Gender matters!

#WeAreREADY

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Welcome to the fourth issue of the READY newsletter! It's about gender and how we can challenge gender inequality in our programmes, services and lives.

We feature two interviews: with a young mother living with HIV and a young man living with HIV. We focus on gender-based violence (GBV): including the case study of a teenage girl, the latest research and the ALNIHE framework. There are also updates on READY to Decide and READY to Lead.

As I write this, I’m thinking of those girls in Mwanza and Mala who face initiation ceremonies in December. These cultural practices remain deep-rooted. It’s sad that in many countries women are treated as inferior to men, and families favour boys going to school. We don’t recognise that women can be leaders in their communities.

Gender inequality is a big problem when it comes to HIV. In Tanzania, HIV prevalence among 15-24-year-olds is higher among females than males. This inequality comes from how girls and young women are treated in society. Talking about sex and sexuality remains a taboo.

It’s time to empower girls and young women to know their rights. It’s time to end violence. And it’s time to raise the women to know their rights. It’s time to end GBV and to empower girls and young women.

The social media campaign focuses on three areas – sex, pregnancy and marriage – where girls and young women are often unable to make decisions. The campaign echoes the voices of young women from READY countries, documenting cases of GBV and calls to action to change harmful practices, enforce policies to eliminate violence and seek justice.

Earlier this year, READY advocates attended the first ever SheDecides Day in Pretoria. They also headed to the Commission on the Status of Women in New York, where they joined SheDecides champions, government and civil society representatives to advocate for an end to GBV and stronger linkages between HIV and sexual and reproductive health (SRH) services. In September, they marked the #Act4SDGs day of action with a lively Twitter chat on research and practice to GBV and stronger linkages between HIV and Sustainable Development Goal (SDG) 5 on gender equality.

“Enabling women to make decisions is a key element of GBV prevention,” said Lozinsky. “We need to make GBV prevention a priority in every country, and every government, to end violence and seek justice.”

The Alliance has developed a useful tool for READY+ consortium partners: a gender checklist to help them think through the different needs, priorities and concerns that girls/youth, boys/youth, men and young transgender people living with HIV may have about HIV and their sexual and reproductive health.

Here are some of the questions asked:

- Looking at the context we work in, what are some of the different issues affecting young men, women and transgender people living with HIV? Who are the most marginalised adolescents and young people in our communities?
- Are READY+ data disaggregated by sex, age and key population group? We should use data to identify not only who we are reaching with services and information, but also who we are not reaching.
- Thinking about harmful gender norms, how are adolescent girls and boys/youth, men and young transgender people living with HIV? Who are the most marginalised adolescents and young people in our communities?
- What specific services do young women, men and transgender people living with HIV need? How youth-friendly are these services?
- Finally, whose voices are usually loudest in decision-making spaces? And how can we promote the meaningful involvement of young people living with HIV in their diversity?

Special needs of adolescent mothers living with HIV

Emanuelina Leonard (aged 18) is from Biharamulo, Tanzania. She is living with HIV and supported by community adolescent treatment supporters (CATS). When she got pregnant at 17, Emanuelina dropped out of school. She spoke to Jacqueline Mushi, Project Officer, READY+, Tanzania Council for Social Development (TACOSODE).

“What challenges do you face in relation to your sexual and reproductive health and rights (SRHR)?”

“I’m afraid to go the clinic to ask for family planning because the nurses ask a lot of questions. If you’re under 18, you won’t get SRH services unless you have parental consent. Having sex before marriage isn’t acceptable. Faith-based hospitals don’t provide contraception, including condoms. As a young mother, I didn’t know much about SRHR.”

“What about adherence to antiretroviral therapy (ART)?”

“At first, I found it very hard to accept my HIV status. I was discriminated by some of my family, and didn’t take my treatment properly. I was afraid to go to the facility to take my medication. I was worried people would disclose my status.”

“In terms of your mental health, what challenges do you face?”

“Because of stigma and discrimination, I stopped believing in myself. I felt that I wasn’t needed in the community. I thought I was the only HIV-positive young person. It felt like my life had ended when other students discussed my status.”

“What support do you need, as a young mother living with HIV?”

“I’d like to know how to breastfeed my son properly and stop him getting HIV.”

“How has READY+ helped you?”

“I feel confident now to share my HIV status. I make my own decisions regarding SRHR, like using condoms. And READY+ has improved my psychological wellbeing.”

“What should READY+ focus on?”

“Enable young mothers to form support groups that will help them psychologically, economically and socially.”
Teenagers living with HIV often experience various types of violence. Family members judge them because of their status, and girls are even accused of being prostitutes. Some adolescents are marginalised by their relatives: they may lose their right to food, education, and to see their friends. Resilient adolescents may find an escape but others who have no one to turn to are relentlessly humiliated.

In Beira, Mozambique, READY+ implementing partner, Oasis, provides adolescents with one-to-one counselling, holds dialogues with family members and, in serious cases, makes referrals to other sectors.

Here’s a typical example. During home visits, CATS discovered that after spending the night at her boyfriend’s house, a teenage girl was shamed by her father, and made to return to the boyfriend’s house. She was so scared that she didn’t take her treatment for three months. She hid all of this from CATS.

