the project also acts as a HIV testing mobile clinic. Volunteers assist them with food, support with ARV adherence and side effects, and take them to doctors' appointments. Virginia Schubert from Housing Works highlighted how using housing as a structural intervention has created a less risky environment for transgender people in America. The stable accommodation has facilitated safer sex and has helped them connect to services which translate to better health choices.

UPCOMING EVENTS

Thursday – 24 Jul 2014

08:20-10:30 *Plenary: Stepping up the pace: Making the long term short term*
Plenary 2

11:00-12:00 *Community Dialogue: Criminalisation and justice*
Women's Networking Zone, Global Village

11:00-12:30 *Structural and gender-based prevention approaches*
Melbourne Room 1 [Oral Abstract Session]

Criminalisation: The barrier to effective responses to HIV in Africa
Room 109-110 [Community Skills Development Workshop]

13:00:14:00 *Young women experts: Shaping the world*
Clarendon Auditorium

Freedom to fully control my body: What does sexual and reproductive health rights mean for young people living with HIV?
Youth Pavilion, Global Village

14:30-16:00 *Successful HIV prevention strategies with female sex workers*
Plenary 2 [Oral Abstract Session]

Transforming gender inequalities for Zero new HIV infections, Zero discrimination and Zero AIDS-related deaths
Clarendon Auditorium [Symposia Session]

Contraception and HIV: Difficult choices?
Melbourne Room 2 [Oral Abstract Session]

14:30-17:30 *Let's talk sexuality: How sacred texts help us*
Room 103 [Community Skills Development Workshop]

Gender approaches in monitoring and evaluation: Focus on HIV, gender-based violence and women's economic empowerment
Room 104 [Scientific Development Workshop]

16:00-17:00 *Exploring attitudes and concerns about Pre-Exposure Prophylaxis (PrEP) among transgender women, sex workers and women using illicit drugs*
Clarendon Room D&E, Global Village

16:30-18:00 *Option B+: Benefits and challenges*
Plenary 3 [Oral Abstract Session]

18:30-20:30 *Women and ARV-based HIV prevention: Challenges and opportunities*
Room 111-112 [Non-Commercial Satellite]

Integrating cervical cancer and HIV/AIDS service delivery for sustainable impact at scale: A women-centred approach
Room 111-112 [Non-Commercial Satellite]

Friday – 25 Jul 2014

11:00-12:30 *Violence, culture and conflict: Strategies for safety in a time of AIDS*
Room 203-204 [Symposia Session]

15:30-17:00 *Plenary: Closing Session*
Plenary 2

Women's Realities…
Visibility is essential to making change…

Jacqui Stevenson

Discrimination and violence are global issues, affecting women living with HIV in every country and community. Both are driven by and exacerbated by silence. Fear of further violence and discrimination creates a barrier to women speaking out. Failures by policymakers, scientists, researchers and decision-makers alike to recognise the real prevalence and impact of violence and discrimination, lead to a lack of resources, research and evidence, further invisibilising the experiences of women living with HIV.

Visibility is essential to making change. On Wednesday, an international panel of ICW activists discussed violence and discrimination in the Dialogue Session in the WNZ. Chairing, Susan Paxton of Australia emphasised that ICW research and advocacy has highlighted abuses, such as forced and coerced sterilisation and discriminatory treatment by health workers, occurring in many different countries. This was reflected in the panellist's presentations.

Jennifer Gatsi, an activist instrumental in the extraordinary advocacy campaign against the forced and coerced sterilisation of women living with HIV in Namibia, described the work undertaken to challenge the government in court on these cases, and ongoing work to prove in court that HIV-related discrimination is the driver of forced and coerced sterilisation.

Further, Jennifer described a growing climate of violence in Namibia, with increasing media reports of violence against women and girls, compounded by evidence suggesting discrimination is increasing among the younger generation, despite evidence of a decrease in discriminatory attitudes held by older people. Discrimination by health workers is also an issue, as women living with HIV are refused treatment and denied care.

