

# AFRICAN HIV POLICY NETWORK

ISSUE 14, SPRING 2009

[www.ahpn.org](http://www.ahpn.org)

## Human rights: Gender & HIV



**African**  
HIV Policy Network

*empowering African communities affected by HIV*

## ***Editorial***

Greater involvement of people living with or affected by HIV has been heralded as a means of ensuring increased participation and involvement in decision making. However reading the article by Alice Welbourn, Fiona Hale and Luisa Orza, it is evident that yet again there is a disconnect between the policy commitment and the reality. Exclusion may not be deliberate but without re-examining and changing approaches the effect is the same and serves to undermine involvement.

In his article, Bryan Teixeira highlights how dominant sexual norms can be disempowering and need to be challenged across society and within institutions. This issue is explored further by Naana Otoo-Oyortey who, in writing about female genital mutilation, question the relevance of continuing to follow a culture that violates health and rights.

Faith based organisations are uniquely poised and have a responsibility to address gender inequality and Ijeoma Ajibade's article shows that the church has a history of addressing social injustice and that the radicalism of Liberation Theology can be harnessed to address gender inequality and HIV.

'*Which way to my identity*' highlights the challenges that young people face as they navigate what are uncharted waters. In addition, Leticia's story, is an opportunity to hear from a young person directly and provides a glimpse into what these challenges are.

Undoubtedly, women and girls around the world experience systematic and deep-rooted discrimination because of their sex and gender.

Responses to HIV necessitate recognition of gender dynamics. And, if we are to have any hope of addressing HIV within our community it is imperative that men AND women are engaged in re-examining and challenging gender relations.

***Titise Kode, CEO, African HIV Policy Network***

## **Contents**

- 03 Gender based violence and sexual health - when culture violates health and rights
- 04 GIPA, gender, women and HIV: Between principle and practice
- 06 Faith, HIV and Gender - a perspective
- 07 HIV, Gender and Sexuality
- 08 Which way to my identity?
- 09 Living with HIV as a young person
- 10 Do it Right - a human right
- 11 Engaging men as partners in HIV prevention
- 12 Microbicides: a hope for negotiating safer sex
- 14 Sexual and reproductive health rights of women living with HIV
- 16 Resources

# GENDER BASED VIOLENCE AND SEXUAL HEALTH

## WHEN CULTURE VIOLATES HEALTH AND RIGHTS

Female genital mutilation (FGM) or cutting as it is also known constitutes harm or suffering against women and girls. This entrenched cultural practice has been proven to have negative effects on physical, sexual and mental wellbeing. While the practice is a valued social norm and supported by both men and women, women and girls bear the greatest burden. FGM endorses community notions of identity, belonging, beauty and chastity. But more importantly FGM is central to the marriage process and seeks to enhance male sexual pleasure and at the same time to reduce female sexual desire.

FGM is defined by the World Health Organization as the “partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons”. The practice violates a number of international human rights conventions and norms, including the right to sexual integrity and the right to sexual and reproductive health. Since most FGM is done to girls when they are still young, the notion of choice, abuse and harm become central to any discussions on this issue.

“The bottom line is that FGM thrives on gender inequality and subdues women’s sexuality and sexual wellbeing. It is in the area of sexual wellbeing and reproductive health that women experience most the negative effects of FGM. FGM is linked with many health risks for girls, women and their babies. They range from short term to long term adverse health effects.” The new UN interagency statement on FGM reveals that increased prevalence of herpes among women who undergo FGM can increase their risk to HIV infection. “A more worrying recent trend in parts of Africa shows that families are forcing their daughters to undergo FGM to protect them from HIV. This is a direct response to the promotion of male circumcision to reduce HIV in men.”

Views from a new community research conducted by FORWARD on FGM in the UK confirms the practice to have adverse and far reaching effects on women. The study

which was conducted in Bristol, Middlesbrough and London discussed perceptions and experiences of practicing communities in the decision-making process, the justification for the practice and women’s experiences, of sexuality, wellbeing and use of services. In recounting her wedding night one lady noted that “When the time came, I felt a lot of pains, but I could not speak to stop him or do anything, maybe because I was so ashamed, I felt I had no choice, like an injured bird. The only thing I did was cry; I hated everything in my life. When we returned, I did not think of it as a ‘Honeymoon’ it was a ‘killing moon’ ”

***“The bottom line is that FGM thrives on gender inequality and subdues women’s sexuality and sexual wellbeing”.***

While some women stated that FGM was constantly with them, many were unable to access specialist services or even talk about their pain, and felt they often suffered in silence. While UK has over 14 specialist clinics that deal with women affected with FGM, many women did not know about these services, while only one service addressed the needs of young women.

