

REPORT

Young Women's Dialogue: South Africa

October 16 – October 20, 2006

"I learned to accept myself for who I am and now I know my rights as a wonderful woman of South Africa"

Introduction

The Young Women's Dialogues, initiated in 2004, are important spaces for young women living with HIV and AIDS to identify their specific issues and challenges and be given a platform to voice out their concerns. The South African Dialogue is the third to be held: the first one brought young woman from Eastern and Southern Africa together to develop an agenda for action, the second was held for Swazi women and resulted in a advocacy plan to address the issues of young women in Swaziland.

An important aspect of the Dialogues is to build a new generation of activists – articulate about HIV and AIDS but also women's issues and rights. The two previous dialogues have resulted in a growing number of young women activists – vocal at a local, national and international level.

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This report is not a detailed proceedings: instead it provides a brief overview of the process and the advocacy agenda identified.

The participants

A small committee drafted the criteria and application process and send out a call for applications. Criteria included

Applicants should:

- Be young, between ages 18 and 30, and able to prove your date of birth;
- Have tested positive for HIV, you might be asked to prove your positive status;
- Should be residing in South Africa;
- Have disclosed your HIV positive status and be openly living with HIV/AIDS in your community;
- work at both a community and national level;
- be employed in a position that is focused on working with people living with HIV/AIDS and/or human rights and/or are a member of a PLWHA organisation or a support group;
- be employed by or a member of an NGO or organisation promoting women's rights;

- be employed by or a member of an NGO or organisation promoting youth rights;
- be a member of ICW or willing to join ICW;
- committed to the vision and purpose of ICW;
- be comfortable working and speaking in English;
- be willing to share your experiences with other participants during the workshop;
- after the workshop applicants will contact other young women in their communities to pass on what they have learned;
- be available to participate in the follow-up activities after the workshop.

A total of 64 applications were received. Of these 26 were rejected as they did not meet the age criteria. A list of participants who were selected is attached.

Getting started

The nature and methodology of the Dialogue, with its starting point being the personal lives of each women, required creating a conducive environment to enable women to share many painful experiences. The group developed the following agreements:

- Mutual respect among participants – respecting diversity
- One speaker at a time
- Listen to each other
- Positive/ constructive criticism
- Be non-judgmental
- Respect each other by being punctual
- Patience
- Confidentiality – what happens at the workshop – both inside the sessions and outside the session does not get spoken about
- Creating a space to educate each other
- Not being afraid to ask a question
- Feel free to use your language
- Equal participation
- No side meetings
- Give support to each other
- Call a spade a space – say it as it is
- Cell phones – off
- Work hard and get the most out of the opportunity
- Have fun

Workshop process

The workshop was divided into three parts:

- **The personal** – understanding our journeys and how are personal issues are political issues
- **The theory and learning** – what is feminism, what are women's rights, how do we access our rights
- **Setting our advocacy agenda**

The personal

Each participant spent time thinking about their own journey's in life – the high and the low points, the significant moments and turning points. Women were given the opportunity to share their lives in plenary if they wanted to. The exercise was very difficult and raised many issues that young women had gone through in their lives. Whilst an HIV diagnosis was a very traumatic experience, there were many other difficult experiences and challenges that had shaped women's lives, and some of these had left lasting scars.

Some of the challenges raised included:

- Financial problems
- Unemployment
- Child sexual abuse
- Dealing with diverse identities
- Inequality
- Peer-pressure – around drugs, alcohol use
- Teenage pregnancy
- Varied forms of discrimination
- Sense of powerless
- Invisible stigma
- Drug and alcohol abuse
- Lack of recognition in the family and community

Often when one is being open about your HIV status it becomes your over-riding identity – as if that is all people see you as. The women shared their many different identities which highlighted the diversity of the group. Some of these identities included:

- Family relationships – daughter, sister, aunt, grand daughter, mother, breadwinner, no family, orphan,
- Work related identities – counselor, advocate, care-giver, community worker, role-model
- Political identity – activist, feminist, African,
- Sexuality – lesbian, heterosexual, bisexual, love sex
- Personality – funny, people's person, strong women, wise, emotional,
- Appearance – dark in colour, beautiful
- Likes and hobbies – making friends, watching TV, reading novels, gospel singer, poet, acting, dancing, animal lover
- Survivor – rape, multiple rape, sexual abuse, fire, suicide, emotional abuse, dumped by my boyfriend because of HIV

Part one of the workshop enabled participants to start addressing their own issues, identities and hurts, realise that such issues are political and begin to identify the specific issues that will be tackled through advocacy.

