

**Association for Women's Rights in Development**  
**L'Association pour les droits de la femme et le développement**  
**Asociación para los Derechos de la Mujer el Desarrollo**

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***Tackling HIV/AIDS and Poverty in Africa***

**Report of the  
Young Women and Leadership Institute**

**30 June – 4 July 2003**

**Cape Town, South Africa**

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### **THE YOUNG WOMEN AND LEADERSHIP INSTITUTE (YWLI)**

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## Executive Summary

In July 2003, AWID held its first Young Women and Leadership Institute (YWLI) on 'Tackling HIV/AIDS and Poverty in Africa'. The Institute brought together 35 young women from the African continent. More than four hundred applications were received from all over the region and participants were selected based on criteria that prioritised regional representation, age representation (the youngest participant was 19 and the oldest 35), and participant engagement in strategic areas around issues of young women, HIV/AIDS, poverty and leadership. Applicants also had to identify how they would share their learning and exchange from the Institute in their own contexts. In addition, four young women from India, Uzbekistan, Barbados and Australia attended the Institute to allow participants to extend discussions beyond the region to include a global picture of what is happening around the key themes of the Institute.

The purpose of the YWLI was to provide a space for young women to come together:

- To share experiences and network with each other;
- To build their capacity to take up the challenges facing them in their activism for achieving social justice;
- To identify the most strategic course of action for achieving their objectives in the context of HIV/AIDS, Globalization and Leadership.

Through a process of deconstructing leadership, the HIV/AIDS pandemic and poverty, participants laid the groundwork for innovative and effective responses to these crises. Framing the issues using an African context allowed participants to engage at very personal and community-based perspectives while still being able to draw connections to national, regional and global levels.

Participants' engagement in the key themes of the YWLI highlighted the following lessons:

(i) HIV/AIDS, human rights and young women

Thus far, most of the responses to the pandemic have been focused on prevention, information and education. However, participants identified the need to connect issues of HIV/AIDS, poverty, and human rights to a rights based approach that would enable them to challenge and create responses at new and strategic levels.

(ii) HIV/AIDS and poverty

From piecing together an understanding of the global economic forces and the intimate relationship between HIV/AIDS, poverty and inequalities, participants explored the macro- economic context and economic justice strategies. They identified key entry points for advocacy and activism. After this process, participants identified the importance of understanding a) who is engaging with different economic institutions and b) the critical nature of developing links between rights-based framework and poverty. This would allow young women to integrate economic advocacy efforts into a framework for addressing their rights in the context of HIV/AIDS and globalization.

(iii) Young women's strategic leadership

In the last session of the YWLI, young women identified a need for the creation of a young woman's network within Africa to allow for ongoing communication and strategizing. The network would serve the important function of supporting young women's leadership and efforts in the different struggles around social justice. By ensuring ongoing communication and strategizing amongst themselves, as well as

other interested young women in Africa, the network would maintain the momentum gained from the Institute to ensure strategic advocacy and activism at all levels.

The goal of the Young Women's Network in Africa will be to fight for the recognition and realisation of young women's rights in the context of HIV/AIDS and globalization. The network will support the efforts of young women leaders and also continue to build their capacity to enable their continued activism and advocacy in the region and globally.

## **i. Background**

The Association for Women's Rights in Development (AWID) is an international membership organization with more than five thousand members in over a hundred countries- primarily in the Global South. Set up in 1982, AWID has been working to cause policy, institutional and individual change that will improve the lives of women and girls everywhere. AWID does this by sharing strategic information and creating critical spaces for organizing and strategizing. AWID is one of the sole organizations that plays the role of facilitator and provocateur amongst gender equality advocates at the global level. We analyze and promote new trends and ways of organizing to ensure women's rights in this new and complex global order. We also seek to bring marginalized voices into the complex debates around social change and gender justice. Within the last two years, AWID's membership has increased almost five-fold, as has the demand for AWID's services, meetings, presentations, and publications.

In the meantime, the global and local social, economic, cultural, and political context in which gender equality is being pursued is becoming increasingly complex. Factors like globalization and new technologies, HIV/AIDS, the rise of fundamentalist forces, and an upsurge in armed conflicts and militarization are playing a major role in shaping women's lives in ways that threaten to erode the successes of earlier women's rights movements. Innovation and motivation are paramount as gender equality and women's rights work becomes more complicated, while simultaneously facing resistance by local and global actors.

AWID, therefore, is seeking to address these key priorities by:

- Finding holistic solutions and creative models to advance women's rights
- Building stronger organizations and better ways of organizing
- Analyzing, on an on-going basis, future trends and new ways of organizing
- Influencing and holding accountable global processes
- Strengthening and regenerating the women's movement(s).

AWID works across **four core themes** and **two programs** that reflect some of the most urgent issues for women's rights and social justice today. The themes include Women's Rights and Economic Change, Gender Equality and New Technologies, Feminist Organizational Development and Young Women and Leadership. These themes are also addressed on an ongoing basis by AWID's Strategic Communications Program and inform the content for the International Forum (AWID's two programs).

**The goals of AWID's Young Women and Leadership (YWL) Theme are to:**

- a. Connect, provide support and facilitate ongoing dialogue to young women activists:
  - through linking up different regions and issues impacting on young women's realisation of their rights;
  - by building a critical mass of young women that can take leadership in the broader struggle for women's rights.
- b. To recognise and support the existing efforts by young women activists:
  - by disseminating their experiences and analysis;
  - through supporting the production of analysis on critical issues.
- c. Getting more young women involved in the movements and building their capacity to do so.
- d. Facilitating inter-generational dialogues.

## **ii. The Young Women and Leadership Institute, July 2003**

In July 2003 AWID brought together 35 young women, mostly from Africa, to address the two most pressing concerns in the region: HIV/AIDS and poverty. This "Institute" was geared towards leadership development so as to build a cadre of young women who are better able to tackle the root causes of these issues. The theme itself also draws on the other themes with which AWID works: feminist organizational development and women's rights and economic change.

**More than** four hundred applications were received from all over the region. Participants were selected using criteria that ensured representation by region and age (the youngest participant was 19 and the oldest 35), and participant engagement in strategic areas around issues of young women, HIV/AIDS, poverty and leadership. Applicants also had to identify how they would share their learning and exchange from the Institute in their own contexts. In addition, four young women from India, Uzbekistan, Barbados and Australia attended the Institute to allow participants to extend discussions beyond the region to include the global picture of what is happening around the key themes of the Institute.

## **iii. Objectives of the Institute**

- To provide a space for young women to share experiences and network with each other;
- To build the capacity of young women to take up the challenges facing them in their activism for achieving social justice;
- To allow young women to identify the most strategic course of action for achieving their objectives in the context of HIV/AIDS, Globalization and Leadership.

## **iv. Institute Theme – Tackling HIV/AIDS and Poverty in Africa**

HIV/AIDS has become a burning and urgent matter for women and men of all ages, but particularly for young women. It is without question that young women are the population most drastically impacted by the pandemic. Because of the nature of socialized gender relations, young women are at particular risk of HIV infection for some of the following reasons:

- a) Gender norms mean that young women are more fearful of seeking information about sex as they will look like "bad girls";
- b) Policies and laws around the world are preventing girls from accessing contraceptives;
- c) Many young women are coerced into sexual relationships before they are ready;
- d) Lower levels of education amongst women than men means less ability to use information on protective measures to avoid HIV infection;

- e) Women have a biological vulnerability to the disease (including the fact that young women are more prone to tearing during intercourse than older women),
- f) Many young women are victims of sexual violence where they may contract HIV/AIDS;
- g) Sex work, and trafficking of women is one of the fastest growing industries where young women predominate;
- h) Women are the most impoverished gender worldwide.

Addressing these realities requires an understanding of the complex gender and power relations that exist. It requires information sharing, policy change, male attitude shifts, and of course empowerment of young women. Young women themselves need to be centrally involved in this process.

AWID, through its Young Women and Leadership program, has explicitly taken on the issue of HIV/AIDS prevention through the promotion of economic justice and women's rights. In fact, this program, designed, driven and implemented by young women themselves, has come to address the issue of HIV/AIDS through a global dialogue. In 2002, AWID hosted an electronic discussion where the issue of HIV/AIDS and its impacts on young women was raised. Within a few weeks, hundreds of young women from every part of the world joined the discussion to debate the impact of the pandemic, primarily by outlining strategies to prevent it. The email discussion was so successful that UNIFEM asked AWID to continue the on-line discussion but also to publish its main discussion points for a wider audience, as there is a significant constituency that does not have access to the Internet. As a result, AWID and UNIFEM co-published "Act Now: A resource guide for young women on HIV/AIDS". It is an easy-to-use book with tools and information for those who want to start campaigns and raise awareness about the issues affecting young women in terms of HIV/AIDS.

Moving forward, AWID wants to continue working with emerging leaders on these most pressing issues. In particular, AWID wants to address the linkages of HIV/AIDS and poverty, particularly in Africa, by continuing to find innovative ways to build capacity and leadership of young women.

## **v. Institute Methodology**

The methodology employed during the workshop included information sharing, capacity-building, networking opportunities and most importantly, strategizing. The purpose of the meeting was not to 'talk' – instead it was a key capacity building session that translated into an action agenda for young women globally. The participants themselves defined what kind of 'products' they wanted to come out of the Institute in order to share the learnings with a much wider audience.

### **Capacity Building**

- Through the workshops, participants gained skills in analysis and the ability to make connections to HIV/AIDS from a multi-issue perspective.
- Through directed leadership development, participants were introduced to tools for personal organisation and community leadership.

### **Information-sharing and Networking**

- Participants shared existing strategies and challenges in HIV/AIDS responses targeted at young women.

- Peer learning and support took place where participants shared some of the challenges and strategies around being young women in organisations.

### **Strategizing**

- Participants chose to develop context-specific strategies to the challenges of addressing HIV/AIDS strategically in their communities and organisations.