In the UK, the Female Genital Mutilation Act forbids the practice of FGM and aims to protect all UK citizens and permanent residents. However, many activists see the law as not sufficient enough to end the practice of FGM. This is because in many cases the decision-making processes ignore the wishes of parents. What is needed is support for real engagement with communities to strengthen women’s leadership, dialogue with men and work with young people. Should we continue a culture that violates health and rights: has FGM indeed outlived its usefulness?

Naana Otoo-Oyortey  
Executive Director  
FORWARD

**FORWARD**  
Safeguarding rights & dignity

# GIPA, GENDER, WOMEN AND HIV: BRIDGING THE GAP BETWEEN PRINCIPLE AND PRACTICE

Fifteen years ago, the international public health community adopted a fundamental aim - to work towards the '*Greater involvement of people living with HIV and AIDS*'. This basic principle of human rights, abbreviated as 'GIPA', is also an acknowledgement that those most affected by any issue are crucial in shaping appropriate responses to its resolution.

Today, consultation processes abound. Yet for most people living with HIV, 'meaningful involvement' remains elusive. Women, especially, face particular challenges.

'Gender' affects us all somehow or other. When the 'g-word' is uttered, people automatically talk about women, and about pregnancy, childbirth, infant feeding and childcare. Yet gender is about men's, women's and transgender issues. And it's about a whole range of different issues, not 'just' babies. Transport, the pay gap between men and women, family commitments and discrimination on the basis of sexual orientation are all 'gendered' issues. For women, Silvia Petretti of Positively Women notes: 'It's difficult to support our involvement without money for regular meetings, childcare, basic travel and subsistence expenses to attend meetings.'

Recently, PozFem UK, a national network of HIV positive women who volunteer their time as advocates, learnt of four policy consultations taking place during February and March 2009. Three deadlines were 'obviously too

close for us to contribute', says Petretti. Only one has a closing date which might allow PozFem UK sufficient time to make a meaningful contribution.

Responding to a government consultation takes time and resources. Both are in critically short supply for organisations representing HIV positive women. Overstretched workers can rarely keep abreast of all the consultations that may be relevant.

In the UK, the forthcoming Equalities Act provides an example. It aims to 'fight discrimination in all its forms'. Almost 600 organisations responded to the initial consultation in 2007. National HIV organisations were among them, but as always, HIV positive women's priorities are completely ignored.

Currently the Equalities and Human Rights Commission is holding some (very oversubscribed) events around the country, and an online consultation process. Like most online consultations, it is full of jargon, hard to understand, and hard to access.

*"How can the worst pitfalls of consultation with and involvement of HIV positive people be avoided?"*

Even when HIV positive women do contribute to a consultation, policy rarely reflects their views. Last year, PozFem UK members collectively reviewed the UK's National Strategy for Sexual Health and HIV. According to Petretti, PozFem's report is quoted by the Department of Health and the Health Protection Agency. 'But they are empty words of praise,' says Petretti. 'Despite the rising proportion of women in the UK acquiring HIV, gender does not make it into policy.'

Stigma and discrimination are a major challenge to women's involvement where they feel uncomfortable disclosing their status. For positive women who use drugs, it is even harder. 'If you are using drugs and a

woman, you are further underground than anyone else. But no-one else is pushing gender issues in relation to harm reduction and HIV,' says Carmen Tarrades of the International Community of Women living with HIV (ICW).

How can the worst pitfalls of consultation with and involvement of HIV positive people be avoided?

International instruments such as the Universal Declaration of Human Rights (UNDHR) and the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) exist, and should be recognised here to ensure that positive women can access their rights. Using such instruments as a framework, ICW is piloting Positive Women Monitoring Change, developed by and for HIV positive women to examine policies and monitor their implementation.