Attitudes condoning violence are also a challenge. Jennifer described a public statement released by the Minister of Gender on International Women's Day, which called on women to reduce violence by acting as peacemakers, avoid

provoking their husbands and not be '*cheeky*'. Such regressive attitudes from supposed allies are a huge barrier to achieving progress.

…HIV-related discrimination is the driver of forced and coerced sterilisation…

Overcoming these barriers and achieving positive change for women living with HIV falls on activists when governments are failing. This is an especially difficult role for women facing violence and discrimination to take on, compounded, as argued by Olimbi Hoxhaj from Albania, in countries and communities with low HIV prevalence. Stigma, blame, failure to provide or ensure access to services and violence are all enormous challenges. Despite this, Olimbi said:

> *I find the courage and I become a strong and powerful representative for people living with HIV in my country.*

Women who are discriminated against on the basis of other aspects of their lives and identities face magnified and amplified discrimination. Speaking of the experiences of women living with HIV who use drugs in India, Nukshinaro Ao described how the HIV-related discrimination they face is increased. Gender-based discrimination is already a significant issue for women in India, within the family, community and society. When HIV and drug use are also factors, women face violence and discrimination within the family, denial of services including treatment and care, and all forms of violence, including structural and institutional violence. Nukshinaro emphasised though that many women in India would not recognise their experiences as violence, as only physical violence is considered as such, while emotional, psychological and other violence are thought of differently.

> *We go through that every second of our lives but we do not think of it as violence, we think of it as our fate.*

Deloris Dockery from the US emphasised that these issues also affect women in so-called resource rich settings where resources are not directed towards addressing violence and discrimination. She called for resources to be made available, especially to support the collection of data and research to demonstrate the scale and breadth of violence and discrimination against women living with HIV.

Lack of evidence allows the silence around this issue to continue.

Jacqui is with the Athena Network.

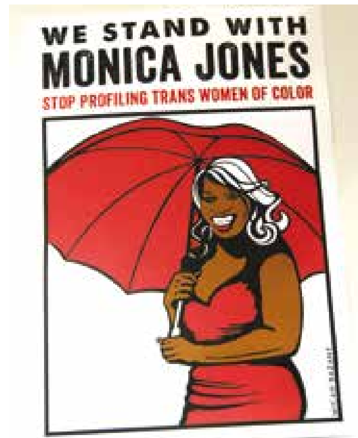
Women's Voices…
Where are the spaces for real dialogue…?
Interview with Leigh Ann van der Merwe

Stepping up the pace* and *no one left behind,* have been two main themes for AIDS 2014 in Melbourne, with various plenaries and sessions exploring as to whether or not (and to what extent) we are indeed *'stepping up the pace'* and/or *'leaving no one behind'.

While these are admirable aspirations (and we are making progress in some areas), Leigh Ann van der Merwe of S.H.E., a Feminist Collective of Transgender and Intersex Women in Africa, was clear about the areas in which we are not '*stepping up the pace*' enough.

> *…the one thing we are not seeing enough is a focus on gender inequalities, as there is still a lot that needs to happen. Yes, we stepped up the pace in some areas, but I think we now need to escalate the conversation to a higher level, and start talking about issues outside the vacuum. For instance, women's issues are addressed, trans issues are addressed – but all in a vacuum. I think what we need is to connect the dots and making it a unified conversation.*

We have seen a number of sessions focusing on the realities, risks and needs of transgender communities – yet, many of these sessions were not amplifying the voices of transgender people, or happened in the Global Village, outside the '*formal*' conference programme. Making specific reference to a session on Wednesday ('unpacking the risks of transgender communities') she recalled that only two of the four presenters were transgender, which is of great concern, and non-reflective of the *'no one left behind'* commitment. She adds,



> *…when we talk about leaving no one behind I would also like to see the empowerment of the transgender community for coming out and speaking on their own behalf. Some issues have been given great visibility, such as MSM issues, but the voices of transgender populations, the voices of women are not yet strong enough in this space.*

It is often the more '*informal*' sessions and dialogue sessions at the various Networking Zones of the Global Village, which give the much needed '*prominence and voice*' to the realities and risks of '*key populations*' – yet, these dialogues '*address relevant issues*', which should form an integral part of the conference discourse.

