

# From silence to response on Gender (IN) Equality & HIV

## SANAC Women's Sector



### Chairperson: Mmapaseka Letsike

**R**ecently South Africa celebrated National Women's day, I was reminded about the recent Women conferences, discourses and discussions taking place everywhere- which really revealed how much work is still needed to enhance the situation of women and girls. While women and girls living with and affected by HIV are on the frontlines of the HIV response, our involvement in policy setting and related decision-making processes remains a major challenge and resources remain largely inaccessible for women's groups, in particular those living with HIV.

2011 marks thirty years into the HIV epidemic, HIV-related stigma and discrimination persist, and continue to pose significant barriers to successful HIV responses. Women living with HIV experience particular forms of stigma and discrimination, especially in relation to our perceived or actual roles as mothers and carers, in accessing services such as sexual and reproductive health, and in claiming our rights. Women belonging to key affected populations are often doubly stigmatised on the basis of

gender and age, sexual orientation and gender identity, use of drugs, experience of prison, disability, migration status, or profession - including sex work. HIV response requires great effort to eliminate the stigma and discrimination faced by women living with HIV and other key affected women, particularly within health services.

The dual epidemic of HIV and violence against women and girls, and the fact that violence is both a cause and consequence of HIV, are now widely recognised. As a result, new policy and legislative frameworks, and advocacy and funding campaigns are increasingly in place. Nonetheless, women and girls continue to be subjected to multiple and overlapping forms of violence, such as psychological, sexual, physical, institutional, and structural violence, reinforced by harmful socio-cultural practices. Many marginalised women, including women in sex work; women who use drugs; and lesbian, bisexual, and transgender women and men, are also especially exposed to violence. The HIV response must improve efforts to address violence against women and girls, particularly against women living with HIV.

Since 2001, attention to the gender dimensions of HIV has grown. The HIV epidemic has necessitated increased focus for advancing gender equality to ensure better and more successful HIV prevention, treatment, care, and support. It is critical to build stronger alliances between the HIV movement and the women's rights movement: to reinforce advocacy for gender equality and equity, within the context of HIV, and to enable all women to seek greater autonomy over our sexual and reproductive health and rights, as well as greater economic independence.

While significant progress is being made to increase HIV-free delivery, women face major challenges in terms of securing their sexual and reproductive health and rights, at risk of being treated as 'vessels' and 'vectors' of sick babies and disease. While prevention of HIV transmission to babies has served as an important entry point for HIV prevention and treatment services for women and families, this approach alone is reductionist and inadequate, while we focus on children we need to prioritise women and mothers. Moreover, utilisation of anti-natal

clinics is hampered by judgmental attitudes and ill-treatment by certain healthcare providers, particularly for marginalised women. These rights violations undermine efforts to improve all maternal and child health, as well as HIV care. Integrated sexual and reproductive health and HIV prevention, care, and treatment services must be available and accessible for all women and girls, within and beyond the anti-natal setting.

HIV prevention research has yielded promising results, with recent breakthroughs in women-centered prevention technologies. However, access to existing technologies continues to pose challenges as women globally cite an unmet demand and need for female condoms. While most notably the proof of concept for a microbicide has been achieved, much more investment needs to be directed to research in women-centred prevention technologies (such as microbicides and female condoms; pre- and post-exposure prophylaxis; microbicides for women with HIV), as well as in ensuring availability of and access to these technologies for all women.

While South Africa and globally is increasingly recognising the need for comprehensive, rights-based, and evidence-informed, sexuality education, consistent access to comprehensive gender-sensitive sexuality education within and outside schools, particularly for young women in all their diversity, is still inadequate or even lacking. Young women and girls require the necessary knowledge and skills to protect themselves against HIV, to uphold the rights of those who have HIV, and for all to lead healthy, productive lives.

Women leaders, providing care in their communities, are becoming increasingly mobilised and visible – yet they still lack adequate recognition, support, training, supplies, or remuneration for all their work. In addition, female health service providers living with HIV experience significant levels of stigma and silence, affecting their own health seeking behaviour for effective treatment. Women and girls further seek to more equitably share caregiving with men and boys in their communities. It is also crucial to engage men and boys for social change, as supporters of women's rights and gender equality, mainly to addressing negative male behaviour and changing harmful gender norms such as early marriage, male domination of decision making, intergenerational sex and widow inheritance.

All women and girls from every region of South Africa and beyond articulates a clear desire for an HIV response that engages and addresses women and girls in all their diversity, regardless of age, HIV status, sexual orientation, or socio-economic status amongst others. Increase in uptake of HIV services will only occur when services respond to the realities and needs of all women and girls, including those of us living in rural and hard-to-reach areas, young women, women living with HIV, women with disabilities, transgender women, women who have sex with women, women involved in sex work, refugees, women who use drugs, and indigenous women.

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**Mmapaseka Letsike is the chairperson of the Sanac Women's Sector**