As Angelina Namiba of the African HIV Policy Network

says, 'Meaningful involvement can only happen if people know how policy makers work and have support to get involved. We need the right mechanisms, well resourced interventions, training and mentoring, funding and political will.' Equally, policy makers need to understand how to consult in more easily accessible ways.

Organisations such as Positively Women, AHPN and PozFem UK provide a crucial link between UK policy processes and HIV positive women who voluntarily dedicate their time and energy. Funding and political support for these organisations is vital if women with HIV are to play more than a tokenistic role in the decision-making that directly affects their lives.

*Alice Welbourn, Fiona Hale & Luisa Orza are former staff/trustees of ICW and are currently working on HIV, gender and international development.*



**International Community of Women  
Living with HIV/AIDS**

# FAITH, HIV AND GENDER - A PERSPECTIVE

Gender is a key factor in determining what society expects from women and men. It is pervasive, interacting with other social factors such as politics and economics. At both personal and societal levels, it affects who has power and how such power is used. There is a gendered nature to HIV, with women being more susceptible to the virus than men<sup>1</sup>. Gender inequality can prevent women from protecting themselves. They may not be able to insist on condom use, they may have no choice about whether or not to abstain, and in some circumstances their faithfulness to one partner can be rendered ineffective.

Gender inequality also influences the way faith is both interpreted and practised. The Church through the ages has not always got it 'right'.

It has been involved in the creation of hierarchy, the pursuit of self-interest, and the practice of exclusion.

The bible has been and indeed still is used as a basis to argue for male only leadership. Within some contexts it is used to show that women should be unquestioningly submissive

to men despite the fact that Christianity calls both male and female to mutuality, sacrificial love and justice. These situations of poorly reasoned theology mar the call that lies at the heart of Christianity - the call for life, freedom and justice.

Within the AHPN, work is being done to sensitise and inform African faith leaders about HIV. Christian and Muslim toolkits have been developed and training for Anglican priests is to be piloted, but the issue of gender requires that more be done. Across Christian denominations leadership is predominantly male, although women make up the majority in most congregations.

1. Sigma, African HIV Policy Network & NAHIP, *The Knowledge, the Will and the Power*, March 2008 p14; [www.sigmaresearch.org.uk/files/report2008a.pdf](http://www.sigmaresearch.org.uk/files/report2008a.pdf) [Accessed 23/2/09]

Therefore in engaging faith leaders, we are actually asking men to take the lead on an issue that is having a devastating impact on women. This approach is not wrong, but if we are to address gender inequality within this process we must be creative.

The Church has not always got it 'wrong'. The Bible is rich in wisdom and there is much good theology. The Church has brought life to people through campaigns and movements for social justice and freedom. From the heart of the Roman Catholic Church comes concrete teaching on liberation and justice. Liberation theology, which originated in Latin America, challenged the Church to interpret the Bible from the perspective of the poor, those

without power who exist at the margins of society. God has a preferential option for the poor and is on the side of the powerless. As people began to embrace this, they found new means to challenge the social injustice confronting them.

Today it is time for serious theological engagement in the UK on the issue of HIV. Like Liberation Theology, this must be led by those who are traditionally at the margins of society. There needs to be greater visible leadership on HIV throughout the church and at every level. For this to have real impact within the African context it must

address gender inequality and be led by those who are particularly affected by HIV - this theological engagement must be led by African women.

*God has a preferential option for the poor and is on the side of the powerless... Today it is time for serious theological engagement in the UK on the issue of HIV. Like Liberation Theology, this must be led by those who are traditionally at the margins of society. There needs to be greater visible leadership on HIV throughout the church and at every level.*



*Ijeoma Ajibade works for the Greater London Authority and assists the AHPN with its Christian faith work. She is training to be a priest in the Church of England.*

# HIV, GENDER AND SEXUALITY

I don't want to preach to the converted. So much is already understood about the HIV-gender-sexuality relationship. Much of this information is well summarized in the NAHIP publication, 'The Knowledge, the Will and the Power'. For example, there are significantly more African women than men diagnosed with HIV, or African men are twice as likely to be living with HIV as White men, or it is likely receptive partners - whether male or female - are more at risk than insertive partners.