…it is this power that is instrumental to the invisibility of other groups…

> *…some groups have more power in negotiating these spaces – and I think it is this power that is instrumental to the invisibility of other groups.*

The intersectionalities between race, class, and gender (and their impact on HIV risks and vulnerabilities, as well as movement building and mobilisation) are well recognised. Reflecting on the fragmentation of the transgender movement, Leigh Ann feels strongly about the need to

> *…do away with the little boxes of race and class and gender in our movement. Yes, they are important issues and we have to highlight them; we need to acknowledge our unique differences. But we also have to see the common ground on which we should be standing on as a movement.*

For Leigh Ann, the '*common ground*' to '*stand on as a movement*', is access to sexual and reproductive health and rights, because

> *…my health is tied to so many things; my ability to get a job as a woman, and my ability to actually do a job. My health is tied to my community contexts, and my self-confidence and how I present myself in that community.*

Looking forward to Durban, '*we need to see a place where the community and academics can come together*' and dialogue, as at AIDS2014 it still feels like the Global Village is the '*created space*' where communities can meet and have activities, and there is the '*other*' space where the scientists are, '*which is very troublesome for me*'.

> *Where are the spaces for real dialogue?*

*** The article is based on an interview conducted by Johanna Kehler, AIDS Legal Network, South Africa.*

Special report:

Consequences of the law on sex workers' health…

Anelda Grové

When people talk about criminalising the clients of sex workers, they often talk about it in the context of anti-trafficking measures, the so-called Swedish Model (a.k.a the *'Nordic Model of Prostitution'*) or to *'end demand for prostitution'*). What people often do not consider is that criminalising the clients of sex workers has significant negative impacts on the health of sex workers. The impact on HIV prevention when the clients of sex workers are criminalised is a key issue in this debate.

Criminalising clients might, at first glance, appear like a noble intention with the stated aim of '*protecting sex workers*' or '*protecting vulnerable women*' who have been exploited. However, in reality it is sex workers themselves, who bear the brunt of policies and legislation that criminalise the purchase of sex.

We know that stigma and discrimination are two of the main drivers of HIV infection. We know that criminalising people for the work they do, for their sexual behaviour, or for the choices they make, stigmatises those people as different and unworthy of society's acceptance. Consequently, society behaves in a way that can and does often deny the very same people the right to live openly and freely within a given society. We have seen countless times how this stigma has led to unimaginable violence being perpetrated against sex workers, LGBTI people, and people who use drugs. Numerous human rights violations are perpetrated, some from within the HIV field, against sex workers, such as the 100% condom use programme in Cambodia where the police were tasked with enforcing condom use by sex workers, or the rounding up of sex workers and forced HIV testing, as happened recently in Tajikistan.

Laws criminalising clients, and laws against brothels, impede sex workers' ability to protect their health at work. In Sweden, a study by the Norwegian National Police Board found that many street-based sex workers compensate for loss of earnings, as a result of client criminalisation, by not using condoms. In South Korea, indoor venues, such as massage parlours, tend not to keep condoms on the premises, because they can be used as evidence of sex work in prosecutions.

Police harassment compels many sex workers to frequently change areas of work to more hidden locations. This hinders their ability to connect with health and social services. In South Korea and Sweden, health authorities

have expressed concerns about the negative consequences of the law on sex workers' health. In addition, researchers in South Korea have found a correlation between the new '*Prostitution Acts*' and an increase in sexually transmitted infections.

