

YOUNG WOMEN'S DIALOGUE

**“I have a new identity –
I am not a person living with HIV, I am a young woman living with HIV”
[workshop participant]**

Workshop Report

**Hosted by International Community of Women Living with HIV and AIDS
In partnership with Youth AIDS African Network and Gender AIDS Forum**

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UNFPA**

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The staff of ICW International Office

ICW RSA

AGENDA, Feminist Media Project

IDASA, Institute for Democracy in South Africa

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Appendix 1:

List of issues identified facing young women living with HIV and AIDS prior to the workshop.

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“I have a new identity – I am not a person living with HIV, I am a young woman living with HIV”

Background

In recent years international attention has focused on the vulnerability of young people, women and girls to the AIDS pandemic. In addition, there has been significant attention paid to the stigma and discrimination faced by people living with HIV/AIDS in communities around the world. Yet, there has been little recognition of the challenges faced by those whose identities lie at the intersection of all of these ‘vulnerabilities’ – young women living with HIV and AIDS.

While most efforts in the arena of youth development focus on prevention, the reality is that there are millions of young women who are already HIV positive. Young women are not simply older women packaged in smaller bodies. They are a vital part of the youth movement and play a significant role in African women’s movements. Despite this, their activism and commitment to the fight against AIDS and to raising their siblings and children, educating communities about stigma and discrimination, and building their nations is seldom recognised.

To begin to address this lack of visibility the International Community of Women Living with HIV/AIDS (ICW), the Youth Against AIDS Network (YAAN) and the Gender AIDS Forum hosted *A Dialogue for Young Women living with HIV/AIDS* held in Durban between 19th-23rd April 2004.

The dialogue brought together young African women living with HIV and AIDS in a safe space for young women to share experiences about the challenges of HIV/AIDS and to develop advocacy campaigns for highlighting the gender and human rights-based challenges faced by participants in each of their countries.

This report is divided into five sections:

Section one which focuses on the participants to the dialogue,

Section two describes the process

Section three the outcomes – that is the advocacy strategies that were developed and the individual plans for each country are presented.

Section four outlines the way forward

Section five focuses on the evaluation

Section One: Participants

Participants were chosen to attend the dialogue based on set of criteria as well as on personal motivations along with the endorsement of their organisation. It was also important to get a geographical spread. ICW set up a selection committee to assess the 63[?] applications received.

Criteria:

Must be a young women aged 30 and below

Must be openly living with HIV/AIDS

Must be involved in an organisation and either doing or have the potential to advocate for the needs of young women living with HIV and AIDS

The initial round of screening was based on the criteria – many of the applicants were above the age of 30 and where immediately screened out. Some women were not HIV positive so were also excluded.

The second round of selection was done on the basis of applicants answers to the following questions.

How long has it been since you disclosed?

How do you think that HIV affects women differently from men?

Do you consider yourself an activist? Whether or not, please tell us what the word 'activist' means to you.

Please describe the work of your organization. In particular explain why your organization is interested in sending you to this workshop.

Please describe your work related to HIV and/or sexual and reproductive health

What issues do you believe most pressing in your community with respect to young women and HIV

What do you think the expectations are about young men and young women's behaviour in your society when it comes to relationships and sexuality? What do you think about these expectations?

What knowledge/skills do you hope to gain by attending this workshop?

What type of experience, skills or knowledge can you contribute to the workshop

How will you share and spread the skills you learn and the information you acquire in the workshop in your organisation/community/region?

In the end 18 young women living with HIV and AIDS were selected to participate in the dialogue. Unfortunately, due to unforeseen circumstances four of the 18 women were unable to attend at the last minute and so only 14 women participated. These young women living with HIV and AIDS represented 8 countries in Eastern and Southern Africa namely:

Kenya, Lesotho, Malawi, Namibia, South Africa, Swaziland, Uganda and Zimbabwe.

The dialogue was also attended by Promise Mthembu representing ICW and was facilitated by Sisonke Msimang and Vicci Tallis.

