

Mujeres Adelante

Daily newsletter on women's rights and HIV – Mexico City 2008

In Focus...

Luisa Orza

Mexico international women's march

Todas las Mujeres – Todos los Derechos / All Women – All Rights

Rain was predicted for the women's march. But the weather must have joined in the general mood of defiance, as the sun beat down over Mexico City's *centro historico*, where a vibrant throng of women, men and children took to the streets to demand 'all rights for all women'.

The crowd of approximately 500, who set off from Hemiciclo a Juarez to march the half-mile or so to the Plaza del Zocalo swelled to approximately 2,500 during the hour it took us to reach the square. Accompanied by a band of tireless drummers, we didn't so much march as dance through the streets; not a hip was left unswayed, not a hand unclapped, as we brandished colourful rights-bearing balloons, flags, tee-shirts



and ribbons. Locals lined the streets and many joined us, unable to resist a good party and a good cause. The atmosphere supported inclusiveness – HIV positive women, sex workers' groups, transgender women, LGBTI, young and old, Mexican and global, all mixed together happily. Men

turned out in significant numbers, making up a much larger proportion of the revellers, than we had at Toronto's women's march, and the mood was light and carefree.

But the party atmosphere did not obscure the reason for the march or the seriousness of the messages writ large across the stage in the square. **Todas las Mujeres – Todos los Derechos!** Among the impressive line-up of speakers were march organiser Hilda

Perez, of Balance, 16-year-old Stephanie Raper of ICW, Oxfam ambassador Annie Lennox, YWCA general secretary Nyaradzai Gumbondzvanda and Arely Cano of ICW Latina. As they reminded everyone, women in Mexico and

Whats inside:

Special report:
The right to safe abortion

Feedback from the Global Village...
We are just as vulnerable

News from the 'margins'...
Punitive procedures

Women's realities...
Motherhood without discrimination

Women's Voices...
We need a voice!

Regional voices...
Esterilización coercitivas

elsewhere continue to bear the brunt of HIV and AIDS. Until all women are able to realise all their human rights, we cannot hope to see a reversal of the pandemic. Here and all over the world, women continue to be excluded, exploited and violated, and have fundamental rights and freedoms – to education, to holistic healthcare, to sexual expression, to reproductive choices, and to be free from violence – denied.

Tomorrow the essential work for these demands will carry on, but for tonight, the dancing continues.

Luisa is the Monitoring and Evaluation Officer of ICW.



Luisa Orza and Sue O'Sullivan

Putting 'Women' back into 'Gender' Politics

HIV and gender equity advocates convened in the **Women's Networking Zone** for a **critical dialogue** on the meanings of 'gender'. Since its introduction into development-speak, 'gender' has often faced the same fate as 'women' – either being side-lined as an area, which is of no interest to groups or organizations that don't specifically work on women's issues, or being responded to with so-called 'gender fatigue' from people who are 'bored of hearing women bang on about their problems'. Yet more recently, the politics of HIV and development work have resulted in 'gender' becoming a must-have in HIV-programming and responses, and the word has begun to lose its political impact, and have its analytical uses obscured. Suddenly we are facing a situation where 'gender' may refer to any number of different groups, including men-who-have-sex-with-men (MSM), transgender groups, sex workers, LGBTI (Lesbian, gay, bi-sexual, transgender, intersex people), and other sexually marginalized groups, most of which also include women, but do not refer specifically to women, or their positions within such groups. 'Gender', once marginalized as being specifically about women, is now everywhere, but has been stripped of its analytical use. Women have become obscured within its multifarious uses and meanings.

...If you inadvertently use the 'G' word when you mean 'women' this will steer policy and action away from women and girls... (ICW staff member)

The last thing ICW wishes to do by exploring this issue is to create competition for ever-shrinking resources between different marginalized groups that now fall under the gender umbrella. What we would like to do is galvanize thinking around how to pursue HIV positive women's specific needs and interests without these being mystified by the imprecise use of 'gender'.