Oasis and REPSFI met with her on many occasions. Eventually, her father accepted her back but even then she suffered verbal abuse. To resolve the problem, we offered advice: we talked about the value of life, and her responsibility to her siblings. We talked about her dreams. We laughed a lot and she promised to give up the idea of suicide. To this day, she still takes part in support groups.

READY to Lead

BY MAXIMINA JOKOVKA, PEER MENTOR

Being a young woman living with HIV in Zimbabwe isn’t easy. Faced with patriarchal social norms, stigma and discrimination, as well as the everyday challenges that are part of being young, women find it difficult to access appropriate SRH services and enjoy their rights. In rural areas, access to contraception, especially implants, is limited. The age of consent restricts access to SRH services for under-16-year-olds.

Many young women are taught that their duty is childbearing, to be submissive to their husbands and not deny them sex. Many still resort to practices such as “muth” herbs, which are harmful but considered pleasing to men. Many women living with HIV experience intimate partner violence but tend not to report it and stay in abusive relationships.

READY to Lead wants to change all this. Funded by Comic Relief, it focuses on the power of girls and young women to instigate change in policies that affect their health. Young women living with HIV receive leadership, mentorship and advocacy training. They in turn become advocates and mentors to other young women.

“As young women leaders we are the change we want, we create our own destinies,” said one young mentor. “I like the way women fought for their rights throughout Africa in the colonial era. It’s high time that, as young women leaders living with HIV, we take up the stand and fight for ourselves. It is the injustices and inequalities of this society that have disadvantaged us.”

We know that young women are at particular risk for GBV and HIV, and in low and middle-income countries, a third of all women have experienced GBV. Yet not much is known about what works to reduce GBV among young people affected by HIV. In the READY+ programme we are reviewing the evidence on what type of interventions reduce GBV for young people living with HIV.

We are looking at 16 studies representing 21,678 adolescents and young people from South Africa, Uganda, Kenya, Ethiopia, Zimbabwe and Brazil. The review is led by Dr Franziska Meineck, Department of Social Policy and Intervention, Oxford University.

Only one (out of four) psychoeducational and two (out of three) economic strengthening interventions were effective. And one economic strengthening programme actually led to increased GBV.

Why did none of these interventions produce impressive results in combating GBV? Partly because most relied on girls protecting themselves, and not on engaging communities to take responsibility. There were also no evaluations with young people from key populations. Only one study involved young people in the intervention design – no wonder there were huge gaps! However, preliminary findings suggest that a combination of comprehensive SRHR education, economic strengthening and self-defence classes for girls and parallel sensitisation classes for boys could deliver more effective results.

These findings offer a chance to address important programming and knowledge gaps. We must invest in programmes that are youth-led and evidence-based, and engage communities, rather than place the entire responsibility on girls. These findings are preliminary and have not yet undergone peer review. Please contact mpanete@aidaalliance.org for further information.

Special needs of young people from key populations

Keith, 26, spoke to Tinashe Rurawetzio, Communications Officer, African, Zimbabwe.

“My name is Keith, I’m a young gay man and I am proudly living with HIV.

“I remember when I found a wart. It took me a while to find the confidence to approach a healthcare provider: I didn’t want anyone to know that I’m a gay man living with HIV. Accessing sexual health services, adherence to ART and mental health issues are still big challenges.

“Before READY+, I didn’t know anyone in the same situation who could listen and help me.

“Taking medication at the same time every day isn’t easy. If you tell other people your status so that they can offer support and remind you to take your medication, they always ask how you got HIV. In Africa, being gay isn’t acceptable.

“I want answers to my questions but many people turn a deaf ear and say hurtful things. I cry when I’m alone. Before READY+, I didn’t know anyone in the same situation who could listen and help me.

“Young gay men need safe spaces where we can discuss issues without being judged. Health workers should listen without calling us names. And we should be trained to provide differentiated care to our peers.

“I’ve gained so much from the READY movement. Everyone works towards the same goal. It’s like a family, where I’m loved for who I am and supported to lead a happy, healthy life, despite my sexuality and HIV-positive status.”

Thank you!

The Global Network of Young People Living with HIV (Y+) and the International HIV/AIDS Alliance would like to thank our current READY partners: Africare, Aidtohmo, Alliance Burundaise contre la SIDA (ABAS), Community Health Alliance Uganda (CANA), Community Organisation of Youth against HIV Uganda (COTAYA), Coordinating Assembly of Non-Governmental Organisations (CANOSO), Global Network of People Living with HIV (GNP+), Goma-Stokes International Uganda, M/C Sautini World Services, MNFP+, Naiakessa Initiative for Adult Education and Development (NIAEAD), Organisation for Social Services, Health and Development (OSSHD), Pansudhi-Adolescent Treatment Africa (PATA), Peer to Peer Uganda (PPU), REPSFI, RESIUDA Mozambique, Résistance des Jeunes vivant avec le VIH au Burundi (RJLB), Szwaziland Network of Young Professionals (SNWP+), TACOSOUE, Ugandan Network of Young People Living with HIV (UNYPHIV) and Zimbabwean Young Positive (ZYP+).

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