Theory: Understanding feminism

Through a series of exercises and discussions the “theory” of feminism and women’s rights were discussed. The following concepts were explained:

Patriarchy:

A system of institutional beliefs and practices that support the view that men should govern and women should support. Patriarchy is the basis of most societies in existence today.

Equality:

Sameness; especially under law.

Equity:

Equality and fairness/ justice which needs to be adjusted depending on the context.

Gender:

Describes system of relationships between and amongst women and men which may have unequal power at the core.

Discrimination:

Results from unfair stigma, fear, and stereotyping on basis of attributes such as age, race, sex, religion.

The participants discussed the difference between Feminism and Women’s Rights?

Feminism:

Ideology that challenges power imbalances between women and men, and aims to challenge and transform all gender relations so that they are equitable. Feminists address power imbalances in both the private and public spheres.

Women’s rights:

Provide a framework for measuring the progress of society towards the achievement of gender equality and equity. They are intrinsic, inalienable and indivisible. They come from Universal Declaration on Human Rights, the South African Constitution, CEDAW, Beijing Platform for Action ICPD Programme of Action.

Feminists believe in a fight for women’s rights

The group actively participated in debating the following topics which brought up lots of issues

- Men and women are different biologically and this means they are ‘naturally’ different socially. These differences should be supported but within them we can empower women and men to play their roles better.
- African tradition and culture are threatened by gender equality and feminism which are Western constructs
- Feminists are all lesbians, man-haters, and other ‘un-natural’ and ‘un-Godly’ women.

Part two of the workshop provided a foundation for young women to understand women's oppression and to develop an advocacy agenda that at the very least put forward women's rights.

Setting an advocacy agenda

The first task was for the young women themselves to develop a charter of sexual and reproductive rights that address the issues of women living with HIV.

Sexual and Reproductive Rights Charter for young women living with HIV and AIDS

Our Sexual Rights

- The right to be treated with respect as an equal partner.
- The right to choose with whom, when, and how, to have sex as long as it does not infringe on the rights of others.
- The right to say no and to say stop.
- The right to have more than one partner.
- The right to adequate sexual health care.
- The right to safe sex.
- The right to sex education.
- The right to your own sexual orientation.
- The right to be a sexual being and express your sexuality.
- The right not to be discriminated against on the basis of your sexual orientation
- The right to enjoy sex.
- The right to possess any sexual instrument (from fruits and vegetables to artificial objects)
- The right to masturbate.
- The right to experience all kinds of sex, e.g. oral, anal.

Our Reproductive Rights

- The right to have a child
- The right to have an abortion
- The right to choose how to deliver the baby.
- The right to say "No" to breastfeeding.
- The right to use alternative methods of conception (sperm donation, ivf).
- The right to non judgmental family planning services.
- The right to after-birth care for mothers.
- The right to access to all sexual health medical facilities (e.g. pap smear, fertility tests, scans,)
- The right to choose a surrogate mother
- The right to adoption
- The right to free antenatal classes and postnatal care
- The right to PMTCT
- The right to be consulted when amending policies affecting women's health and reproductive rights.

Four key rights were chosen as the basis of the advocacy strategy.

Issue One:

There is a lack of adequate and appropriate information and care on the sexual rights and health of young women living with HIV and AIDS

Goal:

Young women living with HIV and AIDS are able to access the whole range of appropriate sexual rights and health care in the public and private health care settings, regardless of their sexual orientation.

Primary target:

Minister of Health

Secondary targets

Deputy Minister of Health
Deputy President
SANAC
NYC

Message

We call on the Ministry of Health to ensure that appropriate sexual health care is accessible for young women living with HIV and AIDS regardless of their sexual orientation.