Women at the session agreed that there was an important

place for both the words 'women' and 'gender', although among some people, there is still a lot of confusion about what 'gender' is all about. Gender does not refer to an individual or group of people, but rather to complex and fluid systems, which influence relationships and behaviors between them. These include who has the power to make decisions, and who has access to and control over resources.

For example, male circumcision is often not treated as a gender issue, because it's not directly about women. However, as one participant in the session pointed out, if a man is circumcised, who is going to look after him during the weeks of recovery period after the operation? This illustrates a way of using gender to understand more about the impact of a particular policy or program.

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Although there was confusion or frustration about women having to 'fight for their space' when 'gender' is used as a buzz-word for ... anyone and everyone, the session ended with one of the speakers, Alice Welbourn, reminding us that a gender analysis at the individual and community level, can be a liberating experience and a powerful tool for change. So let's use a gender analysis to understand the reality of women, and others, but as Beri Hull from ICW says, 'if you want something for women, say 'women'.

Luisa and Sue are from ICW.

Pacific Islanders Making Waves... Rachel Yassky

A robust and comprehensive effort to ensure the Region's capacity to achieve the 2001 UNGASS milestones is underway in the Pacific – the Pacific Regional Strategy on HIV/AIDS. Robert Verebasaga, representing the Region's comprehensive inter-governmental effort, explained that the Regional Strategy, expanded for 2009-2013, constitutes the 26 member countries' framework for ensuring coordination and priority-setting.

Harmonization, and minimizing duplication of resources, are key challenges for a region composed of island nations stretching over thousands of miles.

Challenges notwithstanding, Pacific Islanders are eager for the international community to recognize them in the global epidemic. When asked about his goals at the IAC, Jovesa Saladoka identified the importance of showcasing the Pacific



Region's isolation from the global community. While the Region may represent a small fraction of the global epidemic, it demands the same attention. 'We are just as vulnerable as everyone else' – he commented.

Jovesa was also quick to showcase the Region's terrific successes. A behavior change communications specialist at the Secretariat of the Pacific Community's HIV and STI Section, Jovesa lauded the popular 'edutainment'

TV series *Love Patrol*. A popular theatre company, called Wan Smolbag, worked with the Pacific Regional HIV/AIDS Project to develop the mini-series, which was fantastically received. He sees the series' success as an indication of the value of fostering an enabling environment for public discourse.

Rachel is a member of the ATHENA Steering Committee.

News from the margins...

Comment on Arresting Drug Users

At the Harm Reduction Zone of the Global Village we interviewed Sam Friedman, of NDRI, about his challenging and path-breaking research, which shows that arresting hard drug users does not decrease the number of drug injectors. On the basis of data from 96 metropolitan areas of the U.S. from 1992-2002, Friedman shows that increased arrests did NOT lead to any decrease in drug injectors. If anything, Friedman commented, increased arrests might be associated with an increase in drug injectors.

Friedman has already demonstrated in a 2006 publication that, between 1994-97 metropolitan statistical areas with higher hard drug arrest rates had higher HIV prevalence

among injecting drug users in 1998. Thus, the major increase in arrests over the past decade may in fact have contributed to an increase of HIV infection.

For women this news is particularly significant. According to Friedman, women drug users make up approximately 30% of the drug using population, and are arrested on charges of selling sex as well as for drug use. As a result of arrest and incarceration, they are removed from their households and community and face the risk of losing custody of their children. Such procedures are already being challenged by women in these situations. The new data that arrest does not reduce drug injection provides a powerful argument against the punitive procedures now in place which can destroy the lives of women, men and their children.

Activists need to expand the rolling-off-the-tongue term 'stigma and discrimination' – it's too narrow a framework and it doesn't name more of a range of violation that our movements are already doing advocacy on, including violence. And because it omits the term 'rights', it misses the opportunity to use language of accountability. Activists would be better suited advocating for 'stigma, discrimination and other rights violations'. That says more of what we mean, and it implies that people have rights to make demands from the state.

