

Results for women: research, policy and activism

Marion Stevens

Treatment Monitor/ Women and HIV/AIDS Gauge
(RRA, ATHENA, GWNRR, 60% dialogue)



HEALTH
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2009 - Where are we

- ❑ 1994 - A period of opportunity, Women's Health Policy conference
- ❑ Gag rule and rise of HIV/AIDS treatment movement
- ❑ Closed spaces - no women's health groups - unless specific content - mostly HIV/AIDS
- ❑ Maturing democracy in SA
- ❑ Putting polygamy and paternity leave in the same equation - President

- IN THE HIGH COURT OF SOUTH AFRICA /ES
- (WITWATERSRAND LOCAL DIVISION)

- CASE NO:

- DATE: 8/5/2006

- NOT REPORTABLE

- IN THE MATTER BETWEEN

- THE STATE

- VERSUS

- JACOB GEDLEYIHLEKISA ZUMA

- This trial was unfortunate in many respects. It had a damaging effect on both the complainant and the accused. In my view both of them are to be blamed for the fact that it affected them. The accused should not have had sexual intercourse with a person so many years younger than himself and furthermore being the child of an old comrade and a woman plus minus his age. The complainant said that in spite of her own attitude that she would not have unprotected sex, it still remains the choice of a person to have unprotected sex. In my judgment that is exactly what she and the accused did that night of 2 November 2005. Having heard the evidence of Prof Martins it is inexcusable that the accused did so. It is totally unacceptable that a man should have unprotected sex with any person other than his regular partner and definitely not with a person who to his knowledge is HIV positive. I do not even want to comment on the effect of a shower after having had unprotected sex. Had Rudyard Kipling known of this case at the time he wrote his poem "If" he might have added the following: "And if you can control your body and your sexual urges, then you are a man my son." From the foregoing it is clear that the probabilities show that the complainant's evidence cannot be accepted. She is a strong person well in control of herself knowing what she wants. She is definitely not that meek, mild and submissive person she was made out to be.

1994 Women's Health Conference

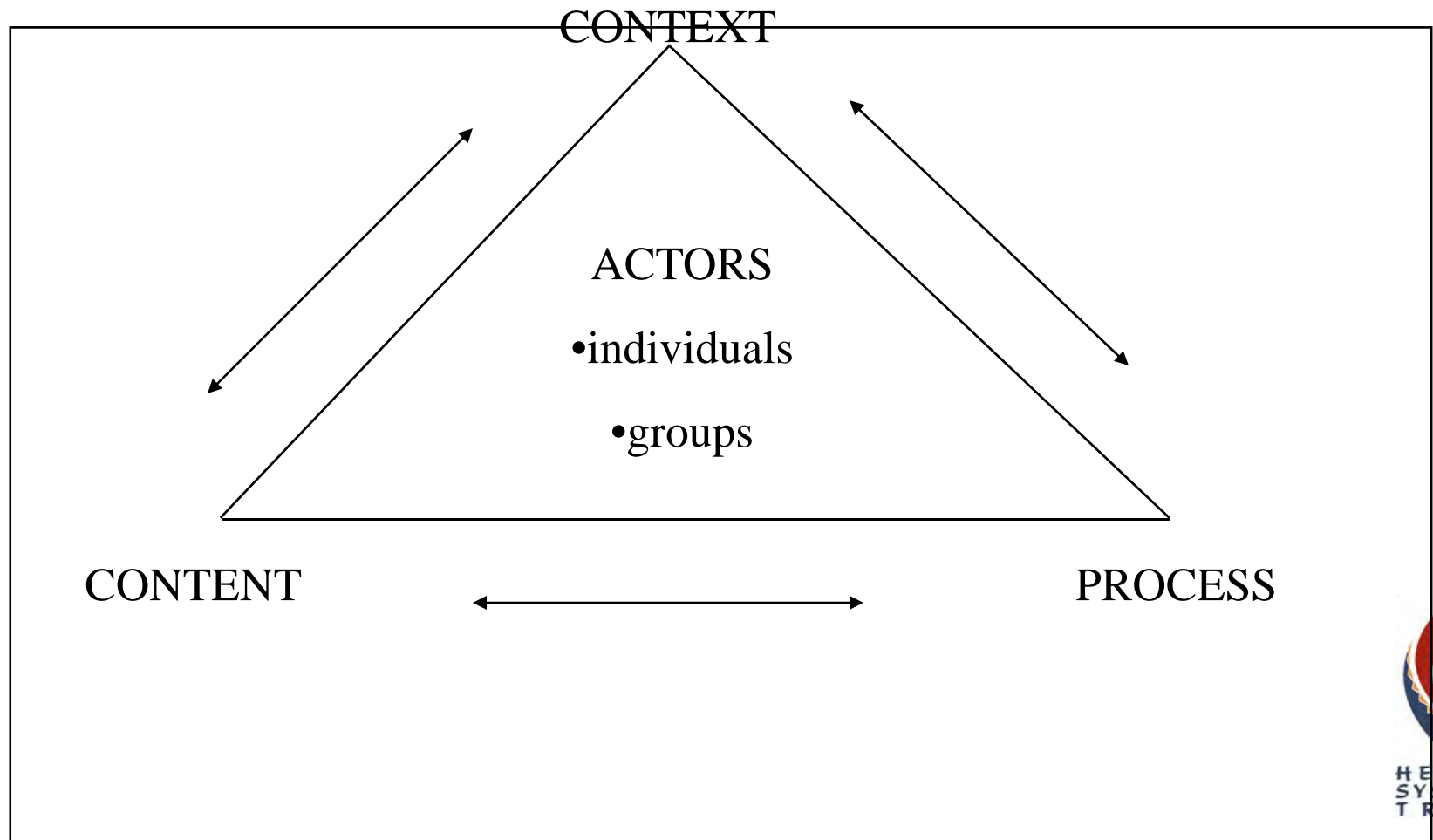
- What is the problem?
- Which legislation or policy should change
- By what process should this change?
- What research, curricula or services are required?
- What are the quantitative measures or indicators of success?
- What is the timeframe and level of quality of care to be reached?