Funding for health projects that support sex workers' rights is seriously compromised by '*end demand*' approaches, which call for the criminalisation of the purchase of sex. The most successful HIV interventions

> …criminalising the clients of sex workers has significant negative impacts on the health of sex workers…

to date have been those that are peer-led, relying on individual and collective empowerment to improve sex workers' working and living conditions. However, these types of projects receive little or no funding or support from governments, or from other agencies that are informed by models that construe sex work as violence. In South Korea and Sweden, only projects which target women leaving sex work receive funding. These projects are inherently discriminatory as access to educational and vocational training, health and counselling services is contingent upon stopping sex work.

Criminalising the clients of sex workers makes sex workers, a '*key population*' in the response to the HIV epidemic, more vulnerable to HIV. It does not make sense for states around the world to maintain this type of legislation when the evidence has shown that criminalisation of sex work combined with stigma and discrimination are significant drivers of the HIV epidemic.

The Global Commission on HIV and the Law highlighted this in its report, which included extensive consultations with sex workers in 2011. In response to this evidence, WHO, UNFPA, UNAIDS, NSWP and the World Bank worked with sex workers to develop '*Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical approaches from collaborative interventions*' (the 'Sex Worker Implementation Tool'), as a comprehensive guide.

This is the first tool of its kind to bring sex workers to the forefront of HIV programming, and we hope that the tool will replace outdated HIV programming structures, ensuring interventions and programmes are designed with the full and meaningful involvement of sex workers themselves.

Anelda is with the Global Network of Sex Work Projects.

…impede sex workers' ability to protect their health at work…

Candle light vigil at AIDS 2014…

Teresia Otieno and Jessica Whitbread

Every year there are an estimated 2.3 million new infection – that is 6500 each day. Currently, there are an estimated 35 million people living with HIV. More than 50% of these are women and 10% are children. In our patriarchal world the feminisation of the epidemic is often forgotten, as HIV has had a disproportionate burden on women and children. HIV is still very present today.

While we may be two self-identified women standing in front of you today, with an ocean between our homes, we have histories and experiences that are often un-acknowledged, hidden and marginalised. We would like to go beyond gender on a quest for transformative change.

We are here to honour the rest of ourselves and our communities and families – as people who use drugs, sex workers, transgender people, men who have sex with men, as well as other who embrace their sexuality beyond heterosexual norms, migrants, indigenous people, incarcerated, people with disabilities, and the many others who circumstances cause them to bare a disproportionate burden of HIV in their communities.

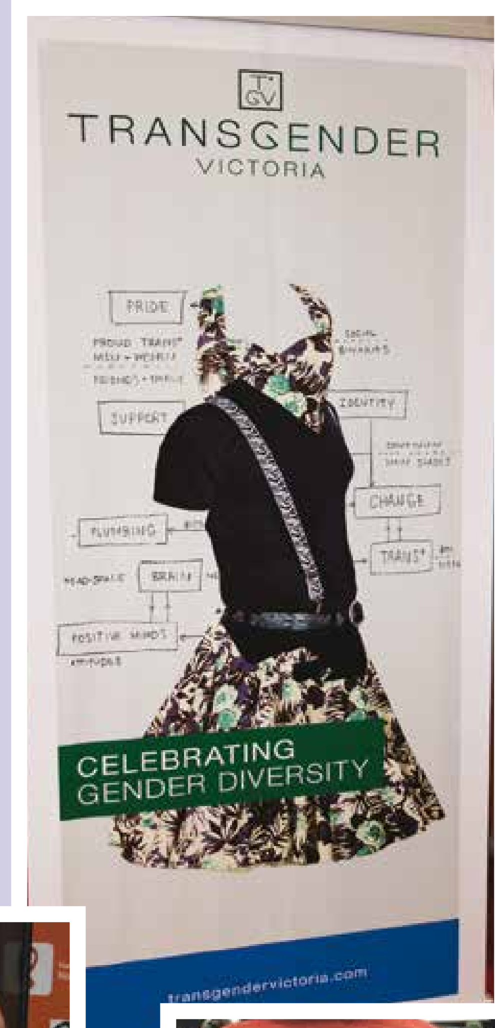
To be fair, HIV has touched every sector of life. As we know it does not discriminate. It does not allow for anyone from any community, from any lifestyle, from any class or race or geographic location to hide from its global effects. All of us here tonight have heard the words '*your test came back positive*' – either your own or a loved one's. We have all seen the tears, the headache and the sorrow that HIV leaves as a painful reminder of just how unfair and unjust it can be.