The participants represented a diverse group of young women living with HIV and AIDS. Different identities that were acknowledged included:

Breadwinner, heterosexual, married, single, lesbian, activist, community worker, mother, counsellor, role model, black, white, daughter, sister ...

The participants also had diverse expectations of the dialogue. Expectations included:

Skills Building

Further knowledge on advocacy

Valuing women's issues

Best ways to address women's issues without offending men

How to get to hard to reach areas

Negotiating

How to get women to reach full potential

Gender issues

Learn about how other young women live with their virus

Educate family on how to accommodate dying family member and integrate

homosexual

Strengthening advocacy

Introducing women's issues in my country

Ways to address how culture and traditions put young women at disadvantage

How to advocate for our rights

How to reach more HIV positive women in communities and countries

Knowledge

Further knowledge on women's issues

Information on access to ARVs

Treatment and prevention options for women

Learn about experiences of young women who are HIV positive

How women are dealing with issues affecting them

Young women's vulnerability

Learn about ICW

Microbicides

Connecting

Help others

Learn, network and connect

Empowerment, encouragement

Learn from others experience –individual and country

Network, share knowledge, encourage

Action

Leave with plan of action

Mobilising the voices of women living with HIV

Positive women being vocal about own issues

Learn about self – transfer into action back home

Continuity, way forward

Women also expected to have fun and food of own choice.

The participants were invited to outline their **FEARS**:

People not opening up and people being shy
Dialogue not meeting all expectations
Don't achieve what we are fighting for
Failing the people in community
Commuting from conference centre
Exams at end of workshop
Stress
No vaccine for HIV may be found
Talk and forget when we leave the workshop
Not understanding the information
Not able to express self and views
Conflict
Will we learn what we want
To get sick during the workshop
Toughness of workshop
Not being given money
Not being able to communicate home
Not all concerns recorded
Strategies on paper – no action
Lack of public speaking skills

It was acknowledged that the group was diverse, and that the group members had identified many different realities and identities. Participants were encouraged to use all their identities to better achieve our activism and advocacy. Despite the diversity of the group it was also acknowledged that there were many voices of young women living with HIV and AIDS that were not present – women under 20, lesbian and bisexual women, sex workers, young rural women – and it was important to try and feed the realities of these identities into the process.

Section Two: The Process

In the initial planning for the dialogue the following objectives were identified:

- To strengthen advocacy skills by developing a step-by-step campaign
- To develop understanding and knowledge on sexual and reproductive rights
- To incorporate gender analysis into campaign planning
- To listen to, and document the experiences of young women living with HIV and AIDS
- To build capacity in working with the media to further advocacy goals
- To build capacity in understanding how government, parliament and budgeting works

This is reflected in the attached programme [Appendix 3].

Based on the expectations of the group, especially around the need for information and capacity building, the programme was modified with the facilitators allowing for extended discussions around specific issues when necessary.

The dialogue environment needed to be conducive to meeting the objectives and participants expectations through networking, making friends, having fun, sharing ideas, developing action plans and identifying resources.

The workshop consisted of a series of exercises designed to build on previous knowledge and experiences, short inputs on specific skills and practical application of steps in developing an advocacy strategy.

Agenda, a feminist media organisation, presented a session on working with the media – including how to write a press release.

IDASA, The Institute for Democracy in South Africa is an independent non-profit public interest organisation that promotes democracy in South Africa. IDASA's mission is to promote a sustainable democracy by building democratic institutions, educating citizens and advocating social justice. Nonhlanhla Ndlovu from IDASA provided an overview of understanding how government, parliament and budgeting works.