- 13 policies – research to policy – example CTOP

- Women's Health Project (1995) *Health in our hands: Proceedings and policies of the 1994 Women's Health Conference*. Johannesburg: Centre for Health Policy, University of the Witwatersrand.

THE POLICY ANALYSIS TRIANGLE

Walt G. & Gilson. L. (1994). 'Reforming the health sector in developing countries: the central role of policy analysis.' *Health Policy and Planning*. 9: 353-370.



Global example of HIV/AIDS and SRHR - worlds apart

- ❑ Lack of connection
- ❑ Conservative funding agenda – research and policy
- ❑ Sexual health – PEPFAR - abortion, sex workers, MSM – contracts.
- ❑ Feminized epidemic – growing treatment movement – (gay patriarchy lead from epicentre of epidemic)
- ❑ Lack of articulation of women's voices
- ❑ Secondary analysis

What is happening -globally

- ❑ Prevention, Treatment, Care and Support – lacks a SRHR lens
- ❑ Example of medical male circumcision
- ❑ 3 RCTS 60% reduction in HIV transmission
- ❑ Is this surprising? HPV
- ❑ Implementation – US imposed, cultural and religious tradition
- ❑ Context – GBV and natural condoms
- ❑ Ethics – testing, voluntary, what about HIV positive men
- ❑ Enormous resources – US, UNAIDS, Israeli doctors

Treatment: are we on the same page?

- Treatment evolving has been contested globally - north and south divide
- Vertical transmission (PMTCT- entry point) - maternal paradigm
- Language used and consequences
 - (suicide bombers, saving unborn children)
- Range of services and continuum of care - what about SRHR.
- How does this inform conceptualizing prevention, treatment and care

I am HIV positive and I want to have a baby

- Stigma and discrimination
- Who can ask this question
- Women – people – have sex –
 - negotiated and un-negotiated
 - HIV positive people feel better want to have healthy children
 - Healthy mothers create healthy babies – need tools and resources to plan reproductive health and intentions/career
 - Testing can be part of that – only meaningful if matched with services
 - Need to start with young girls – to plan for healthy families within a lifecycle approach.