In total, 36 million people have died because of HIV since 1981. Millions of people living with HIV still do not have access to treatment and as we know, there will another 1.8 million that will die this year.

HIV is unfinished business and we must step up the pace.

Teresia and Jessica are with ICW.

Making a point...



Advocate's voices...

Jacqui Stevenson

A challenge that has to be faced...

Punitive laws are a significant barrier to the HIV response. The criminalisation of sexual orientation and gender identity; HIV exposure, transmission and non-disclosure; sex work; and drug use, combine to ensure people most affected by HIV and related violence are often the very same people least able to access information, services and support. Legal barriers are a roadblock far from overcome, and even growing in some settings. Amidst the rhetoric of *'no one left behind'*, echoing around AIDS 2014, the reality of many is one of being left outside, left in prison, left very much, and very deliberately, behind.

Addressing these issues in the context of gender equality and human rights, the special session '*No One Left Behind: Stepping up the pace on the removal of laws to advance human rights and gender equality*' examined the different vectors across which punitive laws restrict both gender equity and an effective rights-based HIV response. Michael Kirby, retired Australian High Court Judge, began by reiterating the recommendations of the Global Commission on HIV and the Law to decriminalise sex work, drug use and homosexuality. He further called on the audience to recognise the equally punitive impact of intellectual property laws, and the conflict between patents and human rights.

The importance of engaging and building champions amongst parliamentarians in advocating for the removal for punitive laws was outlined in a presentation by Charles Chauvel of UNDP's parliamentary programming. Educating lawmakers who may ignore epidemiological information due to ignorance or ideology was emphasised as critical to achieving legal reform.

Subsequent speakers spoke from their lived experience, of discrimination by law against gay men in Nigeria in a presentation by gay rights advocate Michael Ighodaro, sex workers and trans people in India presented by Abhina Aher, Programme Manager for Alliance India's Pehchan Programme and women living with HIV in southern Africa, presented by Sethembiso Promise Mthembu of ICW Southern Africa. Each speaker highlighted the multiple impacts of punitive laws on the individual's ability to access information and services, as well as social support, where criminalisation extends to family, friends, the community and service provision.

Speaking of experiences in Southern Africa, Sethembiso highlighted further the potential conflict between gender equality, religion and culture, and that this can be magnified where laws promoting all these elements are in place. Legal change alone is not enough, Sethembiso argued, where the law is in conflict with existing social or cultural values, which also need to change. Additionally, laws intended to promote gender equality or to protect the rights of women can be counter-productive, where these conflict with other rights – as evidenced by laws on HIV transmission, claimed to '*protect*' women but in fact criminalising women living with HIV.

The advancement of human rights and gender equality requires both a supportive, enabling and non-discriminatory legal and social environment.

How this is to be achieved is a challenge that has to be faced...

Jacqui is with the Athena Network.

News from the Global Village…

The Global Village is once again the *'heart beat'* for community engagements of the International AIDS Conference, providing spaces for activists to share, exchange and influence. Networking Zones in particular provide visibility, organising and a platform for activists and communities to network, be heard, be visible, demand and make change.

For the first time at AIDS 2014, there is a dedicated Trans Networking Zone – *Trans People Step Forward!* Activists hope this will be a precedent for future conferences. Nicola Summers, a transgender rights activist, explained that the space is vital as an opportunity for collective action and visibility:

> *Here we are, and we want to be part of this, want to be recognised as a community in its own right.*

The chance to network and share experiences across borders and cultural contexts is vital, and the Zone has been busy with debates and exchanges since its opening. Nicola described the value of the opportunity to meet and inform especially doctors and scientists, who have been seeking out the Zone, to learn more about transgender issues. Educating and raising awareness amongst the medical profession is a core advocacy goal for the Trans Networking Zone.