## **vi. Participant Expectations**

### *a. Young women's action plan and network*

- To strategise and build a young women's network
- To build a young women's response to HIV/AIDS through a young women's agenda

### *b. Young women in organisations*

- To make spaces for and empower young women in organisations

### *c. HIV/AIDS, young women, leadership and human rights*

- To make the connections between young women's rights and HIV/AIDS
- To learn about connections between HIV/AIDS and leadership
- To share HIV/AIDS prevention techniques a models and message including strategies (grassroots, mobilizing)

### *d. HIV/AIDS and economic justice*

- To make linkages between HIV/AIDS and economic empowerment/poverty
- To determine what it means for young women to be economically empowered
- To understand the decision-making processes of International Financial Institutions (IFIs), dictating economic policy throughout the world.
- To analyse global economic policy processes and their effects on local AIDs work.

## **vii. Program**

The Institute was organized around the following themes:

Day 1: Leadership in the context of HIV/AIDS and poverty

Day 2: HIV/AIDS, rights and young women

Day 3: Economic justice and HIV/AIDS

Day 4: Building a young women's response to HIV/AIDS.

After consultation with participants, sessions on **fundraising** and on **coping strategies for young women in organisations** were included in the program.

## **viii. Specific Outcomes**

- Participants explored and developed new ways of understanding and developing young women's leadership,

- Participants deepened their understanding of globalization, and the effect it has on AIDS and poverty from a gender perspective,
- Participants deepened their analysis of HIV/AIDS and learnt how to integrate rights-based approaches into existing program activities.
- A young women's network in Africa was set up that will continue the learning started at the Institute. This includes (i) supporting the efforts of young activists to enable them to continue their activism and advocacy efforts. (ii) Developing new strategies and frameworks to address the effects of a globalized economy on young women in Africa, (iii) the best strategies to analyze and organize around HIV/AIDS for young women and men, and (iv) prioritising strategies and tools to support the network.
- Participants shared experiences and developed strategies for young women working in different organisations.
- Participants shared and exchanged networks, strategies and personal experiences.
- Based on the ideas and inspiration of the YWLI, one of the participants left her job in Ghana (where she was underemployed) to return to Liberia where she took some young women from a rural situation who were vulnerable and conducted a human rights and empowerment training with them. This experience has moved her to launch a young women's program in Liberia.

#### **ix. Measuring Impact/ Success**

The YWLI is a critical component of the YWL Program. The evaluation process is therefore essential in order to assess areas for improvement, whether the Institute actually met its objectives, and future directions for the program.

#### **On-site evaluation:**

85% of participants filled in the evaluation forms for the Institute. The overwhelming sentiment expressed by participants was that the Institute was extremely useful to their activism and engagement around issues of HIV/AIDS. Herewith some of the comments/feedback received by participants on the different components of the Institute:

##### **a. Session on HIV/AIDS and leadership**

*"I learnt what leadership entails and the challenges in relation to HIV/AIDS"*

*"The session on leadership laid the foundation for the Institute and further assisted me in the way I view my activism, setting goals as well as giving me some practical tools."*

*"I learnt some self-evaluation skills."*

*"What struck me most was recognizing that followers are leaders in their own right and that the two are partners in achieving intended goals."*

*"I learnt that leadership begins with me. I must take responsibility and act in whatever way I can."*

##### **b. Session on HIV/AIDS, rights and young women**

*“I learnt that the HIV/AIDS infection rate is escalating because HIV is approached as only a health issue.”*

*“I learnt more about rights and how to make connections to existing strategies.”*

*“I learnt that young women’s rights, education, health and services impacts on the spread of the virus.”*

#### **c. Session on economic justice and HIV/AIDS**

*“I learnt about the impact of globalization on Africa, on women and on the spread of HIV/AIDS.”*

*“The process showed me where we need to go to tackle the different levels – micro, meso, macro.”*

*“I learnt how to make connections between the global, the regional, the national and how this relates to HIV/AIDS.”*

*“I learnt that certain countries have a lot in common and how they might be similarly impacted by global economic policies.”*

#### **d. Overall impressions**

*“I learnt that if young women work together and support each other, we can tackle the huge problem of HIV/AIDS.”*

*“I enjoyed the public events as I learnt a lot from what people are doing locally.”*

*“I liked meeting other young women with similar aims and goals like myself.”*

*“I enjoyed the cultural evening; it allowed us to express ourselves in different ways.”*

*“My participation has widened my horizon and provided me with a new lens of looking at HIV/AIDS, Poverty, Young women and Leadership issues. I also learnt about accessing my personal power.”*

*“I enjoyed the personal sharing sessions which were very touching and allowed people to discuss difficult issues.”*

*“Keep up the good work, the Institute has changed my life and I believe it has the potential to contribute to the lives of many other young women.”*

*“Thank you for impacting my life at such a timely period with just the right people to invigorate me.”*

*“It was a good learning ground for me and an energizer.”*

*“I was really grateful for the space to talk about coping in challenging work situations and for the fundraising skills-building session.”*

*“The YWLI was an eye opener for me and the information I got I want to share with the groups I work with in my country. It also created a space for networking and discussion of issues of crucial bearing of young women.”*

#### **Post-Institute:**

Following the Institute, there are various indicators that allow us to evaluate the impact of the YWLI on the lives of participants:

- a. Email list - An email list has been set up as a forum for participants to continue engaging with each other after the Institute. This list has now been opened to all those young women who had applied (more than four hundred of them) to allow the network to have a much broader constituency and extend the debates beyond the participants of the YWLI.
- b. AWID staff members have stayed in regular contact with participants to support them and to find out how they have used the experience after the Institute. Many of the participants have reported back on different developments (career moves, setting up of study groups, setting up their own organisations).
- c. The African Young Women's Network has been set up with several of the participants taking the leadership in their various countries. Currently, Malawi, Zambia and South Africa have very active networks that feed into the bigger network. Other participant countries have indicated that they are willing to learn from the experiences of these countries in developing and setting up their networks. For the first few months after the YWLI, the networks mentioned focused on setting up and developing their agendas. For 2004, the Network has identified that they will be focusing on research and analysis on the issues affecting young women in their particular countries. Additionally, there is the possibility of having a joint advocacy-training workshop. AWID's role has been in supporting these developments.

## **x. Future directions**

The YWL theme has successfully managed to prioritise young women as actors and decision-makers rather than just being recipients of the program. This fundamental principle underlies the choice of theme activities, which aim to enhance young women's participation in the different spaces they occupy. Over the last two and a half years, the program has successfully managed to get young women to articulate their issues (through the YWL List, the YWLI, other meetings, and the Forum). We have also been able to build capacity of young women through mentorship, the online glossary, the YWL list, the YWLI, publications and the Forum. The theme will continue building on these achievements, but will also look at facilitating opportunities for young women to exercise their leadership (including taking up the advocacy challenge<sup>1</sup>), which would involve the development of analyses by young women on issues affecting them.

In terms of follow-up and future directions for the YWLI, AWID will continue the process of leadership development of young women on various levels. This will take the form of three follow-up YWLIs in different African countries with some of the participants from the initial YWLI. These Institutes will be built around a curriculum developed around YWL issues (particularly HIV/AIDS) as well as the other AWID themes. The objective is to ensure the work and momentum started by the last YWLI is continued, to build more leadership in Africa, and to deepen national level advocacy strategies by supporting the development of some key tools that will build the capacity and leadership of young women. These tools are:

- (i) Analysis and information on what approaches are currently being used in the fight against HIV/AIDS and poverty in Africa;
- (ii) Skills-building strategies and tools on how to deepen and strengthen existing efforts of young women in the fight against HIV/AIDS;
- (iii) Skills-building and guidelines for young women to engage in advocacy efforts (and to build a young women's advocacy agenda) to influence economic and social policies (nationally, regionally and globally);

The follow-up and lessons learned from the first YWLI will inform the process of launching the next YWLI. This will take place in Asia in 2005.

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<sup>1</sup> In terms of advocacy and facilitating policy change, the role of the YWL theme will be to support and promote young women's involvement by providing tools and analysis. This will include providing links and information, as well as profiling the achievements of young women advocates, and where possible participating in and supporting strategic advocacy efforts. (internationally, regionally, nationally)

# The Young Women and Leadership Institute (YWLI)

## 1. Setting the Context– some facts and figures

### HIV/AIDS

- HIV has infected more than sixty million people. (UNAIDS and WHO)
- AIDS has already killed more than twenty million people. (UNAIDS and WHO)
- Of those, 90% were in developing countries and 75% were in Sub-Saharan Africa. (Human Development Report 2002)
- During the 1990s the number of people in extreme poverty in Sub-Saharan Africa rose from 242 million to three hundred million. (HDR 2002)
- In many communities, women have a key role ensuring economic security for their families. But unequal gender relations and unequal access to economic resources have made women poorer than men. (UNAIDS)
- 55% of all HIV positive adults in Sub-Saharan Africa are women. (UNIFEM)
- Half of the new infections are among young people aged 15-24 years old. (UNFPA)
- **Young women are at the centre of the HIV pandemic.**

### Leadership

- In ten countries more than 30% of parliamentarians are women.
- Worldwide, only 14% of parliamentarians are women. In ten countries none are women. ((Human Development Report 2002)

### Economics and poverty

- Fifty-one of the hundred largest economies in the world are corporations. Today the top five hundred multinational corporations account for nearly 70% of worldwide trade. (CorpWatch)
- The poorest 49 countries make up 10% of the world's population, but account for only 0.4% of world trade. (UNCTAD, Conference on Least Developed Countries 2001)
- Fifty-seven countries, with half of the world's people, have halved hunger or are on track to do so by 2015. (HDR 2002)
- At the current rate, it would take more than 130 years to rid the world of hunger. (HDR 2002)
- In 1999, the outstanding external debt of Least Developed Countries (LDCs) was 89% of their aggregate Gross Domestic Product (GDP). This has been increasing steadily. (UNCTAD)
- Trade liberalization negatively impacts income growth among the poorest 40% of the population, but leads to increased wealth among higher income groups. In other words, it helps the rich get richer and the poor get poorer. (Lundbeg and Squire World Bank 1999, Chapter 3.)