Sexual liberation was one of the great and progressive achievements of the last

century. A key component of that liberation was the clear dissociation of biological sex (male or female) from gender (societal expectations about masculinity and femininity) and from sexual orientation or sexuality (lesbian, gay, bisexual). Men do not have to be the boss and the dominant one. Women do not have to be the nurturer and submissive one. Gay men and lesbians exist in all cultures. Biology is not destiny.

However, we still have sexual norms that disenfranchise and disempower certain people because of their social class, race/ethnicity, age (the elderly as well as youth), disability, sex, gender or sexual orientation. Those who don't fit the norms experience a kind of social and sexual exclusion, e.g. their rights to sexual pleasure are denied or curtailed, or they have limited power in negotiating sex freely and responsibly. Such sexual exclusion or disempowerment is fertile ground where HIV can thrive.

It would be naïve to ignore the role that religion plays in the interaction between HIV, gender and sexuality. While some religious groups support male and female

condom use within HIV prevention, others do not. While some religious groups effectively see men and women as equals, and gays and lesbians as children of God, others do not. We are all entitled to our opinions and beliefs about gender and sexuality. However, we are not entitled to have those opinions and beliefs go unchallenged especially where negative social consequences can be demonstrated. We need urgent and more robust dialogue with religious groups about how messages on gender and sexuality can not only support but also seriously undermine HIV prevention.

Even though there is a huge diversity among Africans, there are some generic gender and sexuality themes that may be of use across African communities. These themes are part of the wider campaign against HIV stigma and discrimination. They are:

- Responsible masculinity, e.g. supporting African men and boys to free themselves from burdensome expectations about their role in general and improve their caring for their communities
- Assertive femininity, e.g. supporting African women and girls in their sexual rights and in negotiating safer sex
- 'Out' African gay voices, e.g. supporting African gay men in coming out and telling their stories

Pursuing these themes reinforce the excellent aims of 'The Knowledge, the Will and the Power'. They help remove HIV vulnerabilities resulting from outdated notions about gender and sexuality.

Dr. Bryan Teixeira  
Chief Executive,  
Naz Project London





# WHICH WAY TO MY IDENTITY?

The attention and consumerism of young people is ever more sought after through mass media: innumerable television channels, internet, and advertising. In addition to these, schools, parents, peer

pressure, music, pop culture are all significant contributory factors in shaping the identities of young people. Navigating all of these can be like trying to find your way through crowded streets in an unfamiliar city - long, a bit of a headache, but ultimately you find your way in the end. As simplistic as it sounds, this isn't too dissimilar from how young people are forming their identity today. As with the city streets, some may follow directions, some will follow signs, some will follow others, some may prefer to find their own way unassisted, passing vaguely familiar places for a second or third time or coming to a dead end before opting for a different strategy. Some will take longer to find their way than others, taking a number of wrong turns, but ultimately, they find their way.

Navigating the many sources from which young people receive messages and information about identity is made more complicated by the various and sometimes conflicting messages available.

So how are young people dealing with all of this? Pretty much in the same way as the rest of us, by trial and error, a process of elimination and experimentation, much of which will be lead by peer pressure along with the other powerful influences mentioned earlier. Unfortunately, many of the messages regarding such issues as gender roles, sexuality or parenthood conveyed by the

most influential factors in a young person's life are often negative: the one dimensional criteria for manhood as typically being, strong, assertive, hetro-sexual, in charge and devoid of affection or at least public displays of it except in the eternal pursuit of female sexual conquests; women as baby-dropping, ass shaking second-class citizens, predominantly revered as objects of beauty that reinforces the male ego. This generalization might be somewhat cynical, but the relentless saturation of these messages throughout society, including the home, makes them very effective, with some of the results being the highest teenage pregnancy rates in Europe, high rates of STI's among young people, higher divorce or separation rates than ever before. In response, teenage pregnancy strategies, sexual health strategies, PCT's, and a host of voluntary sector organizations, collectively spend millions each year trying to counteract these messages and their effects on young people's identity.

Young people have little choice but to endure the barrage of mechanisms competing to deliberately or inadvertently influence their ideas on how, what and when to be. The results of this on forming their identity cannot be conclusive at this stage of their lives. However, with young people now exposed to so many different perspectives on life, they are forced to exercise their liberty to make up their own minds on what these messages mean and which are right for them.