Exercise: Setting scene - quiz

This exercise was designed to check knowledge on a range of sexual and reproductive rights issues at a global level – especially issues affecting young women and girls. Issues included:

- Early marriage
- Termination of pregnancy
- Maternal mortality and access to safe motherhood
- Contraception

After the quiz a lengthy discussion was held around contraceptive and women's rights to choose. This was initiated by a participant from Namibia who noted that the government wanted to phase out injectable contraceptives in an effort to get more people to use condoms which are effective in preventing pregnancy, HIV and STI's. In Uganda contraceptives are also discouraged – and are seen as causing “barrenness”

This led to an explanation of the different types of contraception including dispelling myths. The issues of women's rights to choose contraceptive methods was debated. Whilst the motive to discourage other forms of contraceptives may be a good one it was felt by the group that this was not the right way to encourage people to use condoms. Misinformation about contraceptives caused many problems and there was a need for proper information. For example, declining fertility rates can not be attributed to contraceptives causing barrenness but are a proven fact of HIV infection. In Malawi, the increase in tumours associated with women's reproductive organs in the last 5 years is being attributed to the use of contraceptives but could be due to many other reasons including HIV infection in women.

It was agreed that women do have the right to choose and that “you need to be happy with what people are doing to your body”.

There is a need to look at HIV in context of sexual and reproductive health issues Including fertility, oral contraceptives and ARV and potential drug interaction, the link between HIV, STI's and cervical cancer, the need for regular pap smears [every six months] and access to effective treatment if results are abnormal.

Exercise: Identifying the issues from the voices that are not here

Whilst the group was diverse, it could not represent the voices of all young women and it was important for group members to think about the realities and needs of other young women living with HIV and AIDS:

- Women from marginalized communities - rural women, sex workers, IDU, lesbian and bisexual women, trafficked women
- Adolescent girls: living with HIV/AIDS [under 18 years]

Exercise: Personal journeys

Participants had been sent a pre-workshop task but some had not been able to complete it due to time constraints. The first part of the task focused on personal journeys and participants were asked to make a drawing of their life –identifying the significant high and low points. These drawings were displayed and a plenary discussion on how the exercise affected participants followed.

Participants found the exercise “soul searching” and “taxing”. The exercise and subsequent discussion was very emotional - bringing back “sad memories”. Finding out about a positive HIV result was seen as a low point but also had a constructive effect on peoples lives.

“I am thankful that I tested positive because I went through a rough time and now I feel like I am a champion and I know what I want from life”

“If I could take HIV out of my body would I? The answer is no – I would never have got what I got out of life if I wasn’t positive”

It was much easier for people to focus on the low points *“I had so much pain and was very angry”*.

The workshop environment allowed women the safe space to reflect on their lives. As one woman noted: *“If I did it at home I wouldn’t have been able to talk in this way”*

Women’s role as carer means that we are always focusing on other people and never on ourselves. We haven’t allowed ourselves to think about our own lives and see ourselves and our experiences as important. As young women there is a need to assert our right to be able to do that – instead of giving, giving and giving.

Exercises: Gendering our response

The difference between sex and gender was highlighted using a participatory exercise. The group then focused on why, in the context of HIV and AIDS we should focus on women? Often we face battles if we do not include men in all projects and programmes. A gendered approach can be working with women alone, men alone and women and men together.

Women have fewer rights and not supported in accessing their rights. Some example raised:

- lobola
- polygamy
- sexual double standard /sexual rights
- wife inheritance
- cultural practices
- female genital mutilation

- religious
- sex preference / infanticide
- dry sex – men's sexual pleasure at whatever cost to women

Why women are vulnerable:

- economic [sex work, transactional sex – exchange for goods, trafficking, debt bondage]
- biological
- cultural and traditional practices [lobola, dry sex, arranged marriages – deepening women's poverty – dis-inheritance both fuels and deepens the impact]
- women's care roles
- violence against women / gender based violence or fear of violence

This raised different issues. Can women say no to traditional and cultural practices? Not all culture is bad - some aspects of African culture are protective but culture is always coloured by patriarchy.

The group acknowledged men are also vulnerable but we have to be precise about women's vulnerability and understand different realities.