*NEPAD\* poses dilemma for African women. I cannot help feeling a tragedy is being enacted on African women. African women, the poorest people in the world, are being sacrificed on the altar of neoliberalism and global capitalism through NEPAD.”*  
(Mohau Pheko, African Trade Network)

*\*New Partnership for Africa's Development*

*“We feel that the NEPAD initiative is rushed and not participatory. No wonder the document does not meet Malawi national priorities....”*  
(Malawi Economic Justice Network)

- The devastation caused by HIV/AIDS is unique because it is depriving families, communities and entire nations of their young and most productive people. (UNDP)
- The epidemic is deepening poverty, reversing human development achievements, worsening gender inequalities, eroding the ability of governments to maintain essential services, reducing labour productivity and supply, and putting a brake on economic growth. (UNDP)
- In sub-Saharan Africa, women and girls make up the majority of those living with HIV/AIDS. They are also responsible for 50–80% of food production, including the most labour-intensive work, as well as for food preparation and nurturing activities. The epidemic increases this burden. (UNAIDS)

*“Without proper coordination between women’s groups and the youth sector, it is difficult for young women to become meaningfully involved in HIV/AIDS work, even when there are a lot of AIDS resources.”*  
*(Shantal Munro in ACT NOW)*

## 2. HIV/AIDS and Leadership

### Objectives:

- To explore the intersections between HIV/AIDS, leadership and poverty
- To develop models of strategic leadership in the face of these challenges.

### A. Leadership in the context of HIV/AIDS and poverty in Africa

Poverty and HIV/AIDS are both immense challenges in the current global context. Both can lead to very conservative responses by a variety of diverse actors. Although there has been a rise in economic fundamentalism globally, there has also been an accompanying rise in religious fundamentalism - a classic conservative response to poverty.

In terms of HIV/AIDS, there are many conservative responses, which tend to blame women for the spread of the pandemic. Allegations such as “It’s these loose young girls who are looking for sugar daddies”. “It’s these whores that are on the streets at night”. “It’s these women who can’t keep their young girls inside the house”. Therefore, women are often seen from the conservative viewpoint as being responsible for the spread of the pandemic and are the ones that bear the brunt of the stigma.

**There is the possibility to respond differently** and in a way that facilitates the scrutiny of social practices and norms that are oppressive and repressive to women that exist throughout the world.

**There is an opportunity to examine the patterns in a way that challenges, changes and proposes alternatives** in order to fundamentally shift the nature of leadership and responses to this issue.

**There is an opportunity to make critical leadership choices** that will shift the direction of the fight against HIV/AIDS.

### B. Components, tools and images of leadership

Discussion among participants highlighted the following concepts regarding leadership, the values of good leadership and its connections to the women’s movements:

#### a. Leading vs. following

*“If a leader is someone who inspires, and the follower is someone who is inspired, then at all moments we are followers and leaders.”(YWLI Participant)*

In defining what it means to be a leader and what it means to be a follower, participants highlighted the importance of being conscious of the constructions being utilized. Following is often equated with aspiring/ learning. There is however a strong interrelationship between being a leader and a follower and being both. It can be seen as a giving and getting of inspiration/ ideology/ideas and momentum. This particular relationship is negotiated through power and is based on energy /circumstance/ issue.

#### b. Ingredients for good leadership

- Leadership is about self-awareness and awareness of issues and the communities and organisations where engagement is taking place. This awareness is central to the concept of accountability i.e. who is accountable to whom, for what and how.
- Values associated with leadership are honesty, respect, taking a stand, being challenged and being challenging. It is important that leaders have an understanding of the values of others who are targeted for change, and when challenging these values, analysis and alternatives are offered. Participants also pointed out an awareness of multiple identities, of being in different places and of the impact of this on engagement.
- Participants indicated the need to assess the values of the women's movement and the values of young women in the movement. The challenge now is how to take the wisdom of the women's movement while at the same time challenging the distance between older and younger members, experience vs. inexperience and different kinds of knowledge.

### **c. How do we incorporate the values of leadership into the work we do?**

*"It's about walking the talk and about talking the walk." (YWLI Participant)*

An awareness of the values associated with good leadership is essential before taking on the challenge of working for different kinds of resistance to effect change. The participants all felt that resistance is an indicator of challenging something, and it is an opportunity for change. In order to stay relevant, it is important to constantly reflect on the values of good leadership.

### **d. How do we support and sustain ourselves in the work we do?**

- Start with the personal and make space for the self. This can be done through silence, exercises etc. Relationships also need to be prioritised as a means for sustaining the self.
- Share of experience, information and resources as well as giving each other strength and support.

## **C. Input– Silence as a tool for leadership development Pregs Govender (South Africa)**

"When we talk about leadership, HIV/AIDS and poverty we become often overwhelmed by the enormous challenges facing us. In doing this, we lose a sense of the power we do have, as we let the horror of the reality we are dealing with demobilise us. Our challenge is to shift something very fundamentally, and we can only do this if we can tap into the power we have. What is the image of power and leadership to which *we* aspire? The institutions of power that govern our world, which have ensured that we have a world in which there is so much poverty, so many wars and in which HIV/AIDS is not a priority, are one of the targets of our leadership. Our goals should not be to fit into those institutions and be shaped by their values and the priorities, but to attain our own agenda and assert it so powerfully that it can be heard and not ignored.

Our challenge is therefore to reclaim and reconnect to our own individual power. Part of this includes how we sustain ourselves. We can learn all about economic policies, get

depressed by them, burnt out, despair, and at certain points feel like giving up. We cannot let what we are fighting against destroy our soul.

**One of the ways to connect to our power and sustain ourselves is through silence.**

Often as feminists, we want to break or end silences, speak out, give voice to, be heard. And those are all extremely important silences that must be broken. But there is a silence that we need to reclaim. We have to do things differently. If we are representing those living in poverty, what they would want us to do is stop quibbling and debating about their lives and about HIV/AIDS. How do you use power to hear and to give voice to and to allow voices apart from your own to be heard? That is the power of silence.

If you are going to take on the issues of HIV/AIDS you will need huge amounts of courage. Because you will feel fear and you will also experience, along with that, the courage to keep walking, even though you may be scared. But that is important in leadership. Leadership is leading and following. Part of the leading is taking that chance and walking where no one else is prepared to walk because everybody is scared. People have defined being a follower as being a sheep. However, following is an important part of leadership.

You must identify what is the purpose, and the vision that drives you. What are your individual values that guide your own action? How do you understand power? How do we collectively understand power? How do we collectively understand our purpose? As young women leaders in Africa, what is the vision that you have for how people's lives are going to change? What is it that drives you? What makes you feel passionate? Why do you get up in the mornings to do what you do? What gives you that sense of urgency, enthusiasm and energy? What fires that? If we are talking about the balance between silence and action at all points – what is that balance – how do you balance listening and taking the action? Who are you in relation to what you are doing? Nobody wants charity. There is a big difference between approaching something as a social worker or as a revolutionary. It is about your state of mind”.

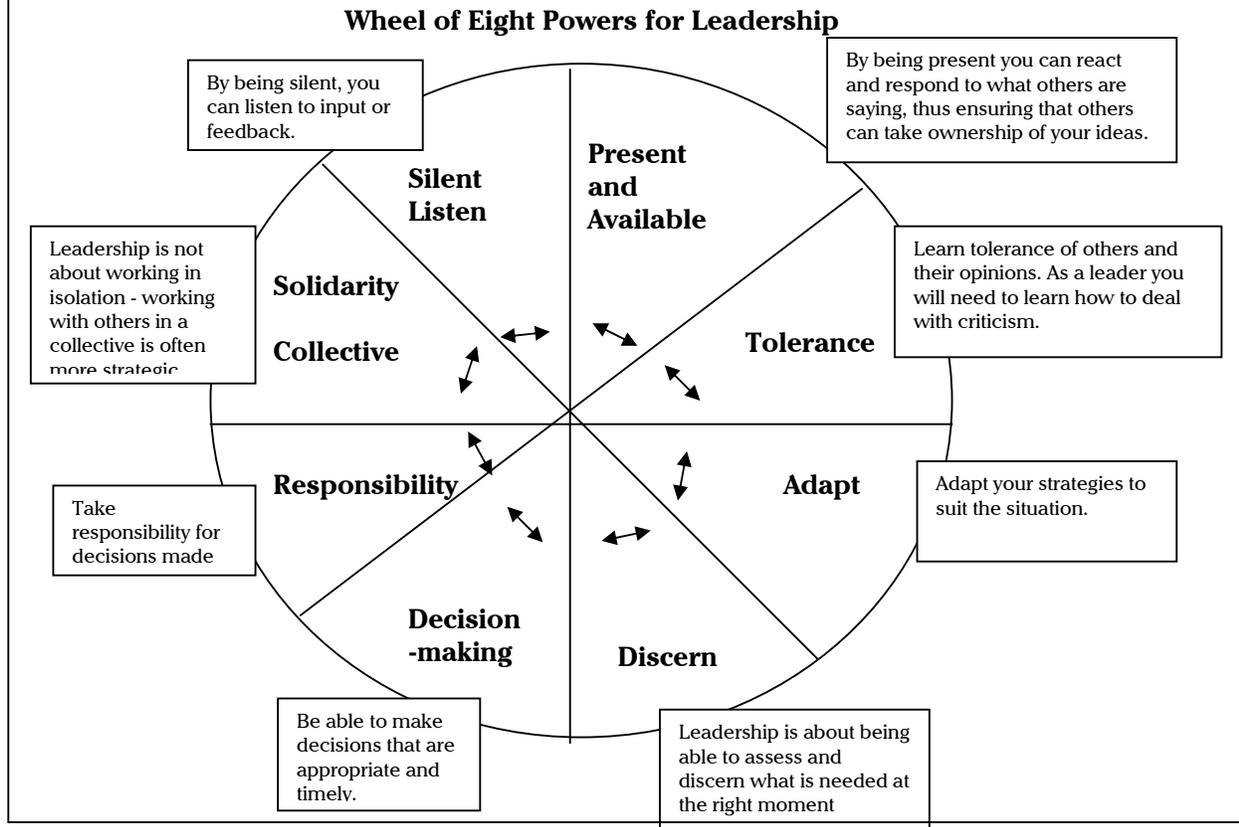
**Silence as a protest tool**

Two examples:

- At the 1993 Human Rights Conference, NGOs wanted to put women's rights as human rights on the agenda. Advocates fought for a space to speak at the UN General Assembly and finally secured a ten-minute presentation. After a process of consultation, they decided to use five minutes of that time for silence in the UN meeting. It took 3 minutes to silence everybody, and when that happened it was extremely powerful – knowing that for a moment the space was transformed. No one could deny who was speaking and who had the power of that moment.
- The international **women in black** movement is composed of women who protest against war by standing in public spaces wearing black, wearing posters with messages and never saying anything. The kind of visibility and its subsequent meaning is extremely powerful throughout the world. In Swaziland, after the King had abducted an 18-year-old woman, the women's rights movement came together and wore mourning gowns for the death of women's rights. This brought the attention of the media and the world community- sitting outside the palace in black gowns had a powerful impact.

## D. Tools: Silence as a tool for responsive

At the heart of responsive leadership is the ability to listen to and to understand others. This model shows how silence can be used as a tool for responsive leadership to shape any responses/interventions.



### 3. HIV/AIDS, human rights and young women

#### Objectives:

- To explore the nature of responses and issues in relation to HIV/AIDS.
- To build the capacity of participants to connect human rights to existing responses to HIV/AIDS.

#### A. Input: Why HIV/AIDS is a rights issue

- Sisonke Msimang (Youth Against AIDS Network, South Africa)

“HIV/AIDS represents a crisis of women’s rights, precisely because if the promises that governments had made to women in the last twenty years had been acted upon, HIV/AIDS would not be as big a problem as it is now. So at all levels, whether we are talking about education or about violence against women, AIDS would not be the crisis it is today if governments had honoured their commitments.

We should first look at the gender norm and the gender double standard. By this we mean that people’s attitudes towards sex and sexuality are shaped by their gender. If you are a young woman, the thought of asking questions about sex and sexuality puts you in a position that others perceive you as knowing too much. So the first level at which HIV/AIDS is a gender issue is at the level of **access to information**.

Secondly, we must make ourselves aware of laws and policies, which actively seek to prevent young people’s access to reproductive health services and information. In many countries, if you are under the age of 18, you can’t access contraceptives. This creates a serious problem. There are particular declarations that have been made, which all governments that are members of the United Nations have agreed to implement. Every government agreed that by 2005, 90% of the world’s young people will have been reached with information and services related to HIV/AIDS. This figure increases to 95% for 2010. This is a huge commitment, which has already been made. Therefore, we already have a framework to use in holding our governments accountable.

Next is ostensibly the issue of biology. Young women are biologically more susceptible/vulnerable to HIV/AIDS. Statistics point out how many more young women are HIV + than young men. Reasons cited are that our biology is different so it is easier for a young woman to contract HIV than a young man. But if more women were in healthy, safe relationships, this would not be as big a factor as it is. This issue of biology is exacerbated by the lack of women’s rights and decision-making power. If women had choices in their relationships about whether or not they were going to be able to use a condom, then you would not see a big gap between young women and young men in terms of rates of infection. So this issue of biology becomes a gender issue, because it is not about female vs. male anatomy as much as it is about women’s roles vs. men’s roles and social relationships.

Fourthly, we need to look at who the caregivers are. On whose shoulders does taking care of others rest? This has serious implications for young women and at the same, but to a lesser extent, for young boys. We also need to look more at the extent to which children are pulled out of school to do different kinds of work. What is happening to children in general in terms of child headed households? Caring for someone that is extremely sick and the implications this has for young people who have to take on this responsibility is

one issue. On the other hand there is a generation of orphans that is being created rapidly— young children raising families of their own. What does this mean in terms of the socialization of children? And as horrific as it sounds, there might be opportunities here for socialising boys and girls quite differently than the current state of affairs. Because when parents are sick in the household, whether the girl or the boy does the dishes -somehow it ceases to matter. But the profound trauma that kids are going through in our context is really something that needs to be seriously tackled. But again, that does have severe gender implications.

Let us now look at inter-generational sex and transactional sex. Inter-generational sex is what is usually referred to as the ‘sugar-daddy’ – which should give us pause for thought. Men who prey on young girls are not sweet, there is nothing sweet or cute or funny or enamouring about this phenomenon. What does it mean for a young woman to have her first sexual experience with someone who is a lot older and a lot more experienced, and who is more likely to be HIV+? There is a high likelihood of negative dynamics in intergenerational relationships – to which the inequalities of gender must be added those of age and economic power. These are issues that are not always clearly articulated.

Transactional sex is where young women are having sex not as commercial sex workers but with boyfriends or male friends or strangers in exchange for goods and services. These relationships carry an added risk because of young women’s lack of negotiating or leveraging power.

These are some of the critical challenges that young women in Africa are facing in relation to HIV/AIDS. How can we link rights and agreements to those particular challenges? What do we use to shift those challenges”?

## **B. Exploring the issues through discussion**

The following key issues emerged in the discussion among participants:

### **a. What does access to reproductive health and services mean? For whom?**

One of the participants shared that “... *in Botswana, currently some schools are distributing condoms because students are scared to go to the clinics, because of stigmatization. But now, headmasters and teachers are complaining that people are encouraged to have sex.*”

Another participant from Barbados added, “... *we don’t distribute condoms, but pamphlets on the different kinds of contraceptives. We have to deal with the perception that sex education increases sexual activity. In Barbados the age of consent is 16 years old. You cannot access medical services etc unless you are over 18 or a parent goes with you. Therefore we are trying to advocate and lobby with government to change this.*”

There is a large body of research, which shows that sex education does not lead to increased sexual activity. \* Sex education actually makes young people wait longer because they understand the implications of sex. It is therefore important to be armed with these facts and figures when confronted about this particular issue, as it can be a very powerful response. This information can be found on the UNAIDS website. ([www.unaids.org](http://www.unaids.org)).

\*Grunseit, A and Kippax, S. Effects of Sex Education on Young People's Sexual Behavior. Geneva: WHO (1993).

Kane, T.T. et al. Sexual activity, family life education, and contraceptive practice among young adults in Banjul. The Gambia. *Studies in Family Planning* 24(1):50-61 (January/February 1993).  
Blaney, C.L. Sex education leads to safer sex. *Network* 14(2) (October 1993).

### **b. Parents' views on access to reproductive health information (sex education)**

Many parents relate to their children about sexuality, sexually transmitted diseases and contraceptives with great difficulty. Yet they are worried about the survival of their children. A recent study in Zambia shows that 64% of parents actually support sex education. Therefore, parents are often not as conservative as we think they are. There is a significant percentage of parents who don't agree with sex education, but there is a tendency to overestimate opposition from parents.

A participant from Zambia whose organisation produces a publication called *Trendsetters* (targeting young people with information about sexuality and other important issues related to youth), shared the following anecdote:

*"I want to share an example of my mom who stays in a different town. She has a friend who is a pastor and when he heard that I was working for Trendsetters, he said to her 'You know your daughter is working for them, do you think you could give me some of these things (publications) because I really cannot talk to my children'. And this is a pastor, and we know in the church they come out very publicly about not wanting to talk about it. However, he knew the reality of what young people are doing and knows that they will go out there and be influenced by other young people, and felt that he needed them to have the information. If he could not say it himself, at least he could give them something he trusted to have the right information."*

### **c. Responsible information campaigns**

The above example raises the importance of having information that is accurate and responsible. A story shared by a participant in Zimbabwe raised the issue of responsible information campaigns:

*"In Zimbabwe we have a serious problem with the ABC campaign. Parents say, my children know about sex because on TV everyday they say Abstain, Be Faithful and use Condoms. But the real issue arose when we had a workshop of young women from all over Zimbabwe. We discovered that people thought they were abstaining because they were abstaining from penetrative sex. However, people were still engaging in oral and anal sex and to them that was abstinence. So it illustrated that people are not aware of the risks that are involved in that sort of thing. And this is because parents are assuming that children know, and the people that launched this campaign assume that people understand. There is also the assumption that condoms are to be used by promiscuous people and that married people don't use condoms- it is a sign of distrust. So there is a big issue with the ABC campaign. People are taught to be faithful to one uninfected partner and we assume that people who are HIV+ do not have sex and they don't know the risk of re-infection. We are going to produce a publication very soon because that is a major issue we thought we should tackle."*

This above story raises a few critical issues. Firstly, although the need for information around reproductive health was acknowledged, the campaign clearly did not take into

account the assumptions that existed within that society. It raises the importance of doing an assessment of the context before embarking on any public education campaigns. Secondly, by simply duplicating models that work elsewhere without contextualising them, there was a negative impact on achieving the objectives of that model.

Also, when talking about the ABC campaigns and condom use in particular, there is not an acknowledgment of the issue of reproduction. People actually want to have children, whether or not they are married. On the one hand condom use does not accommodate the desire to get pregnant, and on the other hand a condom is the only protection against HIV infection. There is not enough debate about people's desire to have children and what it means for HIV positive women.