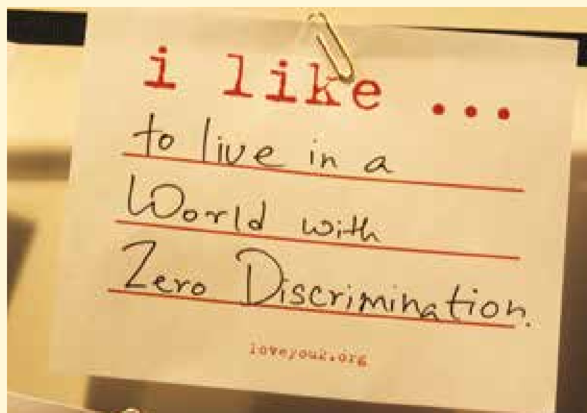
Over on the other side of the Global Village, the Coolibah Networking Zone is a space to promote young people's leadership in sexual and reproductive health and rights. Co-convened by IPPF and UNFPA, the zone is hosting a full programme of panels and presentations. On Tuesday morning, a panel of young people from key populations affected by HIV, debated the integration of HIV and SRHR services for young people. The panel was convened by Link Up, a five country project which aims to improve the sexual and reproductive health and rights (SRHR) of more than one million young people living with and affected by HIV in Bangladesh, Burundi, Ethiopia, Myanmar and Uganda.

Link Up is led by the International HIV/AIDS Alliance, funded by BUZA, and delivered by a consortium of national and global partners, including GYCA and the ATHENA Network. Young women living with HIV on the panel described the discrimination and barriers they face in accessing sexual and reproductive health information and services, and called for youth leadership to develop youth-friendly integrated services.

Women's Realities… Mitigating violence in their lives…

Nelago Amadhila

The Women's Networking Zone held a session on Wednesday addressing some of the challenges faced by women living with HIV with a specific focus on gender-based violence. Studies have demonstrated that women living with HIV are more likely to have experienced violence. Similarly, women who have experienced violence are at higher risk of HIV exposure and transmission. Violence against women is, therefore, both a cause and a consequence of HIV; and is further increased in circumstances where women are vulnerable and lack access to support and justice.



Rebecca Matheson from ICW shared how, as a woman living with HIV in Australia, she has been pre-judged and discriminated against by healthcare workers. She was forced to have a caesarean section when she gave birth to her child and encouraged to bottle feed. Baby Rivona highlighted how Indonesian women are dealing with an increased number of cases of coerced sterilisation and gender based violence. Violence and the threat of violence have made women fearful of speaking out. The lack of programmes which deal with HIV and violence against women in Asia-Pacific is also a consequence of the lack of evidence and data, she added. A pilot project has just been launched in Indonesia to try and advocate for women's rights in the context of violence and HIV.

Lydia Mungherera of Mama's Club shared how the organisation has helped improve the lives of pregnant adolescents living with HIV in Uganda by offering family and peer support groups. These young girls run away from home, because they are rejected by their families. They then find men who take advantage of their vulnerability and low self-esteem by using them as sex slaves. The girls also fear approaching health services, as they are judged by healthcare workers. Termination of pregnancy in Uganda is illegal, so young women and girls opt for unsafe abortions. Those that choose to keep their children usually give birth in circumstances where they do not have access to treatment that reduces the risks of mother-to-child transmission. Cultural practices, such as widow inheritance, early marriage, marital rape and female genital mutilation, contribute to unsafe environments.

…HIV-related discrimination is the driver of forced and coerced sterilisation…

A woman living with HIV and disability from the audience expressed how women with disabilities have been lost in the women's movement; and are left with little to no access to support. Their challenges are compounded by the fact that they do not receive sexual education and are further stigmatised by health workers when living with HIV. She also emphasised that women with disabilities are also vulnerable to rape and other forms of sexual assault, as they are often '*targeted*' for sexual assault and rape.

