

# In Women's Words:

## ***A DIALOGUE FOR AFRICAN ACTION***



### **OUR PRIORITIES**

- Ensure access to inclusive and holistic HIV prevention, treatment, care, and support services for women and girls in all our diversity
- Promote the dignity and rights of all women and girls, in particular those of us living with HIV, by eliminating stigma and discrimination
- Promote safety for all women and girls through the HIV response: End sexual and gender-based violence and harmful traditional practices
- Champion gender equality to accelerate women's empowerment to advance our economic autonomy, political representation, and sexual and reproductive rights
- Strengthen, invest in, and champion our leadership, to ensure the full and meaningful participation of women and girls, in particular those of us living with and affected by HIV, in the HIV response

# Building Women's and Girls' Meaningful Participation in an African Dialogue

In advance of the 2011 High Level Meeting on AIDS, a global virtual consultation was undertaken to provide a platform for women and girls - especially those of us living with and affected by HIV - to voice our priorities and vision for the future of the HIV response. Women and girls from over 20 countries across the African continent responded. This document brings together the key priorities, findings and analysis specific to the region to form the basis of an African Action Agenda for women and girls in the HIV response.

The consultation was defined by 5 principles: 1) Inclusion of women and girls in decision-making, including the democratization of global processes; 2) Importance of women, girls, and gender equality; 3) Centrality of women's rights to the success of the HIV response; 4) Political opportunity to define actions and address women, girls, and gender equality in the context of HIV and AIDS; and 5) Urgency of all Millennium Development Goals to the well-being of all women and girls.

The consultation confirmed that:

- Women seek and are eager to be **engaged** and viewed as **equal, active** stakeholders and agents of change rather than as subordinate, passive recipients.
- Women seek an HIV response that is **deeply rooted in human rights, equitable, holistic, gendered**, and shared **sector-wide**.
- Women around the globe are taking **initiative** and are on the **frontlines** of the HIV response, bringing about change in their communities.

## Scanning the African Landscape for Women, Girls, Gender Equality, and HIV

### 1: Ensure access to inclusive and holistic HIV prevention, treatment, care, and support services for women and girls in all our diversity

*"Rural women lack access to information and are therefore vulnerable to HIV transmission; they also lack access to services."* (West and Central Africa)

### Caregiving increases women's vulnerability to and impacts from HIV acquisition:

Caregiving impacts on women's and girls' ability to complete their education, stay in gainful employment, and participate in political processes, leading to insecure livelihoods, which may lead to risky behavior and poor health outcomes. While women leaders who provide care in their communities, are becoming increasingly mobilized and visible, they still lack adequate recognition, support, training, supplies, or remuneration for all their work. We call for adequate information, training, support, and remuneration for women and girls who are care-givers, including mothers, volunteers, and older carers, and women and girls living with HIV. *"Home-based care work is only recognized on paper and in speeches, and does not translate to supporting the carer at the community level."* (East and Southern Africa)

The most recent HIV prevalence data show that in sub-Saharan Africa, 13 women become infected for every 10 men.<sup>1</sup>

### 2: Promote the dignity and rights of all women and girls, in particular those of us living with HIV, by eliminating stigma and discrimination

*"Health workers are still judgmental about HIV positive women's sexual and reproductive choices."* (East and Southern Africa)

### Solidarity with women and girls living with and affected by HIV and AIDS:

Women living with HIV experience particular forms of stigma and discrimination, especially in relation to our perceived or actual roles as mothers and carers, and in accessing information and services to enable us to meet our sexual and reproductive health needs and rights. Women routinely undergo mandatory HIV testing in ante-natal services, and those of us living with HIV are frequently encouraged not to embark in sexual relationships or have children, even to the point of coercion or force to terminate pregnancies or be sterilized. Restrictive or punitive legal frameworks result in double burdens of stigma and discrimination against women belonging to key affected populations, on the basis of gender and age, sexual orientation and gender identity, use of drugs, experience of prison, disability, migration status, or profession - including sex work. We call for the immediate passage and implementation of laws to stop stigma and discrimination against people living with HIV, and other key affected women, and for awareness-raising around mechanisms of redress in the event of human rights violations.

27 countries in Africa have laws that criminalise the transmission of HIV, with some including specific measures to criminalise mother to child transmission.<sup>2</sup>

### **3: Promote safety for all women and girls through the HIV response: End sexual and gender-based violence and harmful traditional practices**

*“Legislation around domestic violence, sexual violence, and other laws that protect women’s rights exist on paper but are frequently not translated or comprehensively implemented.”* (East and Southern Africa)

**Breaking the twin cycles of violence and HIV:** The dual epidemics of HIV and violence against women and girls, and the fact that violence is both a cause and consequence of HIV, are now widely recognized. As a result, new policy and legislative frameworks, and advocacy and funding campaigns are increasingly in place. Nonetheless, women and girls continue to be subjected to multiple and overlapping forms of violence, in particular within the intimate realm, where the very suggestion of condom use can be enough to trigger partner violence, leaving us vulnerable to HIV and other STIs. For women living with HIV, violence can present an insurmountable barrier to accessing and adhering to care, treatment, and support programs, and undermine positive prevention efforts. We call for the engagement of traditional and religious leaders to abolish cultural practices which are harmful to girls and women, including widows; the protection of women’s inheritance, property and land ownership rights; the domestication of CEDAW to end violence against all women and girls, including marital rape; and, access to effective mechanisms to legal redress and justice. *“No woman will sue the husband for rape because religion and culture say a man has full ownership of the wife so should not be denied sex.”* (West and Central Africa)