Practical needs and strategic interests

A brief input highlighted the difference between women's practical needs and strategic interests. Participants carried out a group task in which they practiced identifying practical needs and strategic interests. In the plenary discussion participants identified the type of work their organisations were doing. Most organisations focus on meeting women's practical needs – responding to the HIV and AIDS crisis facing women. Participants discussed the importance of addressing practical needs but that it was critical also to tackle women's strategic interests if women's lives were to improve in the long term. This would be best achieved through our advocacy strategies that could challenge the position of women and the unequal power relations between men and women.

Exercises: Advocacy

A brief input into what is advocacy and what is policy was given. This was followed by a practical, step by step approach to designing an advocacy strategy in which three groups worked on a particular issue to develop the outline of the strategy. This included:

- Identifying and defining the issue
- Identifying the goal
- Identifying the objectives
- Developing messages for the primary target group.

The three critical areas were identified through a long process of firstly identifying all the issues facing young women living with HIV and AIDS [see appendix *]. These were then grouped into themes and the three most critical themes selected.

The advocacy strategies are presented in Section three of this report.

Capacity building:

Two areas were identified as critical to successful advocacy. Session one focused on working with the media and was facilitated by Agenda. Session two highlighted how government and parliament works and how budgets are developed. These sessions are reproduced in appendix *.

Time was an issue throughout the workshop – especially in reaching the goal of developing an advocacy strategy. There was a greater need for information and knowledge that the facilitators had not anticipated and discussions went way over allocated times. It was decided to allow discussions and to cut out some of the steps of the advocacy process to better meet the immediate needs of the participants. Give that this workshop was the first step in a longer process the facilitators felt that the advocacy strategies could be developed over time.

Section Three: Outcomes

Based on the extensive list of issues identified [appendix *] a number of themes were listed. From these themes the group identified three **critical** advocacy issues for young women living with HIV and AIDS:

Issue One:

There is a lack of meaningful and active participation of young women living with HIV/AIDS in developing, implementing, and evaluating policies and programmes at the leadership and management levels, locally, nationally and internationally.

Issue Two:

Young women living with HIV and AIDS are unable to access appropriate treatment including treatment for managing opportunistic infections, ARV's and prophylaxis.

Issue Three:

Young women living with HIV and AIDS are unable to access their sexual and reproductive rights at a personal, programmatic and societal level.

Advocacy strategies were developed for each of the three issues. Groups worked on Goals, and analysis of the problem, objectives and messages. Each groups work is captured below.

The Advocacy Strategies

Issue One:

There is a lack of meaningful and active participation of young women living with HIV/AIDS in developing, implementing, and evaluating policies and programmes at the leadership and management levels, locally, nationally and internationally.

Goal:

There is meaningful and active participation of young women living with HIV/AIDS in developing, implementing, and evaluating policies and programmes at the leadership and management levels, locally, nationally and internationally.

Analysis:

The Greater Involvement of People living with HIV/AIDS [GIPA] provides a starting point but in reality involvement is not enough: participation means a more active contribution as outlined in the goal. GIPA also does not specifically acknowledge the role of women, and even less so the role of young women. GIPA has become a buzz word or rhetoric for many organisations at an international, national and local level.

At present young women are less empowered and more disadvantaged. To achieve the goal, young women living with HIV and AIDS have to be empowered in order to ensure that their voices are heard and that they are seen as an integral part of any solution.

Culturally young women are not allowed to voice their opinions – if they do they are disowned by their families. Communities and governments do not support women's initiatives. At a national and regional level young women are not represented.

This situation serves interests of governments, community and traditional leaders and faith based organisations who do not want to hear the issues and concerns of young women living with HIV and AIDS.

The “voicelessness” of women in general and young women in particular occurs in all sectors of the society – in the home, hospitals and all health care facilities, workplace, religious organisations and institutions, communities and government. It is also evident within AIDS organisations and civil society groups.

Young women living with HIV and AIDS that are most affected include those with strong religious beliefs, women in heterosexual relationships, trafficked women, orphans, street children, prisoners, lesbians, sex workers, urban, rural and bisexuals. Young women living with HIV and AIDS need to address their practical needs and strategic interests but have not done so because they are not organised.