*Maurice Cunningham has worked with young people for 17 years across England, the Caribbean and South Africa. His organisation, MDC Training @ Consultancy currently facilitates NAHIP workshops.*

# LIVING WITH HIV AS A YOUNG PERSON

Leticia, 19 is a young person and in this article she shares her experiences of living with HIV.



As a young girl living with HIV, at first I felt I was different from other girls but my foster carer assured me that I was not and that I can lead a normal life. At first I did find it hard because it was like leading a secret life. And keeping it a secret was at times very difficult but now I have a supportive network of people who are very helpful i. e. friends, family, hospital staff and youth clubs (like Body & Soul). This gives me a sense of belonging and makes me feel strong. In my experience keeping things to myself did not help. I believe everyone needs a shoulder to lean on. It's also about taking the first step and going to someone you trust. That can be difficult but it is possible and many times you'll be surprised and amazed at the response you get.

Incorporating medication into day-to-day life can be tough sometimes. There are days when I don't like taking the drugs and feel bad about myself. However, I feel I'm now at a point where I'm learning of new ways to deal with it

There may be challenges ahead as I grow older but it doesn't change how I think about my future. I want to pursue a career in musical theatre but at the same time I want to be a voice for young people by helping to develop policies and programmes which focus on young people, HIV and safer sex.

Sometimes I think I don't care about stigma. Well I do care because it's so hard to change how people think but increasing awareness and providing accurate information would go a long way in changing perceptions around HIV.

It would be good if young people could learn about HIV; how it is transmitted, how it can be prevented and how people are living positively with it. It is important that young people know that people living with HIV are leading normal lives because of improving HIV treatment.

I believe that armed with this information young people will have the confidence and assertiveness to decide when they are ready to have sex and how to have safer sex.



# DO IT RIGHT – A HUMAN RIGHT

Norms related to masculinity i.e. homophobia, stigmatises men having sex with men, and makes them and their partners vulnerable to HIV.

Norms related to femininity can prevent women, especially young women, from accessing HIV information and services. Only 38% of young women have accurate, comprehensive knowledge of HIV/AIDS according to the 2008 UNAIDS global figures. - *World Health Organization*

Within the African population in England is that HIV remains one of the most concerning health problems and requires a strategic and robust response both at structural, community and individual levels.

The National African HIV Prevention programme (NAHIP), delivers innovative HIV prevention interventions aimed at reducing HIV acquisition and transmission amongst Africans living in England.

Strategically the programme has set clear priority aims which are outlined in *'The Knowledge the Will and the Power'*, while on the campaign front, it has developed the *'Do it Right'* campaign. The campaign aims to empower Africans who are living with HIV and their partners, those that are sexually active and those who will be in future, in order for them to limit their participation in sex that presents a high risk of acquiring or transmitting HIV.

The campaign's Kobana stories address gender inequalities related to choices about HIV testing, sexuality, condom use and faithfulness. The stories seek to shift and challenge gender inequalities and to level the responsibility that men and women have in preventing HIV.

Through the ethos of Ubuntu- (we are who we are because of other people), the *'Do it Right'* campaign challenges situations that make either men or women vulnerable to HIV. The Kobana stories characters show an assertive approach to making decisions and taking action about testing for HIV, declining unprotected sexual intercourse and using condoms.

***“the Do it right campaign challenges situations that make either men or women vulnerable to HIV”***

HIV does not affect a homogeneous population, neither are HIV prevention needs the same across Africans in England. Therefore, the NAHIP *'Do it Right'* campaign is driven to respond to varying

prevention needs and aims to focus on those that have the opportunity to participate in sex that has a higher likelihood of acquiring or transmitting HIV. The campaign promotes an approach where individuals consider their own proximity to the risk of HIV, while ensuring that gender inequalities are challenged and that every African has access to sexual health information and services as well as choices and safety in sexual situations.

The NAHIP campaign provides a starting point for influencing policies, research agendas and interventions that aim to serve the most affected groups by delivering targeted messages. This is in line with the WHO position that as health is a fundamental human right, it follows that sexual health and well-being is also a basic human right. Good health stretches beyond just the avoidance of illness, but also good sexual health extends beyond the management of STI and HIV risk. Sexual and reproductive health and well-being must mean the ability to freely participate in the enrichment that sexual activity can bring, including: pleasure, sensuality, intimacy, conception and emotional expression.