Across the whole African continent, only 6 countries criminalize marital rape: Burundi, Cape Verde, Namibia, Rwanda, South Africa and Zimbabwe.<sup>3</sup>

### **4: Champion gender equality to accelerate women’s empowerment to advance our economic autonomy, political representation, and sexual and reproductive rights**

*“Women can access free condoms in care centers and testing sites, but cannot request, let alone insist, on condom use or other form of protection. If they refuse to have sex or demand that a condom be used, they may risk suffering violence because they are suspected of being unfaithful.”* (North Africa)

**Engaging men and boys as partners for gender equality:** Despite the greater attention that has been paid to the gender dimensions of the HIV epidemic over the last decade, women continue to find themselves at the center of a complex set of gender dynamics, in particular when it comes to realizing their sexual and reproductive health rights. While male partners often seek to control women’s fertility, women are usually seen as responsible for enacting these decisions, and may be blamed either for unintended pregnancies, or infertility. Men are unlikely to seek sexual and reproductive health services for themselves, or to accompany female partners to family planning or ante-natal care appointments. As a result, women are often tested for HIV before male partners, and bear the brunt of HIV-related stigma and discrimination, and the responsibility for preventing vertical transmission. We call for comprehensive age-appropriate sexuality education for girls and boys which addresses gender inequality, HIV, sexual and reproductive health and rights, violence against women, and gender and sexual diversity; and which encourages greater health seeking behavior among men, equitable relationships, and shared decision making.

In sub-Saharan Africa 42% of women under the age of 18 are married,<sup>4</sup> and 28% have given birth to at least one child.<sup>5</sup>

### **5: Strengthen, invest in, and champion our leadership, to ensure the full and meaningful participation of women and girls, in particular those of us living with and affected by HIV, in the HIV response**

*“Women are found most often in the role of carers and recipients of services rather than decision makers and actively involved in decision-making.”* (West and Central Africa)

**Ensuring women’s involvement in HIV prevention research:** HIV prevention research has yielded promising results, with recent breakthroughs in women-centered prevention technologies, including female condoms, pre- and post-exposure prophylaxis, treatment as prevention, and proof of a concept for a microbicide gel. However, while these are critical tools towards advancing a sexual and reproductive rights agenda within the context of the HIV response, access to existing technologies continues to pose challenges as women across the continent cite an unmet demand and need for female condoms. Our daily realities and the social context in which we live intersect with the bio-medical HIV response, and bias our ability to access and effectively utilize HIV prevention, treatment, and care technologies. We call for more – and more meaningful – involvement of women, including women living with HIV, in the HIV prevention research agenda, and greater multi-disciplinary dialogue across the bio-medical, social science, and grassroots communities.

80% of all women in the world living with HIV live in sub-Saharan Africa.<sup>6</sup>

# Building Women's and Girls' Meaningful Participation in an African Dialogue

In looking to the future, we recognize the centrality of women's rights and gender equality to the success of the HIV response and reaffirm our shared commitment to women, girls, and gender equality in the context of HIV. As African women, we articulate a clear desire to ensure that all women and girls are respected, engaged, and recognized in all the rich diversity of our multiple –

often overlapping – identities: as women and girls living with and affected by HIV; young women; sex workers; lesbian, bisexual, or transgender women; migrant, refugee, or internally displaced women; women with experience of prison, drug use, caregiving, widowhood, and disabilities; and indigenous, rural, and urban women.

The most affected women and girls must be most central to the response, and as history has shown us repeatedly where true social transformation has taken place, if these same women's visions and aspirations were adequately supported, then the aspirations of us all would fall into place.

**PROMOTE THE GREATER PARTICIPATION OF ALL KEY AFFECTED WOMEN IN DECISION-MAKING THAT AFFECTS THEIR LIVES.**

— EAST AND SOUTHERN AFRICA



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ATHENA



The Global Coalition on Women and AIDS

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<http://www.womenandaids.net>

<http://www.athenanetwork.org>



**SAT** Southern African AIDS Trust  
Supporting community responses to HIV and AIDS in southern Africa

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## Coordinating Team

Luisa Orza, ATHENA  
Tyler Crone, ATHENA  
Claudia Ahumada, Global Coalition on Women and AIDS  
Alice Welbourn, Salamander Trust  
Prudence Ngwenya (Southern African AIDS Trust)

## Regional focal points:

### East and Southern Africa

Juliana Davids, ATHENA, South Africa  
Johanna Kehler, AIDS Legal Network, South Africa  
Mmapaseka Steve Letsike, SANAC Women's Sector, South Africa  
Inviolata Mbwavi, Grassroots Empowerment Trust, Kenya  
Lydia Mungherera, Mama's Club, Uganda  
Esther Mwaura-Muiru, GROOTS Kenya/Caregivers Action Network, Kenya  
Leah Okeyo, World Pulse, Kenya

### West and Central Africa

Assumpta Reginald, International Community of Women Living with HIV/AIDS, ICW West & Central Africa (Anglophone), Nigeria

### MENA

Valli Yanni, Egypt



The Global Coalition on Women and AIDS



ATHENA



**SAT** Southern African AIDS Trust  
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**AIDS LEGAL NETWORK**



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