We also tend to assume that people know how to use a condom properly, when this may not be the case. The following anecdote illustrates this point:

*“At a workshop of community mentors in rural Zambia recently, we trained a group between the ages of 21-45 (mostly younger men). When we got to a condom demonstration, we had many questions that amazed me. You assume so much about what people know about condoms. People had never seen condoms before. There were questions about can I put it on in the morning and wear it the whole day, can I use it again when I am finished. First we were laughing because we thought maybe they were exaggerating, but we realised that people had not seen condoms and this was a sexually active group in a country that has 22% HIV prevalence. And this is 25 years into the epidemic. So that was a real eye opener.”*

This is the reality. Although we talk about the right to access information and services, many people do not even know about condoms.

#### **d. What alternatives can we present to young women regarding transactional sex?**

One of the participants raised the complexity of transactional sex and how to strategize around it.

*“Looking at countries and economic difficulties that we are going through, a lot of young women would not be able to get through it without the support of their parents, without the boyfriends who give them the money to buy food. The money for tuition is usually from parents, but supporting oneself is usually through support from the boyfriends. It is a very difficult issue. A lot of women know what they are doing and they don't see any other way out and the reality is that they need that support. What do you tell the girls? What else can they do?”*

There are two issues to consider. Firstly, the situation reflects the failure of governments to support fundamental rights such as education. The obligation is on states to ensure that there is access to education and that there are well-functioning institutions to provide this basic right. The question to ask yourself is: how are young men managing? They also struggle to get through school, but somehow manage without having to provide sexual services. It is important to recognise that there is gender discrimination and that it is easier for a man to get education and employment than it is for a woman. However, is that structural difference so significant that it really affects whether girls are able to look at other options or not? This is just a question: How are the boys managing?

Lastly, among young women, there is a socialization of being powerful when supported by a man. These are all issues to look at in an attempt to shift the way of engaging with the pandemic.

**e. How do you conduct interventions in different cultural/religious contexts?**

Patriarchy works in similar ways across cultures and continents. It is important to make a distinction between the strategies used that are based on an understanding of certain cultures, and the way these communities are approached in a larger sense. Approaching the context saying 'Muslims are like this, Catholics are like this' creates a distance and creates a false and problematic impression of being all-knowing.

There are local situations that can be harmful and can be transformed into something positive for women. One participant shared the following example:

*In Kenya for example, around the issue of FGM, it is a practice that is practised in secret and in some communities openly. But, women's rights groups have turned it around and have created a space where they have substituted the cutting with something else. It is still a space for the rite of passage.*

This is an example of using a space for harmful practices and using it as a space to teach young people about HIV/AIDS and staying in school.

### C. Tools: Making the connections- HIV/AIDS and human rights

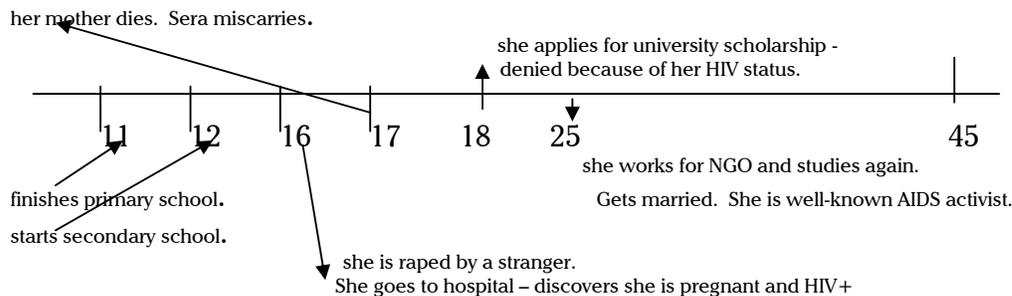
The rights-based approach<sup>2</sup> is a tool in protecting yourself and fighting for others in dealing with HIV/AIDS. Traditionally, the fight against HIV/AIDS focused on health and excluded all other dimensions such as inequality, poverty, power etc. In responding to HIV/AIDS, the most powerful platform we can do it from is that of human rights and of women's rights.

#### Timeline Exercise

The purpose of this exercise is to bring issues of HIV/AIDS and poverty down to a personal level. Participants were asked to draw a timeline for an imaginary character called Sera. The participants were instructed that they had to create a timeline of events that happened throughout Sera's life. For example, they had to indicate whether Sera was from an urban or rural context, as well as her family situation. The timeline had to span Sera's lifetime from 10 years old to 45 years old. The participants were told that Sera would contract HIV, but it was their task to indicate the circumstances surrounding Sera's infection and what happened subsequently in her life afterwards.

One example from the participants:

Sera is from a town in Nigeria. She is the only child. She lives in a single-parent household with her mother.



Key issues/lessons from the exercise:

- From all the stories that were told, there seemed to be ignorance about the possibility of contracting AIDS.
- In the stories the respective character was able to pick up their lives, and ended up in a position to help others. This was also a realisation of her right to life.
- In the case study of Sera Ethiopia, she thought she was not at risk, even though she did know about AIDS. This is one of the class dimensions of HIV/AIDS transmission. Affluent young women don't think they will get it and there is an 'othering' that happens which means it only happens to 'them'. When working with youth, it is important to tailor the message to the group.
- If we look within this story at the hypothetical rape, where the perpetrator was HIV+, there are several issues to consider. Firstly, it is important to look at the rights of the perpetrator and the right of the person who was raped. In the case of human rights, when your rights infringe on the rights of others, it might cost you your rights. If there is

<sup>2</sup> The rights-based approach to development is putting human rights as the means, ends and central focus of human development. (AWID, WREC Primer 1, 2002)

a case of wilful transmission, it could mean you have given up your rights to certain things. The danger with this is that not everyone who commits rape knows that they are HIV+. ~~The danger with stiffer sentences is that it reinforces stigma and discrimination.~~ Inevitably it will impact on the rest of society, i.e. people who have not committed crimes. Being HIV+ is not a crime and laws like this can criminalize being HIV+. The vast majority of people who are HIV+ do not know their status. If most people do not know their status, the law further stigmatises people living with HIV/AIDS. On the other hand, when a woman has just been raped and reports it to the police – what protection can they offer her? The issue of testing a perpetrator is very tricky. Here the issue of someone giving up their rights when they have infringed on someone else's comes in. This has to be done on a case-by-case basis.

What rights were violated in the case studies?

- Rape - The right to freedom, protection and to live a life free from violence was violated.
- When she was raped she should have had access to the treatment (PEP) that would prevent HIV transmission - The right to health.
- She had the right to access information, education and services.
- There is a right to education in international law. So generally one would not argue you have the right to information. (This is part of the International Covenant on Economic, Social and Cultural Rights).
- The right to be free from discrimination – when she applied for a scholarship.

Rights refer specifically to the commitments (by governments) that have been laid down in international law to protect humanity. Being precise and knowledgeable of what the rights are and the language used is important because it is part of a toolkit for activism and advocacy. ~~See appendix A for an outline of rights that would be related to issues of HIV/AIDS.~~

#### **D. Summary**

How does one address human rights and link it to the implementation of project activities in the response to HIV/AIDS?

There are two levels that are important to think about. One, rights will guide program activities. Women's organisations often think that gender is implicit in the work they do around HIV/AIDS. This is not necessarily true, as it is possible to do work on the information and education level that does not necessarily relate or contextualize women's rights. It is therefore important to use the framework of what women's human rights are and slot this in with the ideals towards which the program strives. The other level is advocacy, where what rights are and how to address them is more familiar. In national contexts specifically, many programs have a policy component. In order to move forward with a rights-based HIV/AIDS response, it is necessary to explore how rights relate to policy and advocacy work nationally, regionally or internationally.

The challenge is therefore to find ways of contextualising human rights into existing work and activism and paving the way for innovative approaches to do so. This in itself is a political action.

## 4. Economic justice and HIV/AIDS

### Objectives:

- To understand the linkages between economic globalization and HIV/AIDS
- To build strategies for leadership in the era of neo-liberal globalization

### A. Understanding the macro-economic

Poverty is on the rise. In terms of global economic forces, who is winning and who is losing has everything to do with access and control over global forces/opportunities, access and control over productive resources: land, education, information, health (well-being), leisure time. Within a family, if someone has more access and control over productive resources they are the ones who will tend to benefit from economic development. Yet governments and policy makers are not keeping this in mind when defining poverty reduction strategies and defining who has the resources and rights. The current global economic situation is part of a continuum that has been in process since colonialism. Neo-liberal globalization is a reinforcement of the same patterns.

**In order to gain an awareness of what is happening globally, we need to understand power-relations (north/south, donors, internal interests, economic, democratic etc) - the interests that inform policy decisions. In order to campaign and advocate for economic justice, we need to learn how to engage with and how to influence global institutions.**

Unfortunately there exists a lack of awareness about how the work being done by various civil society role-players is linked to economic issues. This is the why many people are not engaging with the economic agenda and this lack of engagement feeds into existing perceptions that the links aren't there or their concerns are not on the agenda of others. The challenge is to understand who is making the decisions and what the entry points into these decision-making processes are. It is therefore imperative to make strategic connections.

## B. Tools: Young women, men, our communities, our institutions: Our livelihoods

Participants were asked to look at the linkages between the local, the global, HIV/AIDS and poverty. What are the linkages between theory and practice, development and human rights? In sub-regional groups participants mapped out the issues that impact the different levels (micro, meso, macro) in terms of economics. Participants addressed the following questions:

- a. How are young women poor in our communities?
- b. What are the institutions around young poor women relating to this community - schools, micro-credit projects, etc?
- c. From the macro to meso to micro, what are the policies flowing down into our community and then from the community back up to the institutions?