HAART drug regimens

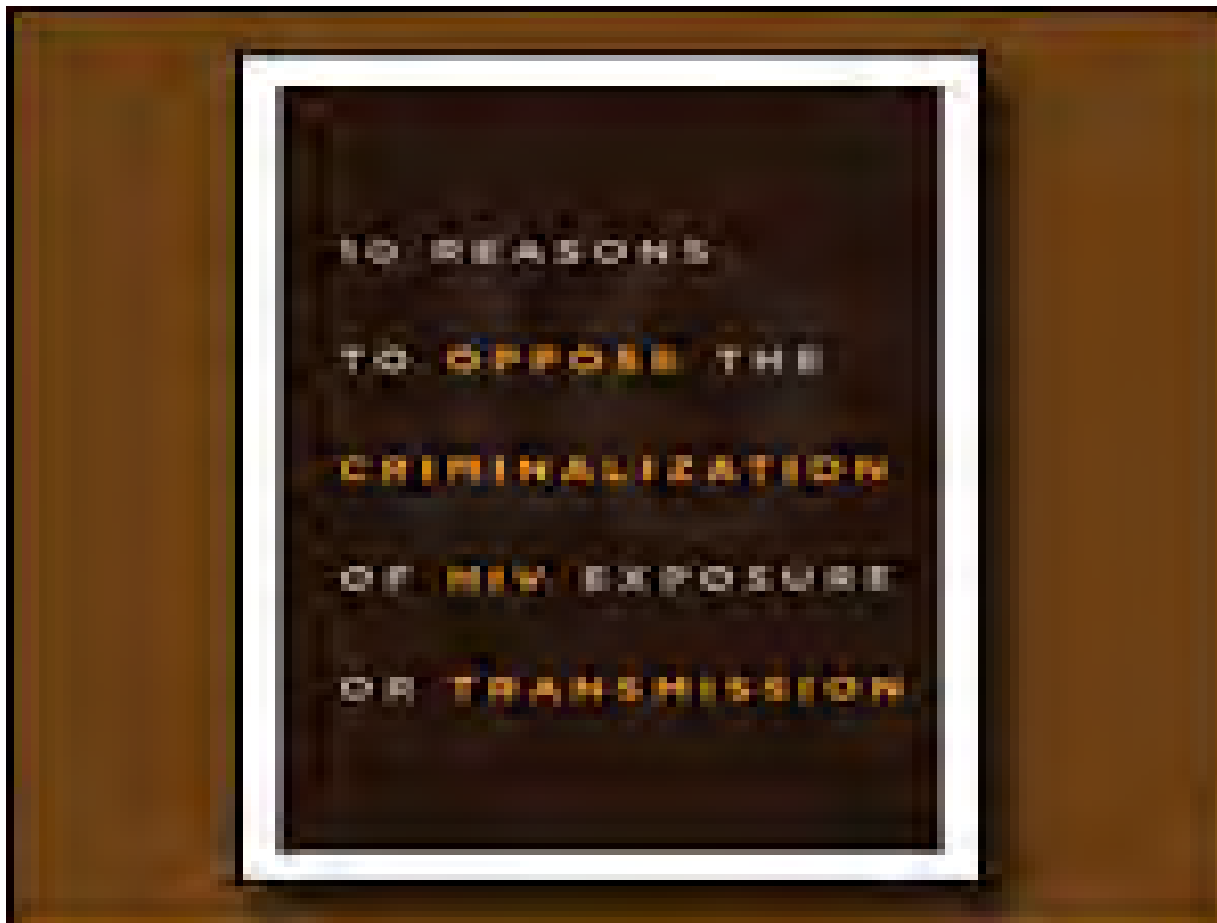
- First line regimens
- Evafirenz and Tenofovir
- Choice to contraception - Injectable – population control
- Which contraception?
- Drug regimen for getting pregnant – starting on Neviripine – before CD count rises, monitoring liver functions
- 50% of pregnancies unplanned
- Adherence

Developing treatment guidelines for women of reproductive age

▣ Ten areas –

1. Testing practices and criminalization of transmission
2. Fertility planning: contraception, sterilization
3. Sexual health and rights and desire
4. Abortion
5. STIs, reproductive cancers including cervical cancer
6. Anxiety, Addiction and Depression
7. Violence against women (VAW)
8. HAART regimens
9. Lesbian health
10. The care economy – gendered burden of care.