*Jabulani Chwaula is the Project Development Officer for the National African HIV Prevent Programme (NAHIP)*

**Do it Right**  
Africans making healthy choices

# ENGAGING MEN IN HIV PREVENTION

*The AHPN had a conversation with Adebayo Bright and Edwin Mapara to explore how best to engage men in HIV prevention.*

## **The need for action by men**

**Edwin Mapara:** Men are socialized to be the head of families, and lead in sexual matters within the household. However, we cannot afford to let this situation rest. We have to use every available opportunity to challenge these norms. The faith work currently being piloted with priests, who are predominantly men, offers a great opportunity to challenge what have been accepted as culture or tradition and to redefine gender including men and women's position in society.

**Adebayo Bright:** As men, we also need to increase awareness as a first step towards communication which also presents significant challenges within our communities. We need to open up the channels for open discussions amongst African men and between them and African women.

## **Increasing men's participation**

**Edwin Mapara:** At the grassroots, it appears women are more visible than men and they can be seen leading the response to HIV in the African community. I would argue that this is because men don't readily relate themselves

to HIV or sexual discussions. They excuse themselves on the premise that they are providing for the family. While they hold the power within their personal sexual relationships, they see sexual health issues as women's responsibility. We need to be creative and innovative in reaching and engaging men even if that means using spaces that can be viewed as a 'male environment'.

**Adebayo Bright:** We need to go to where the men are! We can use the various events, outings, and social functions where men tend to be, and so reach them at the appropriate time and on acceptable days like in churches, mosques, old students' associations and using African TV channels and other media.

## **Role in the family**

**Adebayo Bright:** Even though men find it difficult to talk about sex, they cannot afford not to. Men need to create an environment where children and young people see them as a resource and a place where they can receive accurate information or voice their concerns.

*Edwin Mapara is a public health specialist currently based at Community Health Action Trust (CHAT) London.*

*Adebayo Bright works with Solar, Northampton.*

**Kobana's  
stories**

<http://www.doitright.uk.com/kobana/>

# Microbicides:



An estimated 33 million people were living with HIV globally in 2007. Women account for half of all HIV infections. Given this context, the research and development of new HIV prevention technologies, such as microbicides, vaccines and pre-exposure prophylaxis (PrEP), must be a priority as we scale up towards universal access to HIV prevention and treatment.

Increasing access to and promoting the use of condoms is essential in responding to the HIV epidemic. However, while effective if used correctly and consistently, condoms are simply not a feasible option for some men and women, if they often cannot negotiate condom use with their partners largely due to norms that uphold gender inequality.

What are microbicides?

A microbicide is any substance that can substantially reduce the risk of acquiring or transmitting sexually transmitted infections, including HIV, when it is applied in the vagina or rectum. A microbicide would most likely be formulated as a vaginal gel, cream, foam, or ring. No proven microbicide exists yet on the market.

New prevention technologies, such as microbicides, vaccines and PrEP have the potential to strengthen HIV prevention efforts by enabling women and men to choose from and use a wide range of methods to protect themselves from contracting HIV and other STIs.

It is important for advocates worldwide to continue lobbying governments to scale up access to male and female condoms, as well as to support the research and development of new prevention technologies. It is also vital that networks and organisations of affected communities collaborate to form stronger links in educating and raising awareness about the development of new prevention technologies, so that when they become available, people have an understanding of them.

The UK African Microbicides Working Group has been engaging and regularly updating African community-based organisations, other voluntary sector organisations, the media, and policymakers on scientific and research developments in the field of new prevention technologies through seminars, trainings, interactive tools and ‘buzz

**“Microbicides have the potential to strengthen HIV prevention efforts by allowing women, men and couples to choose from and use a wide range of methods, therefore giving women a choice”.**

## - *hope for negotiating safer sex*

cafes'. Many questions arise from different stakeholders about the difficulties and length of time to develop new prevention technologies. There is still much to learn and discuss about HIV, mechanics of sexual transmission, the complex nature of clinical trials and the need for sustained, long-term and flexible funding.