### Sub-regional Reports

	<b>Southern Africa</b>	<b>West Africa</b>	<b>East Africa</b>	<b>Francophone</b>	<b>International</b>
<b>Micro</b>	Lack of knowledge and education, resources, access to land, job opportunities; issues of poverty, cultural practices.	Living in rural areas, lack of access to water, roads, electricity, and education. Having to deal with issues of conflict, likelihood of high pregnancy, HIV/AIDS rates.	Lack of access to education, jobs, healthcare. Low or negative social expectations of women.	Poverty, lack of access to healthcare, education, water. Often living in situations of conflict, sexual violence.	Lack of education, access to healthcare restrictive and reactionary gender roles, poverty, gender based violence, trafficking, food, discrimination (class, caste)
<b>Meso</b>	Legal sector needs to be transformed. Women need better access to the justice system. Challenge the male-dominated control of financial institutions.	High prices, no hospitals. High unemployment. Gender discrimination. Traditional (sharia) laws.	Challenge the culture of institutions – education system, banks, micro-credit facilities, media, culture	Take on governance and transparency issues. Dictatorships. Banks freeze accounts.	Religion, cultural patriarchy. Challenge the media. Seek to transform political parties, governments and their services. Land (acknowledge the spiritual link)
<b>Macro</b>				World Bank, IMF – SAPS. Commerce Trade problems. Raw materials from different countries. Migration.	IMF, World Bank, WTO, Governments. Impact on people. Black market (mafia etc), UN (silences?)

**From all the report-backs the following common themes emerged:**

- At the micro-level there is a lack of access to basic services such as education, healthcare, water, employment, resources (land ownership). Violence within conflict and as gender-based violence was a significant factor influencing this level. Additionally, this level is strongly informed by socio-cultural practices that discriminate against women.
- At the meso level – governments operate services and policies (discriminatory explicitly/ implicitly) against women. This level is strongly influenced by the macro level (eg. World Bank and IMF policies) however the micro does not necessarily influence the meso (whereas the meso definitely impacts on the micro).
- At the macro level – organisations like the UN operate to ensure fair global governance. Entities such as the WTO, World Bank and IMF operate have significant power in silencing the UN as they work in the interest of the market (multinational corporations). This impacts at the meso and micro levels.

### **C. Responses to the economic climate**

#### **(a) Global Economic Justice Strategies**

**As the WTO is currently the most powerful global institution, it is important to look at strategies used by other groups in challenging and influencing it:**

**(i) Trade Advocacy - International Gender and Trade Network (IGTN):**  
[www.genderandtrade.net](http://www.genderandtrade.net)

IGTN is a network of feminist and trade activists from all over the world who have come together in different continents (African, Latin America, North America). They have a three-prong strategy consisting of:

- (i) **Research-** in order to be effective you have to know your facts, make convincing arguments;
- (ii) **Economic literacy program-** explaining economic mechanisms to people, making connections;
- (iii) **Advocacy campaigns** –in Cancun in September all our government representatives come together to negotiate the next round of trade agreements.

**(ii) Trade Facilitation:**

These are organizations in Canada and Europe etc. who work on how they can make the trade process work better. This includes some initiatives to engender and to bring in women's concerns.

There has been much debate about whether we work inside/outside the WTO. It is a strategic decision we all have to make based on where we are placed and what opportunities are available to us.

There is a strong movement trying to abolish the WTO (Abolitionists). Others are saying no (Reformers). Governments are going to start bilateral agreements with the US and the EU. Women's rights and poverty activists are saying that a multilateral system is better and fairer.

## **b. National and local - Poverty reduction as a strategy**

### (i) Engaging with poverty reduction strategy papers (PRSPs)

The PRSPs originally came from NGOs and civil society pushing for more coherent policy development. The emergent process is not working well because it is not participatory, transparent or 'owned' by the countries involved. There are two different strategies with which people can get involved. Those who are engaging in the process will need access to the papers from the World Bank/ IMF. This can be a way for groups of women and youth to say what kind of policies they want.

### (ii) Reviewing micro-credit

Global institutions such as the World Bank and the UN, create the impression that they have solved the problem of economics for women with micro-credit. While micro-credit is doing a lot of good things for women it is not always positive. Resources can be put into bad (ill thought out) projects, which re-enforce the status quo. Such 'bad' projects can go on for years. Many women have more debt now than before due to micro-credit agencies. So we need to ask important questions like: What kind of credit? What kind of training? What would be the best for this particular context?

## **D. Input: Essential services- privatization of water** **-Hamida Deedat, ILRIG, South Africa**

“What has the role of the state been and how has it changed under globalization? It is important to make the connection between what is happening locally and globally and secondly, what the gender implications of this have been. Women are experiencing the impacts locally, yet decisions are made globally and our governments are participating in those processes.

Here are some examples of cost recovery and privatization:

- In August 2001, Madleba (a rural area in Kwa-Zulu Natal (South Africa)) was put on the map, because this community had experienced severe outbreaks of cholera- a water board had been brought in to tender for water services. People needed to pay upfront for the cost of water, and the cost of signing up for water use(registration). This is an area where people are unemployed, where they used to use the river for water and where the HIV/AIDS infection rate is very high. They put in pre-paid meters and on testing the system, they cut off the entire community from water (for 3 weeks) because of a fault in the infrastructure. This resulted in a cholera outbreak as the community resorted to using the water from the river again.
- Post-1994, South Africa's entry into the global economy meant changing trade rules. For example, shoes started being imported from China, where women were earning a bowl of rice, as compared to their manufacture in South Africa where workers would be paid R1000 (US\$150) per month. It was therefore cheaper to import the shoes and the result was that women making the shoes in South Africa lost their jobs, which had a

range of consequences such as their inability to pay bills so their water and electricity were cut off, they couldn't afford to pay for health care, education etc.

- In Bolivia, Bectel went in and destroyed the local government services and privatized water services and delivery to the people of Bolivia. The local people were not happy with the service and took to the streets to protest.

What happens when water gets privatized? The burden on women increases, as women traditionally are the ones having to fetch water. Imagine yourself as a woman, who once had a job, who had money, and she has lost her livelihood because of these decisions. How do you then understand what is happening at the bottom is effected by what is happening at the top? Then we look at the WTO, which holds the monetary power of the world system. Imagine in Africa where women are walking kilometres for water, what will happen if it is privatized? And we need to ask ourselves, what are the global pressures forcing us to experience this burden?

### **Strategies for resisting privatization**

- The fight is global, we should therefore not only resist nationally and locally (this should include lobbying the government and holding them accountable), but we should also connect with other movements in other countries to share experiences and mobilize.
- We should look at our personal consumption patterns e.g. drinking bottled water. By buying these products, we are not using our consumer power to resist.
- We need to be aware of how privatization is framed. Governments are getting worried about social movements and have now renamed it PPP (Public Private Partnership).

In terms of neo-liberalism, governments are following the path dictated by corporations and in the process, forget people on the ground. The privatization of water is the re-colonisation of the developing world. If we don't do something to stop it, we are part of the process that legitimises it. We need to start educating each other and get involved in social movements".

## **5. Building a young women's response to HIV/AIDS**

Participants identified a need for the creation of a young woman's network within Africa to allow for ongoing communication and strategizing. The network serves the important function of supporting young women's leadership and efforts in the different struggles for social justice. By ensuring ongoing communication and strategizing amongst themselves, as well as other interested young women in Africa, the network would maintain the momentum gained from the Institute to ensure strategic advocacy and activism at all levels.

The network is organized as follows:

### **a. The agenda**

The network's vision is to strive for the attainment of young women's rights (in relation to HIV/AIDS, economic issues, leadership) to enable young women to live their lives to the fullest potential.

Objectives:

- To promote activism around young women's rights
- To provide support for other young women working on social justice/transformation
- To support the leadership of members of the network (personal/ professional challenges)

### **b. The methodology**

- Sharing of information and key networks – making linkages with other people (email list, website, bulletin boards)
- Transforming the stigma around HIV/AIDS (research, generating new knowledge, media)
- Facilitating a local young women's network (sub-regional co-ordinators)
- Setting up study groups
- Networking with local social justice/ gender movements and individuals
- Educating and training (capacity building), media inputs and analysis

### **c. Next steps**

Participants each committed to the following tangible follow-up activities:

- To put the workshop report on their organisational websites
- To contribute to various media through newspaper articles (or columns) and reports.
- To take the summary of the workshop report to different structures and constituencies (youth, women and human rights organisations)
- To form study groups to share information
- To find out more information on different issues (how to make linkages) and build individual capacity
- To make connections with other young women in countries which are not represented at the workshop
- To incorporate gender policy analysis and economic analysis into strategies and work
- To share with each other ongoing research results and methods.
- AWID to make sure there are linkages with Cancun (WTO)

- To incorporate some of the strategies for organisational development into the work we do.

## **6. Challenges faced by young women in organizations**

### **Challenges:**

- Young women in organisations often have more responsibilities than they should have and they end up feeling overwhelmed. In some cases they are also given duties that are inappropriate (not work-related).
- Their ideas and visions for organisational growth are often ignored because of their status within the organisation, their age or because it is so different from other organisational perspectives.
- They may lack the experience to implement ideas or to use creativity within a workplace situation.
- They may face discrimination based on age, which impacts on access to office space, to inclusion in processes etc.
- They may be targets for sexual harassment and bullying by male members or older members in the organisation.
- They may get caught in a pattern of ‘chronic volunteering’ – volunteering for endless periods without being offered a contract.
- Language/communication is sometimes an issue for young women in organisations.

### **Strategies:**

- Contribute towards creating a supportive environment where there is open communication and a space to share ideas. This should include spaces for debriefing on not only work, but how people feel (making the connection between the personal and the professional)
- Emphasise teamwork rather than competition.
- Self-empowerment – building up knowledge beyond the issues with which you are immediately engaged
- Building on communication skills by taking opportunities to speak up in meetings
- Understand roles and responsibilities. Clarify this for accountability purposes
- Build relationships and support networks outside of the work environment
- In cases of bullying or harassment, find allies or possible supporters to provide advice and support.