What’s being done?

Namibia:

Young women living with HIV and AIDS serve on various boards and are involved in developing National Strategies

Zimbabwe:

Government does not support young women at all

Malawi:

Policies and strategies exist on paper but have not yet been implemented

Lesotho:

The voices of young women living with HIV and AIDS are not heard but the environment is not hostile

South Africa:

There is a strong youth movement dominated by men who have not taken up the issue of AIDS. Youth exist in government but are not very effective. Vibrant AIDS civil society groups but they have not taken up young women’s issues strongly

In general, young women living with HIV and AIDS are not organised and do not have the skills to address their issues. Networking is not happening – space needs to be provided for young women. Organisations will not put issues of young women living with HIV and AIDS on the agenda without young women pushing them to do so.

Young women living with HIV and AIDS must be organised and share a common vision. They must demand that government and community leaders provide a space for their voices and issues.

Capacity building by international alliances

Networking

Objectives:

By end of 2004 young women’s issues will be a priority for ICW.

By end of 2005, young women with HIV/AIDS should have been trained in developing, implementing and evaluating policy and programmes and given leadership and management skills.

By end 2005, young women are occupying positions in key international, national and local structures including ASO's, national youth structures, national umbrella bodies, ICW and GNP+

Message:

In Namibia no women living with HIV and AIDS are currently on the National Youth Council Structure. We would like 30% of the structure to comprise young women living with HIV and AIDS. This must happen to promote and ensure active and meaningful participation of young women living with HIV and AIDS so that their issues and concerns are heard and addressed.

In Namibia NAMCOC has a young women living with HIV and AIDS in their board who has helped to discuss, design and implement policies that are specific to the needs of young women living with HIV and AIDS, making the interventions and programmes more relevant to young women living with HIV and AIDS.

Issue Two

Young women living with HIV and AIDS are unable to access appropriate treatment including treatment for managing opportunistic infections, ARV's and prophylaxis.

Goal

There is access to appropriate treatment for young women living with HIV and AIDS
This should include:

- health monitoring and access to appropriate tests
- treatment for opportunistic infections,
- ARVs and newly developed and appropriately researched treatments
- prophylactic treatments

Analysis

In general, governments and the international community have not allocated sufficient resources to ensuring access to appropriate treatments for people living with HIV and AIDS. Limited resources affects women, and especially young women even more.

In many countries access to basic health is not even guaranteed and people are dying unnecessarily. There are too few clinics, too few or no basic drugs and the attitude of health care staff towards women living with HIV and AIDS is traumatic. Women are not treated with dignity and their choices are not respected.

More needs to be know about the differences between women and men living with HIV and AIDS as there is little research focusing on the treatment needs of women. Whilst .policies exist they are not always implemented. Policies often do not take gender differences and the realities of young women living with HIV and AIDS into account

Generally there is a lack of commitment and whilst treatment activists have achieved progress a lot but more needs to be done. We need proper allocations of funds and building networks and partnerships.

Objectives

Make treatment of opportunistic infections available to young women living with HIV/AIDS through all primary health care centres by March 2005. This should include flucanazol and isoclovire.

Expand PEP sites at all PHC sites by end of September 2004.

Making ARVs and treatment available and affordable and accessible in all countries where they are not available by December 2005.

All young women to have access to an annual pap smear and appropriate treatment if necessary by March 2005.

Message

We call on the Ministers of Health, South African National AIDS Council and the South African Medical Board to avail accessible treatment to all primary health centres for opportunistic infections so that there will be a reduction in mortality rate of young women living with HIV and AIDS

600 people are dying due to opportunistic infections. Reductions in deaths have been seen in countries like Uganda where access to treatment has been improved.