Research, done in South Africa, Swaziland and Lesotho, by ICW and the Gender AIDS Forum, has proven that young women living with HIV/AIDS are discriminated against on the basis of their status, gender, age and sexual orientation due to negative attitudes and lack of knowledge of health care workers. There is, on a daily basis, in public health care facilities, examples of health care workers having insufficient and / or incorrect information, breaches of confidentiality and abuse of rights which are negatively affecting the sexual and physical health of women. One growing trend is women choosing not to visit clinics and instead either ignoring sexual health issues or going to other, more "risky" options, such as opting for illegal abortions.

Examples of "good" clinics were identified – where health care workers had correct information, treated women with respect, did not breach confidentiality and provided care and support. Women were more likely to attend such clinics, and much sooner if a problem or health issue arose, resulting in better sexual health and less complications.

Issue Two:

There is a lack of access to the necessary number of pap smears [two per annum] for women living with HIV and AIDS. Current government policy provides three pap smears for life for women aged 30 and above.

Goal:

Women living with HIV and AIDS access two pap smears per annum from diagnosis of HIV status.

Primary target:

Minister of Health

Secondary targets

Department of Health – Maternal and Child care
Commission on Gender Equality

Message

We call on the health ministry for a radical change in the current pap-smear policy to accommodate the sexual and reproductive rights of women living with HIV. Current policy does not address the needs of women living with HIV, especially young women.

Cervical cancer is one of the leading causes of death of women living with HIV and AIDS. Many young HIV positive women have died, and are still dying, due to cancer of the cervix, a treatable condition if detected early and managed properly.

Change in government policy to allow access to two pap smears per annum for women living with HIV and AIDS will result in fewer unnecessary deaths and greater awareness of cervical cancer and HIV. Failure to change this policy will result in a larger number of young women living with HIV and AIDS losing their lives to the cancer of the cervix. Policy change will also be more cost-effective as the provision of pap-smears is a preventative measure and is far less costly than treating women with cervical cancer.

Global policy, spearheaded by WHO, and based on research on women living with HIV has demonstrated that access to pap smears is a vital strategy in prolonging the lives of HIV positive women.

Issue Three:

There is a lack of access to a range of appropriate preventative measures for heterosexual, lesbian and bisexual women.

Goal

Women living with HIV and AIDS, regardless of sexual orientation and sexual practices access a range of preventative measures [for HIV, STI's and pregnancy] accompanied by appropriate and explicit prevention information.

Primary target:

Minister of Health

Secondary targets

Department of Health – HIV, AIDS and STI National Directorate
SANAC

Message

We call on the Ministry of Health to increase access for women living with HIV and AIDS, regardless of sexual orientation and sexual practices access a range of preventative measures [for HIV, STI's and pregnancy] accompanied by appropriate and explicit prevention information. Such access will result in a decreased infection rate and prevent unwanted pregnancies. Women will also be empowered as they are able to take control of their own sexuality and realise their sexual rights.

A large percentage of young women living with HIV and AIDS also have other sexually transmitted infections, either at the time of diagnosis or after diagnosis. Male condoms, whilst an important prevention tool, usage can often not be negotiated with male partners. Female condoms present an alternative that provides women with a little more negotiating power. Government policy on the distribution of female condoms needs a radical shift to promote the use of and distribute substantial numbers. In 2001 only one million female condoms were distributed across the country as opposed to over 200 million male condoms. Other barrier methods, such as dental dams and finger cots provide protection during oral sex and fingering.

Microbicides are an exciting possibility for the future – and will provide women with protection against infection and re-infection, and control over whether safer sex is practiced or not. Government needs to support the research and development of microbicides, insist that the efficacy of the products for women living with HIV is determined and ensure universal access once a viable product is available

Issue Four:

There is a lack of access to the full range of reproductive rights for young women living with HIV and AIDS. This is demonstrated in many ways, including forced sterilisation of HIV positive women as a method to control our reproductive choices.

Goal :

Women living with HIV and AIDS access the range of reproductive health and rights including their right to choice when, how and if to have children. Forced and coerced sterilizations are stopped

Primary target:

Minister of Health

Secondary targets

Department of Health – HIV, AIDS and STI National Directorate
 Department of Health – Maternal and Child Health Unit
 SANAC

Message

We call on the Department of Health to put an immediate end on the constant control of our reproductive choices experienced by women living with HIV and AIDS . We furthermore demand a policy that will protect young women living with HIV and AIDS against being sterilized without consent or being coerced into sterilization.