*“Balance the personal and professional. Don’t make your job your life.” (YWLI Participant)*

## 7. Public event: Local strategies in the fight against HIV/AIDS

Wednesday July 2<sup>nd</sup> 2003

### Highlights from the panel discussion

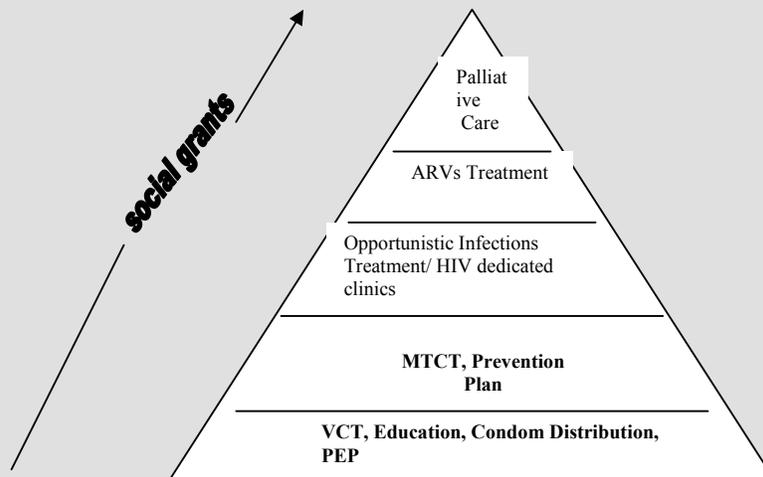
This public forum profiled three strategies being used in the Western Cape around Tackling HIV/AIDS and Poverty.

#### **Nomfundo Dubula – Treatment Action Campaign**

*Nomfundo Dubula is the Provincial Treatment Literacy Coordinator for the Treatment Action Campaign (TAC):*

“The Treatment Action Campaign (TAC) is an advocacy and lobbying group that advocates for HIV treatment and better healthcare for people that are living with HIV/AIDS in South Africa. TAC started in 1998, because many people living with HIV died without having access to treatment. TAC recognised that the policy of the country didn’t accommodate people who are already infected with HIV, and in fact discriminated against them. Since we are concerned with preventing new infections, one of our major campaigns has been around ensuring that nevirapine was given to HIV+ pregnant women so that we would be able to save their babies from contracting the virus.

As part of their efforts to address poverty and HIV/AIDS, TAC has proposed a prevention and treatment plan (for 2000 – 2005) to the government, which would accommodate treatment of people living with HIV as well as those not infected. The plan includes the ABC (abstain, be faithful, condomize) program, treatment of opportunistic infections, mother to child transmission (MTCT), counselling etc.



The first level of the plan is the availability of voluntary counselling and testing centres (VCTs) which should be accessible to everybody, not only at clinics, but at youth centres, shopping centres etc. There should be programmes where there are post exposure prophylaxes (PEPs) available to people because of the high incidences of rape and sexual assault as well as sustainable condom distribution programmes (door-to-door). All of these should be accompanied by education. For example, if someone is tested HIV negative there should be ongoing education in order to ensure that they are able to stay negative. TAC is advocating for these programmes to be available and visible to the people that are vulnerable.

Secondly, TAC is proposing that Mother to Child Transmission (MTCT) programmes be set up in all areas (rural and urban).

Thirdly, we are asking that adequate essential medications be available to treat opportunistic infections. Currently there is none, i.e. there are no clinics solely dedicated to treating HIV/AIDS. If there were HIV-dedicated clinics to treat the opportunist infections then there wouldn't be an influx of people coming from under-resourced communities to programmes like that of *Medicins Sans Frontieres* which already is small and strapped for resources.

Finally, we ask that the anti-retroviral (ARV) programmes should start so that people's lives are prolonged and they can continue working and taking care of their children. HIV is killing the breadwinners of families and the children are left behind.

If all the above were provided, then fewer people would need palliative care, there would be fewer people who are terminally ill because people would be using ARVs and they would have been treated for their opportunistic infections. Palliative care is the care needed for people in the last stages of HIV- they are terminally ill, they can't eat; they can't do anything that they previously did on their own and they are in constant pain. Currently, the government is putting all the responsibility for palliative care on NGOs' hospices, which is unsustainable.

TAC also supports organisations that are lobbying and fighting for social grants because we acknowledge that people need social grants in order to survive. Social grants would mean that people living with HIV would be given a disability grant. Currently, people are given this only in the third and fourth stages of infection. By then it is already too late to boost their immune system by having good nutrition. TAC is saying that they should be given the grant at an earlier stage so that they will be able to sustain or keep up their immune system and be able to stay healthy and fight off the opportunistic infections. So if this treatment and prevention plan is put into place, there wouldn't be a death rate in South Africa of six hundred people per day. This is impacting on the workforce, breadwinners are being lost, and it increases poverty.

Apart from advocating for this plan, TAC is educating communities, clinics, churches, school, and labour movements. We also run support groups for people living with HIV. In 2002, we established PANTAM, the Pan African Treatment Activist Movement where we invited all of our African allies, Botswana, Kenya and all the other African states to start an African movement that will fight for access to treatment throughout the continent."

**Khaya Nkontso, Planned Parenthood Association of South Africa**

*Khaya Nkontso works as a project coordinator for the Planned Parenthood Association of South Africa. He coordinates their Men as Partners project in the Western Cape.*

"I'm here to try and answer the question, 'Does working with men around HIV/AIDS prevention and poverty help or hinder the fight?' I don't know about other people, but for me it is very easy to answer this question.

Working with men in preventing HIV and poverty alleviation is helping the fight against HIV/AIDS and does not hinder or hamper or disturb the [women's] fight, indeed it brings power and value to the struggle. At the 1994 International Conference on Population and Development (ICPD) there was overwhelming agreement that men need to be involved in sexual reproductive health and HIV/AIDS prevention in particular. In 1995 at the

International Women's Conference in Beijing, again there was agreement that men need to get on board and help assist women to fight all the issues around sexual and reproductive health.

I want to share a story with you. There was this man that couldn't control his erection. He tried all the tricks in the book but they didn't work. He did not want to go to the clinic or doctor fearing that he would ridicule himself even more than with what had happened in front of his girlfriend. He decided to go and see a specialist (witch doctor) in Saudi Arabia who was not trained in any medical profession. This 'doctor' gave him three pills. He was instructed to take a pill before sexual intercourse, which would allow him to maintain his erection. After sexual intercourse he was advised to just whistle and the erection would go down again. He paid a large amount of money. Before leaving Saudi Arabia, he decided he should check the pills. So he swallowed one of the pills and he got his erection, and then he whistled again so that the erection could go down. He was therefore assured that the pills were working. Back in South Africa, he invited his partner over. Before his partner came he decided to test the pills again in order not to be embarrassed in front of his partner again. He tested it and it worked. So the moment of truth came in the middle of the night, he was whistling very happily and went to the toilet and swallowed the pill. He came back and his partner was so surprised at his erection that she whistled.

Unfortunately his erection went down again and there were no more pills to help him out. I am using this story to illustrate that sometimes when you hear of men's ignorance around sexual and reproductive health or men's ignorance on issues around HIV prevention, those stories are not false. They are in many cases true. Some people still believe that HIV/AIDS is caused by contraception. If you look at the words that men use to name their penis, they use words like *induko* or *indoka*, they use words like *umsheza umplakabetshana* which means horn. All these words illustrate that men have the mentality that in sex you are going to fight to achieve satisfaction.

Looking at why we should involve men in the fight against HIV, I would highlight a few reasons that I think are central. Firstly, men's health is also important, yet it receives no attention from health service centres. Men avoid visiting clinics as they feel pressured by the social stereotype of men being 'stronger' and therefore not having to seek help. So if a man has an STD he will pretend that nothing has happened and continue with his life as if he is still healthy and will continue to have sexual intercourse without any condom. Thus men's ignorance undermines the efforts made by many institutions that try to advocate or empower women. In mixed (men's and women's) workshops by PPASA, the turnout is usually about twenty women and two or three men. What happens is that eventually women are empowered through these workshops or clinics by getting more information around HIV/AIDS and other sexual and reproductive issues? When they get home, men try and maintain their 'authority'. By saying for example, 'I'm the man here! I make the decisions.! How can you come and tell me that I must use a condom?!'

Secondly, many men (those who are not necessarily homosexual) have anal sex with other men, while some married men will visit sex workers and have anal sex with them. When they go home they won't say anything about having anal sex in the street because the issue of anal sex (especially between men) is very sensitive; it is still forbidden and not accepted, so nobody talks about it and it remains hidden. So all of these activities don't actually remain in the streets – they come back to haunt the families; especially the women.

The last reason why I would say it is important to include men in strategies is that HIV should be tackled as a family problem and not only seen as a women's problem or as a man's problem. I am saying this because if you look at programmes that are offered at clinics, programmes like Mother to Child Transmission (MTCT)- although men are not

there- if you look and think carefully, I am sure you would agree with me that at any MTCT programme introduced, both partners should be there because there will be financial implications involved. Also if you cite crime as one of the major consequences of poverty you will agree that many of the serious crimes that are committed are committed by men and the victims in many cases are women. So if we can get men on board, and try to educate them, try to involve them in any way in fighting against the spread of HIV/AIDS and also poverty alleviation, to me there is nothing that hinders progress in that.

In the context of the ICPD (1994) there were many things that were identified as challenges to implementation. One of these was that if men were involved, then the limited resources available would have to be divided between men and women and that this would undermine and water down what has been done by women. I guess that helping men would require a significant amount of financial resources, but in the end the results will be more sustainable and hopefully lead to fewer resources needed in the future as we stop addressing the symptoms and start addressing the roots of problems. The Men as Partners programme of PPA works with men wherever we can find them. We go to prisons, taxi ranks, armies, communities, formal and informal settlements, schools and universities to educate men. In our workshops we have a number of subjects and topics that we cover: sex and sexualities, gender and sexualities using a methodology that tries to inject a sense of responsibility to men and also to sensitise men about gender issues. So therefore, **yes**, if men are involved and if careful steps are taken to involve them, I think a lot of impact and progress could be made in terms of them changing, and being encouraged to take a lead in the fight against HIV/AIDS.”