Issue Three

Young women living with HIV and AIDS are unable to access their sexual and reproductive rights at a personal, programmatic and societal level

Goal

All young women living with HIV/AIDS have access to SRR and are supported in exercising these rights. These include:

- termination of pregnancy
- sexuality education in and out of schools
- right to reproduce and have children including safe conception, safe pregnancy and safe outcomes of pregnancy
- right to protected sex
- the right to sexual pleasure
- to choose sexual partners

Analysis

There is a lack of information on information on sexual and reproductive health and women do not know their rights. Young women living with HIV and AIDS have specific reproductive and sexual rights issues. Many women living with HIV and AIDS experience a violation of their rights – from sexual partners and health providers.

There is a lack of access to free sexual and reproductive services for example, PMTCT. In most countries the termination of pregnancy is not legal. Policies that exist do not acknowledge women's reproductive and sexual rights. Governments do

not implement strategies to increase women's reproductive and sexual health – for example, expanded distribution of female condoms.

There is widespread ignorance about women's sexual and reproductive rights and cultural practices reinforce women's unequal status. There are negative attitudes to women's sexuality. Socialisation reinforces the beliefs about men and women's sexuality. Young women find it particularly to access their reproductive and sexual rights.

Whilst some governments have started addressing life-skills in schools which include addressing sexuality, in some cases teachers have not been trained adequately and are unable to deal with sexual and reproductive issues. Young women out of school have been ignored.

Government should set up policies and programmes to respond to the sexual and reproductive needs of young women living with HIV and AIDS. Young women should be involved in the planning, implementation of policies. Programmes should involve and train all who are in position to provide guidance to young women living with HIV and AIDS.

Objectives

Ensure information on sexual and reproductive rights and needs are incorporated into existing curriculum for primary and high schools by April 2005

To provide education on sexual and reproductive rights and needs for young women living with HIV/AIDS out of school by March 2005

Policies formulated by governments to address the sexual and reproductive rights of young women living with HIV/AIDS in Eastern and Southern Africa by August 2005.

Message

We call on the Ministry of Education to incorporate sexual and reproductive health and rights education of girl and young women into the existing curriculum for primary and high schools. This will ensure girl and young women have access to appropriate information on sexual and reproductive health which will help them make the right decisions in their sexual lives. Some of these decisions include contraception, termination of pregnancy,

In countries, for example the Netherlands, when such policies were adopted, it led to the reduction of unwanted pregnancies in school girls, reduction in school drop out and reduction in STI's including HIV and AIDS.

Section Four: Way Forward

Each country met to discuss their future plans for action based on the dialogue, to identify support needed to fulfil their plans and capacity building needs.

Country	Plans	Support needed	Capacity Building
Kenya	Hold a workshop – follow up to share what has been discussed Network with other countries not represented Learn from other countries Get orgs to take into account the issues of women	Financial support Technical support from sexual and reproductive health organisations	Mobilisation skills Training reproductive and sexual health rights Advocacy skills Fundraising
Lesotho	Report to organisation and UNAIDS Organise meeting of young women Find out about existing policies Host a group Forum to share information on: treatment, young women's involvement, Identify available resources	Do homework – identify what is there and what I need Identify specific resources focusing on gender and AIDS	
Malawi	Compile report, briefing meeting management and support group Give to MNWLHA More involvement of young women in GIPA programme – meaningful and active Research – young women in Malawi - why not involved, what issues facing Networking – within country and as a group Gender empowerment	Technical support – thro' email – assist how to do things Financial support	Project management Fundraising Communication and public speaking
Namibia	Report back to the organisation and mainstream young women living with HIV and AIDS Sexual health and gender desk revised to best meet needs Network with other orgs re young women	Financial	Proposal writing Presentation skills Fundraising Project management and admin skills Train the Trainer
South Africa	Networking and sharing Workshops: skills development and gender empowerment Holding meetings Research What are other organisations doing	Skill dev Fund-raising skills Materials Resources	Train the Trainer Skills in facilitation, Fundraising, Gender empowerment
Swaziland	Report back Mobilise org – re motivating govt to implement policies Focus on women's lives Act as influencer to government Gender empowerment workshops	Work with networks Research	Mobilising and advocacy skills Fundraising skills