Anecdotal evidence, based on research studies suggest that the practice of control over reproductive choices is widespread – at best women are “counseled” against having children, at worst women are coerced or forced into sterilization – and some women are not even aware they are being sterilized.

The choice whether to bear children or not, regardless of HIV status, remains with the woman. Health care workers have no right to intervene in that decision. Adequate and appropriate help and care should be given to ensure that the decision when, how, and where to have children is a supported one. The attitudes of health care workers must be addressed.

Young women living with HIV as advocates: Challenging the National Youth Commission

During the course of the workshop the group was addressed by Margaret Tshoane, the Director of Programmes of the National Youth Commission. She outlined the lack of attention paid to the issues of young women living with HIV. The following statement was written as a follow up to the discussion, highlighting the promises made by the NYC.

1. You acknowledged that the National Youth Commission has never had any direct contacts with groups of positive youths or young women. You also reported that the Commission had a national consultation with young people as your organisation was refining their strategy and policy, but there was no representation from young women living with HIV. The Commission was not aware of any organised groups of women living with HIV, nor did they consider them as a group. Consequently the issues of young women living with HIV are not in the draft policy/strategy. We, participants of the YWD, called for these issues to be included. We called for a national consultation of young women living with HIV in South Africa to be co-hosted by the NYC and ICW. You kindly agreed to take this proposal forward.
2. You invited ICW to support them in their M&E work. One of the Commissions mandates is to monitor government policies and programmes making sure that they address the needs of young people. ICW is able to work with the Commission to monitor HIV specific policies, in particular sharing the M&E work we have done in South Africa, for example, assessing the commitment to gender in the HIV treatment plan of RSA.
4. You committed to getting a seat for young women living with HIV in the inter-departmental youth forum.
5. You agreed to invite a young woman living with HIV to address the next quarterly meeting of the Chairpersons of the Youth Commission.
6. You agreed to take the issues of young women to other commissions, particularly the Gender and the Human Rights Commission, and arranging for ICW to do a presentation at the joint meetings of the commissions.
7. You agreed to facilitate the participation of young women in the up-coming Commonwealth Conference which South Africa is hosting and to facilitate the ability for young women to articulate their concerns.
8. You agreed to consult ICW on broad policy issues and collaborate on policy and research where possible.
9. You agreed to secure a space for a young woman living with HIV in a meeting on access to education, a meeting set for November 2006.

Evaluation

The following are a selection of comments from the evaluation forms completed. Most of the participants were very happy with the workshop, the biggest criticism being the accommodation and food arrangements.

What participants learned

I learnt about my sexuality; that personal is political, and private is public. Also that to have the power it needs to start with an individual having from within.

One thing I have learned: personal is political. Being around people that understand and have been through what I have been through helped me in dealing with my own and also learning more about being a feminist.

I learnt more about reproductive and sexual rights and also the responsibilities I have to do as a young women living with HIV and AIDS.

One thing I learnt in the workshop was my rights as a young woman living with HIV and AIDS.

I learned how to be able to do proper good advocacy; planning and messages that are effective

I learned that no matter how difficult life can be you always conquer.

I learnt: there is more to HIV than the general population. YWLHA are a population on their own with daily challenges that we need to deal with. Also that we may have been here because we are HIV positive, but through sharing experiences we are all linked somehow by more than just the virus.

I left here being strong and open-minded.

I have learnt more about feminism and know more about ICW. I liked being with different women from different places with different attitudes because you learn more things

What participants liked

I liked all the topics raised, and more specifically the topic on practical needs and strategic interests. How an issue can affect me as an individual, but also relevant to others across the globe.

The group discussions were where I felt most free to express myself and participate.

Openness from the participants

I liked the positive sprit of the people who attended the conference.

The material of the workshop and the facilitator were excellent. The coordinator and organizer of ICW tried their best %120.

I liked the way the workshop was run and the issue that was raised about microbicide which was the first time I heard about it.

What participants did not like

The presentation which was supposed to have been from the National Youth Commission – It was a waste of our time!”

The grouping accommodation and socializing.

The lunches

When we were in groups and some women spoke their own language that I did not understand because it makes it hard to participate.

One thing I did not like is the advocacy part because I did not understand what' happening. I couldn't understand it!!”

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