#### **Petronella Goliath – South African HIV/AIDS Vaccine Action Group (MRC)**

*Petronella is the Community Educator for the South African HIV/ AIDS Vaccine Action Group of the Medical Research Council. .*

“I must start off by saying that in South Africa and around the world, we focus mostly on treatment, care and support in relation to HIV/AIDS. The organisation that I’m working for has the mandate from the government of South Africa to work on something different, something that’s called an HIV vaccine. The vaccine is not a cure for people who live with the virus but will be a preventive method for those who are not infected with HIV. Even if we have this vaccine after a couple of years of development we will still need to send out the messages of abstinence, condomising and faithfulness. So although we are working on the vaccine, we still support the organisations that educate and advocate for people on treatment and prevention issues.

The vaccine will not infect someone with HIV; it is a vaccine that will stay in the person’s body. It will develop antibodies for a “personal alarm” within the immune system. We know that antibodies cannot be transferred from one person to another person because all human beings have their own antibodies.

So why did we start with looking for vaccine? In 1998 the South African Government and Eskom donated money for a project for scientists to develop a vaccine. Research has shown that a vaccine is the only way to stop new infections of viral or bacterial diseases. And it is also proven that after a vaccine had been found for small pox and polio, new infections stopped happening in some areas, while being totally eradicated in others. The scientists then decided that since the HIV/AIDS rate was increasing daily, there was a need to look at a method of intervention to stop new infections. Globally there are other efforts being made to look for a vaccine, as well.

The development of the vaccine has been demarcated into three phases. The first phase is done in the science lab where different ideas have been explored and written up. This phase has been completed in South Africa. The second phase is where clinical surveys are carried out, where pre-clinical trials are done on some human-like primates. This phase has also been completed in South Africa. The third and most important phase is the clinical human trial phase. This is where South Africa is now - not only South Africa, but also Africa in general. This is the phase where we will look at whether the vaccine will be safe for human beings and whether it will perform the way that it was hypothesised. Will the vaccine produce antibodies within the human system so that the body can fight off the virus? We recently received the go-ahead from the Medicines Control Council, so the first human trials will start soon.

In the human trial phase there are three other phases. The first phase is the bigger human clinical trials where we will select twenty to fifty people to see whether the vaccine is safe in the human body. That is just to find out whether it will work in the desired way. If the vaccine proves to be safe in the human beings we will then move on to a second phase. We will select hundreds of people to see what dosages are needed in order for the vaccine to be effective and whether it will develop antibodies within the human system. If that phase is successful, we will move onto the third phase where we will see whether the vaccine is doing what we want it to do and that is to fight the virus totally, or whether it just weakens the HIV virus within the body so that it prolongs the persons life, slowing the development from HIV to AIDS.

This phase will take approximately two years. So we won't have a vaccine in five years' time. If we are lucky we will have a vaccine in approximately 12 years' time. Most people ask why we are looking for a vaccine if the results and the technology are so far away. . The answer is that some of us don't have children and we might want to have children by that time and we need to make sure that the HIV virus does not continue and that more people don't get infected.

How are we going to select people to take part in the vaccine trials? First of all, for Phase One and Phase Two studies you need to be HIV negative, you need to be extremely healthy- meaning we wouldn't like to have candidates that have cancer- and we hope they don't become pregnant during the trials because we don't want to expose the unborn baby to something that we are not a hundred percent sure is safe in the adult human body. We have therefore gone out and done education and awareness-raising. This involves education on people's human and legal rights within the vaccine trial. At the trial site people are given extensive education so that they give informed consent, meaning that they understand the risks involved in participating in the trials. Participants are also informed that if they don't want to take part in the trial any more they can withdraw.

Regarding risks for clinical trials, the first risk that might be involved in the human trial is that if you are injected with the HIV vaccine, when you go for a laser test or for a rapid test you will test HIV positive. So how do we deal with it from an ethical standpoint? We are mobilizing the scientists or the trial sites to get a certificate that the participants can carry so that if they want to go for life insurance or anything requiring an HIV test, they will then have that certificate explaining their participation in the trials and hence their HIV positive status. The other risk is that because of stigma around HIV, people might assume that those who participate in the vaccine trials are HIV positive. So we need to raise awareness in the community, as well as with those participating in the vaccine trials. In terms of bodily harm, we cannot speculate whether there is going to be any harm that is going to be associated with the vaccine trial unless we start the trials and find out.

Lastly, I want to reiterate that this vaccine will not be a cure. And even if in 12 years' time we have a vaccine, we still need to stress abstaining, prevention, and treatment issues. We also need to know that the vaccine cannot cause any HIV infection.”

## **8. List of participants**

### **1. Facilitators/Resource People**

Pregs Govender, South Africa  
Sisonke Msimang, South Africa  
Hamida Deedat, South Africa

### **2. Africa Region Participants**

Beryl Aseno – Kenya  
Josephine Ajambo – Uganda  
Masuka Mutenda – Zambia  
Hosanna Bayo – Nigeria  
Yolande Makolo – Rwanda  
Adelaide Silika – South Africa  
Nomangezi Matiyase – South Africa  
Fikirte Getahun-Worku – Ethiopia  
Zanela Maphalala – Swaziland  
Rudo Chigudu – Zimbabwe  
Roseline Nargbe – Liberia  
Mpolokang Moses – Botswana  
Ramatou Bagagi – Niger  
Sylvie Ngoume – Congo Brazzaville  
Julliene Akou Sena Badji – Togo  
Virginia Kamowa – Malawi  
Lerato Legoabe – South Africa

### **3. International Participants**

Natalie Reifer – Barbados  
Malika Kasimova - Uzbekistan

### **4. YWL Advisory Group**

Nyambura Ngugi – Kenya  
Anasuya Sengupta – India  
Sheryl Wong – Australia

### **5. AWID Staff**

Joanna Kerr – Executive Director - Canada  
Grace Toleque – Canada/Central African Republic  
Alison Symington - Canada

### **AWID - YWL Team**

Shamillah Wilson – YWL Program Manager - South Africa  
Kristy Evans – YWL Intern - Canada  
Claire Mathonsi – YWL Volunteer - Zimbabwe  
Rushana Du Toit – YWL Admin Assistant - South Africa

## Appendix A

*Extract from ACT NOW: A resource guide for young women on HIV/AIDS (UNIFEM, AWID 2002)*

<b>International Convention</b>	<b>Year</b>	<b><u>How It Can Protect You</u></b>
<b>Universal Declaration of Human Rights (1949)</b>	1948	<p><b>Article 1:</b> All human beings are born free and equal in dignity and rights.</p> <p><b>Article 16:</b> Men and women have the right to marry and to found a family, and that marriage should only be entered into with full consent of both intended spouses.</p> <p><b>Article 3:</b> All human beings have the right to life, liberty and the security of person.</p>
<b>Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)</b>	1981	<p><b>Article 16</b> states parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations.</p> <p><b>Article 12 and 14</b> affirm women's rights to equal access to family planning services and information and counselling in this respect.</p> <p><b>CEDAW Committee General Recommendation Number 121:</b> Considering that articles 2,5,11,12 and 16 of the Convention require the States' parties to act to protect women against violence of any kind occurring within the family, at the workplace or in any other area of social life, they should include in their periodic reports to the Committee information about:</p> <ol style="list-style-type: none"> <li>1. The legislation in force to protect women against the incidence of all kinds of violence in everyday life (including sexual violence, abuse in the family, sexual harassment at the workplace etc.).</li> <li>2. Other measures adopted to eradicate this violence.</li> <li>3. The existence of support services for women who are the victims of aggression or abuse.</li> <li>4. Statistical data on the incidence of violence of all kinds against women and on women who are the victims of violence.</li> </ol>
<b>Convention on the Rights of the Child (CRC)</b>	1990	<p><b>Article 1:</b> A child is anyone under the age of 18.</p> <p><b>Article 24:</b> Every child has a right to health care services.</p> <p><b>Article 28:</b> Every child has a right to education.</p>
<b>International Conference on Population and Development (ICPD) - Program of Action</b>	1994	<p><b>The objectives of the POA includes:</b></p> <p>(a) Eliminating all forms of discrimination against the girl child and the root causes of son - preference that results in harmful and unethical practices regarding female infanticide and prenatal sex selection.</p>

		<p>(b) Increasing public awareness of the value of the girl child, and concurrently, strengthening the girl child's self-image, self-esteem and status.</p> <p>(c) Improving the welfare of the girl child, especially in regard to health, nutrition and education.</p>
<b>Fourth World Conference on Women in Beijing Platform for Action</b>	1995	<b>Paragraph 96:</b> The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.
<b>Millennium Development Goals (Millennium Summit)</b>		<p><b>Goal 2:</b> Achieve universal primary education. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.</p> <p><b>Goal 3:</b> Promote gender equality and empower women. Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015.</p> <p><b>Goal 6:</b> Combat HIV/AIDS, malaria, and other diseases. Have halted by 2015 and begun to reverse the spread of HIV/AIDS.</p>
<b>United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS</b>	2001	<p><b>Paragraph 4:</b> By 2005, reduce HIV prevalence among young men and women aged 15-24 in the most affected countries by 25 per cent globally by 2010, and challenge gender stereotypes and attitudes and gender inequalities in relation to HIV/AIDS, encouraging the involvement of men and boys.</p> <p><b>Paragraph 53:</b> By 2005, ensure that at least 90 per cent and by 2010 95 per cent of young men and women aged 15-24 have access to the information, education and services necessary to reduce their vulnerability to HIV/AIDS.</p> <p><b>Paragraph 59:</b> By 2005, bearing in mind the context and character of the epidemic and that globally women and girls are disproportionately affected by HIV/AIDS, develop and accelerate the implementation of national strategies that: promote the advancement of women and women's full enjoyment of all human rights, promote shared responsibility of men and women to ensure safe sex; empower women to</p>

		have control over and decide freely and responsibility on matters related to their sexuality to increase their ability to protect themselves from HIV infection.
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