Uganda	Brief and update young women To update donor – get more funds Build and unite to strengthen goals and objectives [as org in Uganda] Work with others Wider scope of knowledge - global	Donor support Accessible treatment	Proposal and work plan skills How to run income generation activities TTT Mobilisation of resources
Zimbabwe	So much power sitting in the room Tackle sex education in schools Relay on to youth Get in touch with other woman Network as a group	Email those who have more info	How government work – can get the info self

Four assignments were given to the participants:

Task one

Write a press release on the workshop

Action – try and get it placed somewhere – press, radio,

Deadline 28/04/04

See appendix * for the press releases received

Task two

Develop a list of organisations in your country that support the issues you identify

Name, contact details, what area to they cover

Email list – by 15/05/04

Task three

Develop a fact sheet on policy and statistics related to your campaign topic.

1-2 page document that outlines what is going on

End May

Task four

Do a gender analysis of your organisation:

How does organisation address young women's practical needs.

How does your organisation address the strategic interests of young women living with HIV and AIDS.

Deadline: By 3/05/04

No responses have been received to date

Section Five: Evaluation

The general evaluation was very positive. The following quotes reflect the learnings from and feelings about the dialogue process:

I know why people discriminate against people living with HIV and AIDS because we discriminate against other marginalised groups

As a young women living with HIV and AIDS I need to understand my rights and to use this to help others

I am confident to claim my identity my identity as a young women living with HIV and AIDS

This workshop empowered me to deal with my fears – I know if I don't others will suffer in silence

Great that the workshop was just for young women living with HIV and AIDS

We will not get things on a silver platter – sometimes we must demand what we want

I am an advocate in my own right

There is so much power in this room

Everyone was taken seriously

I have an identity beyond story telling

We have a voice and we must use our voice

Even if I regard myself as small I can still challenge and fight for the rights of young women living with HIV and AIDS

Appendix 1:

List of issues identified facing young women living with HIV and AIDS prior to the workshop.

The issues raised by prospective participants as critical concerns for young women living with HIV were many and varied. They have been grouped below.

DENIAL OF RIGHTS:-

- Sexual and reproductive rights
- Basic rights
- Rights to treatment
- Right to schooling and further education

SEXUAL AND REPRODUCTIVE RIGHTS

- Women do not know their sexual and reproductive rights
- Lack of access to termination of pregnancy
- Lack of control of sex / power to negotiate safer sex
- Lack of access to women initiated [female condom] and women controlled [microbicides] prevention methods
- Female genital mutilation
- Lack of access to contraceptives
- Need for youth [including young women] friendly services
- Safe child bearing
- Pressures – intergenerational sex and transactional sex

CULTURAL AND RELIGIOUS BELIEFS

- Widow inheritance
- Views about women as inferior
- Lack of property ownership
- Early marriage
- Favouring males

ACCESS

- Young women lack access to:
 - Information and education about HIV and AIDS
 - Treatment – from ARV's to opportunistic infections
 - Support
 - Care – they are providers not receivers
 - Adequate nutrition

ISSUES WOMEN FACE

- Domestic violence
- Rape [including marital rape and date rape]
- Poverty
- Negative and severe consequences of disclosure
- Expectations that women will disclose
- Stigma and discrimination

Young women are not empowered

Young women living with HIV and AIDS are not in positions of influence and power

Young women are afraid and do not fight for their lives

Young women need to be economically empowered

**Appendix 2:
List of issues identified facing young women living with HIV and AIDS during
the workshop.**

Lack of empowerment
Risk of producing hiv pos babies
R rights
Death
Loss of education
Stigma and discrimination
No mentoring and guidance
Sickness
Access to health care facilities
Young women's involvement in decision-making
Isolation
Having no friends
Education
Health care facilities
Advocate for others that cant
Stigma and discrimination
Inadequate info
Access to treatment
Access to clean water
Solidarity from older women
Women's orgs are ignoring the call
Access to children's rights
Young women's issues must be addressed
Availability of toilets for all
Jobs and food security
Condoms
Treatment for young women (all forms)
Education
Access to jobs
Treatment and health services
PMCT and VCT
Ineffective programs
Reinfection
ABC campaigns – no flexible
Access to bursaries
How to have baby without infecting
Access to health rights (not prioritised if you have HIV)
Unplanned pregnancy
Stigma
GBV
Poverty
Rape
Prop grabbing
Sex and sexuality and FP
Access to treatment
Treatment preparedness and literacy
Abuse
Treatment care and support
Health facilities
Access to fun