The realities shared at this session demonstrate only a fraction of the multiple realities and risks faced by women with regards to HIV, discrimination and violence.

Revealing avenues of moving forward (and a hopeful future), discussions highlighted that women's access to justice and support groups had the effect of mitigating violence in their lives. This goes back to the notion that women need to come together and express their needs, as this will result in actions that are best suited to meet their needs.

Concluding the session, Rebecca urged that women need to step up and mobilise at a local level. High levels of stigma and discrimination among healthcare workers also highlight the need to train healthcare providers on issues of women's rights and HIV; especially as stigma and discrimination have been proven to act as barriers to accessing care, treatment, and support. Dialogues with policy makers and parliamentarians, which include women, will also ensure that policy and legal frameworks promote and protect the rights of women.

Nelago is with ARASA.

Jacqui Stevenson

Opinion...
Addressing gender concerns...

This session, held on Wednesday afternoon, featured oral abstracts of research exploring different aspects of gender-based violence and HIV. The various links between gender-based violence and HIV are significant, multi-faceted, growing and yet, under-recognised. The session was therefore a welcome feature of the conference agenda.

The first abstract was presented by Graeme Hoddinott, of the University of Stellenbosch in South Africa, and entitled '*When your life is threatened, HIV is a peripheral concern: Qualitative perceptions of HIV risk and crime/violence in 9 HPTN 071 (PopART) community sites in South Africa*'. The research explored the relative perceptions and prioritising of risks of HIV transmission in communities affected by high levels of violence. The study found that violence both increases the risk of HIV exposure and transmission, and creates a structural barrier to the uptake of HIV prevention, as avoiding violence is prioritised more highly.

The second presentation, by Tamil Kendall, Harvard School of Public Health and Balance, covered the findings of a four-country study into the forced and coerced sterilisation of women living with HIV in Mesoamerica. In a community-based survey of 285 women living with HIV, the study found 23% of women responding had experienced forced and coerced sterilisation. This included women given false information about the prevention of vertical transmission or the potential risks in terms of health outcomes. Others were denied choice, and told that as a woman living with HIV it was not possible to refuse. Coercion was also experienced through the denial or threatened denial of services including caesereans.

Forced sterilisation was also reported, including women who believed the consent form they were signing related to other treatment or procedures. In one example, a woman in Mexico was sterilised while under anaesthetic for another procedure, and her thumb was inked to provide a thumbprint to show *'consent'*.

The study authors conclude that there is evidence that HIV-related discrimination motivates healthcare workers to commit these violations, and consequently recommend that providers are educated about HIV and reproductive rights. Further, that informed consent should require comprehensive education and information on SRHR and vertical transmission. Finally, they recommend state mechanisms to investigate and sanction coercive and forced sterilisation.

Andy Gibbs from the University of KwaZulu Natal HEARD programme in South Africa presented a livelihoods strengthening intervention with young people in informal settlements. Utilising the Stepping Stones manual developed by Alice Welbourn, and Creating Futures, a livelihoods programme developed for the study, the intervention comprised both gender and livelihoods elements. The study outcomes demonstrate higher monthly incomes and greater shock resilience financially. Male participants reported more equitable gender attitudes, while female participants report less experience of intimate partner violence.

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Additional abstracts covered bullying, social marginalisation and HIV vulnerability among Thai lesbian and bisexual women high school students. Presented by Thasaporn Damri, Mahidol University and Center for Health Policy Studies Nakorn Paton, the study found young lesbian and bisexual women face multiple forms of discriminatory attitudes and treatment within the school environment. Finally, Ameeta Kalokhe, Emory University School of Medicine and Emory University Rollins School of Public Health, presented research on the scale of domestic violence against married women in India, and the impact this has on both increasing HIV vulnerabilities and reducing access to and uptake of HIV prevention.

The breadth of forms and contexts of violence presented in the session is a strong indicator of the extent of the violence epidemic faced by women in the context of HIV.

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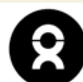
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