- http://www.soros.org/initiatives/health/focus/law/articles_publications/publications/10reasons_20080918/10reasons_20081201.pdf



□ ABORTION

- Over four million of the world's unsafe abortions take place in Africa each year, killing approximately 34,000 African women.
- ● 44% of the world's deaths from unsafe abortion occur in Africa.
- ● Africa has some of the most restrictive abortion laws in the world.
- Even where abortion is legal, services are often unavailable

□ STERILIZATION

- Of the 230 trained women, **most** reported some form of discrimination in health services and 40 (nearly 20%) stated that they had been coerced or forced into sterilization.
- <http://www.icw.org/files/The%20forced%20and%20coerced%20sterilization%20of%20HIV%20positive%20women%20in%20Namibia%202009.pdf>



TSIYIMAYUNYUNG
SOUTH AFRICAN DEPARTMENT OF HEALTH
SOUTH AFRICAN HEALTH SERVICES

Policy Brief 11 | February 2008

Definition of "domestic violence"

The Domestic Violence Act 116 of 2007 defines domestic violence as any controlling or abusive behaviour by a partner which harms or may cause substantial harm to the safety, health or wellbeing of a person with whom the abuser is in a domestic relationship.

Domestic violence includes physical abuse, sexual abuse, emotional, verbal and psychological abuse, intimidation, harassment, stalking, damage to property, and entry into a companion's residence without consent.

Translating Legal Definitions into a Real Violence System Model (RVSM)
SAHRC (2007) www.sahrc.org.za
SAHRC (2007) www.sahrc.org.za
SAHRC (2007) www.sahrc.org.za

Domestic Violence, Health and HIV A review on progress made in addressing domestic violence through the HIV & AIDs and HIV National Strategic Plan 2007-2011

Jessie Esterhuysen

1. Executive summary

South Africa has a national HIV prevalence rate of approximately 20.4%, which ranks as the highest in the world. The prevalence in the epidemic is particularly high amongst women between the ages of 20 and 34. Current research has shown that domestic violence increases women's risk of HIV infection. In light of this, it is important to assess the extent to which health sector responses to HIV and AIDs acknowledge the role of domestic violence in driving the epidemic, and how these responses address the intersection of these issues.

This policy brief explores these questions by analysing the HIV & AIDs and STI National Strategic Plan 2007-2011 (hereafter referred to as the NSP). The policy brief focuses on the opportunities created by the NSP to develop more comprehensive health policies which take into account the specific needs of survivors of domestic violence.

For further copies of this report please contact the author at: jesse@sa-hiv.org.za



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Developing treatment guidelines for women of reproductive age

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Developing treatment guidelines for women of reproductive age

- Three phases
 - Participatory process – range of stakeholders
 - Guidelines – policy more than content
 - Treatment Literacy component
 - Use of ICTs – mobile phones
-
- Current practices deny choices and rights
 - Life affirming messages work for prevention, treatment and care
 - Would you like to partner ?

THANK YOU

- ATHENA, HRI, Tshwaranang, GWNRR, RRA

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- <http://www.hst.org.za/generic/12>

- **60percent [60percent]**

This list acknowledges by its name that we have a feminized HIV/AIDS epidemic. Within southern Africa of those infected it is believed that some 60% are women. While the South African National Strategic Plan suggests that 55% are infected, actuarial modelling suggests that this is an underestimate. We are creating a safe and respectful space to dialogue on HIV/AIDS within a gender, women's rights and sexual and reproductive health and rights lens through the continuum of prevention, treatment and care. This has been the result of discussions with the AIDS Legal Network, the Democratic Nursing Association of South Africa, Health Systems Trust, Ipas South Africa, International Community of HIV/AIDS positive women (ICW) Mosaic Healing and Training Centre for Women, OUT LGBT, Tswaranang Legal Advocacy Centre, Womensnet and International Community of HIV Positive Women. This group forms the current reference group for informing this list.

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