Global advocacy efforts have helped to progress the research and development of new prevention technologies. Recent developments include results of the HPTN 035 clinical trial, which evaluated the safety and effectiveness of the two candidate microbicides - BufferGel and PRO 2000 (0.5 percent dose) - for preventing HIV infection in women. The trial found that women who were offered PRO 2000 gel plus condoms had 30% fewer infections than those offered only condoms or

condoms plus a placebo gel. Following on from the results of the PRO 2000 (0.5 percent dose) trial the Department for International Development (DFID) and Bill & Melinda Gates foundation have awarded a grant of £90 million to continue the development and research for HIV prevention.

If you would like to stay informed on the work of the UK African Microbicides Working Group, please visit [www.ahpn.org](http://www.ahpn.org) and [www.global-campaign.org/UKAfricanWG.htm](http://www.global-campaign.org/UKAfricanWG.htm) or email [info@ahpn.org](mailto:info@ahpn.org)

*Mariama Kamara works for the AHPN and is a member of the UK African Microbicides Working Group.*



# SEXUAL AND REPRODUCTIVE HEALTH RIGHTS OF WOMEN LIVING WITH HIV



HIV positive women, just like everybody else, have a right to good sexual health, which includes healthy sexual development, sexual fulfilment, and freedom from sexually transmitted infections (STIs). They also have a right to decide freely and responsibly on all

aspects of their sexuality including being free from discrimination, coercion or violence in their sexual relationships. These rights extend to physical, mental and social well being, including a satisfying and safe sexual life, capacity to have children and, freedom to decide if, when and how often to do so. All basic, but fundamental human rights.

*“An HIV positive woman choosing to have a child often has many issues and questions to grapple with before she can achieve her desire.”*

An HIV diagnosis does not turn women into aliens overnight. Nor indeed do they stop having feelings, be they maternal or sexual. For many, these feelings intensify especially for those diagnosed before they have had a chance to conceive.

The United Nations estimates that 15.5 million women between the ages of 15-49 are living with HIV (UN July 2008), accounting for nearly half of the 33 million infections worldwide, with infections amongst young women between the ages of 15 and 24 on the increase. This means many women are being diagnosed at time when they are thinking of starting families.

Unlike ‘Jane Bloggs’ however, making a decision about whether to have children is not as simple as ‘I am in a loving relationship now, it is a good

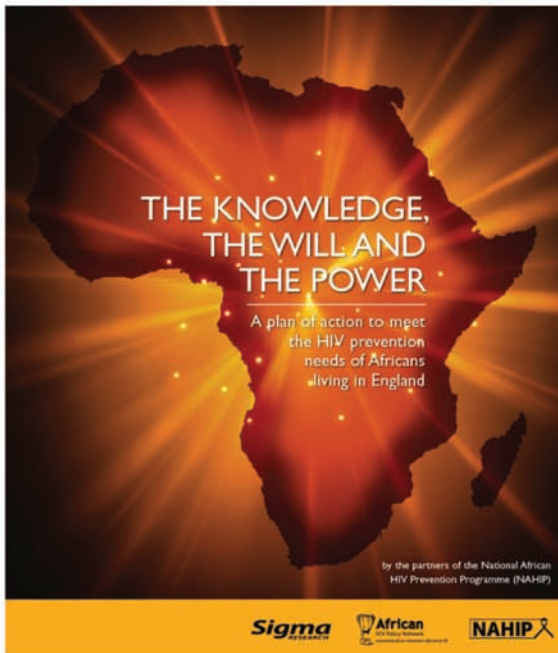
time to have a child’. An HIV positive woman choosing to have a child often has many issues and questions to grapple with before she can achieve her desire. These issues range from judgemental societal attitudes, including the worrying trend in some countries where women run the risk of being criminalised for exposing their unborn child to HIV; family pressure and societal norms where not having a child is frowned upon; discrimination in some healthcare settings; decisions about treatments during pregnancy; Uncertainty about the long term effects of Anti Retroviral Treatments (ARVs) on the baby; options around caesarean sections and advice about not breast feeding; testing for the baby, worrying about the result; How and when to disclose, and the fear of the risk of onward transmission.!