Treatment
Capacity to implement support group activities
Lack of decision-making
SRH rights and support in accessing
Lack of funds
Treatment
Free SRH services and info
Well informed
Access to condoms
Strengthen capacity
Education
Access to treatment
ARV
HIV vaccines
Microbicides
Voices of young women living with HIV
Young women not considered
Vulnerability to HIV
Not allowed in high paying jobs
Treatment
Isolation and abuse
Reinfection
Education on HIV and ARVS
Education about our bodies
Lifeskills
Jobs
Property after partner's death
Treatment
Education
Assisted conception
Undoing the abuse (eg sterilisation in early days)
SRR
Lack of partners

Appendix 3: Provisional programme

PROGRAMME

Monday April 19th

- 09:00 – 09:15 Opening and Welcome
- 09:15 – 10:30 Introductions
- 10:30 – 11:15 Overview and Objectives
- 11:15 – 11:30 TEA BREAK
- 11:30 – 13:00 Defining the Context: Quiz
- 13:00 – 14:00 LUNCH
- 14:00 - 15:30 Focusing on the Realities
- 15:30 – 16:00 TEA BREAK
- 16:00 – 17:00 Why focus on Women?
- 17:00 – 17:15 Reflection / Closing

Evening

Welcome dinner with invited guests at Quarters Hotel

Tuesday April 20th

- 09:00 – 09:15 Review/ Housekeeping
- 09:15 – 11:15 Defining our Issues
- 11:15 – 11:30 TEA BREAK
- 11:30– 13:00 Analysing our Issues
- 13:00 – 14:00 LUNCH
- 14:00 - 15:30 Intro to Policy & Advocacy
- 15:30 – 16:00 TEA BREAK
- 16:00 – 17:00 Policy & Advocacy Continued
- 17:00 – 17:15 Reflection/ Closing

Evening

Free

Wednesday April 21st

- 09:00 – 09:15 Review/ Housekeeping
- 09:15 – 11:15 Defining goals and objectives of an advocacy campaign
- 11:15 – 11:30 TEA BREAK
- 11:30 – 13:00 Defining goals and objectives of an advocacy campaign
- 13:00 – 14:00 LUNCH

14:00 – 15:30 Defining your target audience

15:30 – 16:00 TEA BREAK

16:00 – 17:00 Message Development

17:00 – 17:15 Reflection/ Closing

Evening

Walk / shopping on beach front

Thursday April 22nd

09:00 – 09:15 Review/ Housekeeping

09:15 – 11:15 Policy Resource Person (IDASA)
How parliament makes a law
How a policy is developed
How civil society can influence parliament process

11:15 – 11:30 TEA BREAK

11:30 – 13:00 Media Resource Person (AGENDA)

13:00 – 14:00 LUNCH

14:00 – 15:30 Policy Resource Person (IDASA)
The budget

15:30 – 16:00 TEA BREAK

16:00 – 17:00 Refining messages

17:00 – 17:15 Reflection/ Closing

Evening

Free

Friday April 23rd

09:00 – 09:15 Review/ Housekeeping

09:15 – 10:15 Working in a Coalition

10:15 – 11:15 Identifying capacity/skills needs

11:15 – 11:30 TEA BREAK

11:30 – 12:00 Campaign Selection

12:00 – 13:00 Closing Session

13:00 – 14:00 LUNCH

Afternoon and evening

Shopping / entertainment at GATEWAY Mall