Despite facing the above issues making decisions about having children, the reality is, when HIV positive women have, the Knowledge - about what interventions can reduce onward transmission of HIV, the Will - to understand that the benefits of preventing onward transmission far outweighs any cost involved and the Power - to access well planned & resourced services, majority of these women can go on to have fulfilling relationships and healthy, HIV negative babies should they choose to.

*Angelina Namiba is the Programme Leader for the National African HIV Prevention Programme (NAHIP)*



## A plan of action to meet the HIV prevention needs of Africans living in England



Every year African people comprise more than half of all those diagnosed with HIV in England.

The Knowledge, the Will and the Power is a collaborative plan of action by the NAHIP partnership and carries a shared goal to minimise the sexual HIV acquisitions and transmissions involving African people living in England.

For more details\* and to receive copies of the framework contact:  
The African HIV Policy Network on 0207 017 8910

or download a copy at:

[www.ahpn.org](http://www.ahpn.org) or [www.nahip.org.uk](http://www.nahip.org.uk)

\*The AHPN is carrying out free training on the application of the planning framework across England.



To find out about upcoming training on the strategic framework in your area please keep checking the events section of the NAHIP website at [www.nahip.org.uk/newsandevents](http://www.nahip.org.uk/newsandevents)

# Resources

## Additional information

AIDSPORTAL Gender and AIDS  
[www.aidsportal.org/overlay\\_details.aspx?nex=38](http://www.aidsportal.org/overlay_details.aspx?nex=38)

UNIFEM Webportal: Gender and HIV/AIDS  
[www.genderandaids.org](http://www.genderandaids.org)

UNIFEM (2008) Transforming the National AIDS Response:  
[http://www.unifem.org/resources/item\\_detail.php?ProductID=115](http://www.unifem.org/resources/item_detail.php?ProductID=115)

UNIFEM (2006) Gender Responsive Budgeting and Women's Reproductive Rights: A Resource Pack  
[http://www.unifem.org/resources/item\\_detail.php?ProductID=86](http://www.unifem.org/resources/item_detail.php?ProductID=86)

The Body HIV/AIDS Resource Centre for Women  
<http://www.thebody.com/content/art45918.html>

Commission on the Status of Women (CSW)  
[www.un.org/womenwatch/daw/csw/](http://www.un.org/womenwatch/daw/csw/)

Female Genital Mutilation - FORWARD  
[www.forwarduk.org.uk/key-issues/fgm](http://www.forwarduk.org.uk/key-issues/fgm)

International Community of Women Living with HIV/AIDS (ICW) [www.icw.org](http://www.icw.org)

Domestic Violence -Southall Black Sisters  
[www.southallblacksisters.org.uk](http://www.southallblacksisters.org.uk)

Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) -  
[www.un.org/womenwatch/daw/cedaw/](http://www.un.org/womenwatch/daw/cedaw/)

Gender Equality in Law - UK Equality Bill  
[www.equalities.gov.uk/pdf/Equality%20Bill%20fact%20sheet.pdf](http://www.equalities.gov.uk/pdf/Equality%20Bill%20fact%20sheet.pdf)

## Prevention technologies

UK African Microbicides Working Group  
[www.ahpn.org/campaigns/microbicides](http://www.ahpn.org/campaigns/microbicides)

[www.global-campaign.org/UKAfricanWG.htm](http://www.global-campaign.org/UKAfricanWG.htm)

## Organisations featured in this issue

Body & Soul: [www.bodyandsoulcharity.org](http://www.bodyandsoulcharity.org)

Community Health Action Trust: [www.chatrust.com](http://www.chatrust.com)

International Community of Women Living with HIV/AIDS: [www.icw.org](http://www.icw.org)

Organisation of Positive African Men: [www.opam.org.uk](http://www.opam.org.uk)

Positively Women: [www.positivelywomen.org.uk](http://www.positivelywomen.org.uk)

Sophia Forum: [www.sophiaforum.net](http://www.sophiaforum.net)

Solar: [www.solargroup.org.uk](http://www.solargroup.org.uk)

Many of the AHPN's member organisations actively promote gender equality by engaging in advocacy, campaigning and raising awareness. Visit [www.ahpn.org/about/members.php](http://www.ahpn.org/about/members.php) for the list of our members

*For further information and resources please visit [www.ahpn.org](http://www.ahpn.org)*