– Cynthia Rothschild, USA

Women's Realities...

Esther Sheehama

Robbed of Motherhood

HIV impacts on people's ability to achieve their full sexual and reproductive health rights and sexual pleasure. The need to address sexual and reproductive health and HIV and AIDS cannot be overemphasized. Sexual and reproductive rights are founded on the principle of human dignity and freedom, and include that all people have the right to sexual and reproductive healthcare and to make their own decisions about their sexual and reproductive health.

My name is Esther Sheehama. I am 26 years old, a Namibian living with HIV for the last 9 years. I was called names by the people that I trusted to be in their care; I was denied freedom of expression, when I spoke about the rights of HIV-positive women. I remember when I gave birth, the doctor had done a cesarean and a few months later, I found out that I was sterilized without my consent. It happened just because of my HIV status. The doctor took away my basic right, purely because he thought he had the power to make decisions on my behalf. Surely the government should be held accountable for what had happened to me and other HIV-positive women who were denied their rights to motherhood.

The virus in us does not mean we should be unable to have children, like HIV-negative women. HIV-positive women have equal rights to health and freedom from discrimination. HIV-positive women and men want to have children. Others ask: who will take care of the children when you die? We live in a world where people die every second from different ailments and infections, not only HIV and AIDS.

Why should someone who is positive be different?

Our governments have a duty to uphold the global commitments to women's health and rights that they have signed. They must allocate financial resources, put in place measures to implement existing laws, programs and policies, and put in place mechanisms to ensure their enforcement.

The 1994 historic International Conference on Population and Development (ICPD) affirmed that sexual and reproductive health is a human right that must be fully enjoyed by all. The Namibian government recently agreed to honor the Millennium Development Goals that address women's reproductive health rights – which are key to promoting gender equality and development. The Namibian HIV/AIDS Charter of Rights prohibits discrimination and calls for women's empowerment. However, the reality for HIV-positive women in Namibia is that they are not treated equally to HIV-negative women.

The issue of forced sterilization is a major concern, particularly for young women, and should not be ignored. What is the community doing about it? What action is the church taking on forced sterilization, and what are HIV-negative women doing about the whole scenario? Doctors who do forced sterilization need to be held accountable!

Tears run down my face almost every night when I think that I will not be able to have another child. But I have to wipe my tears away and speak against the injustice that happened to



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HIV-positive women, such as myself. I am sure that there are more women, who are wiping their tears every night, because they cannot fight for their and other women's rights. No one wants to be responsible for the damage that was done. Even women in decision-making positions see the pain we go through, but they choose to be silent and cry behind closed doors. Women living with HIV and AIDS must be guaranteed respect, dignity, and equality so that they can enjoy their sexual and reproductive health rights, including motherhood without discrimination.

Esther is from ICW Namibia.

Women's Voices...

Doris O'Brien Teengs

Indigenous women of the world

Four women, from the north in Canada, to Mexico, and down to Chile and west across the ocean to New Zealand, came together today to share their experiences; and one theme came with them – We need a voice!

Each of the women spoke to their nation's experiences of colonialism and the painful legacies we live with. The rape of our land and cultures continues to affect our communities. HIV is the latest of these 'unnatural attacks' on our harmonies, and it is moving into our communities fast. For example, the rate of HIV among Indigenous women in Canada is 60% of all new infections among Indigenous people, which are 22% of all new infections in Canada, even though we are only approximately 4% of the population.

Doris Peltier's voice could probably be heard, screaming 'NO!', not only across the Global Village, but also out to the world and back to Canada where she came from. She found her voice, when she was 90 pounds and refused admission to a hospital in Canada. Not accepting their answer, she screamed 'NO!' – and was



Marama Pala singing

admitted; thus, saving her own life and creating a voice for many women.

Marina Carrasco of Chile spoke to the need to find other positive women to speak and network together in Chile. She asked: where is the movement for human rights for Indigenous peoples and women?. She continued to say that we need to recognize the connections for all the networks – for equality, for human rights, for Indigenous rights, for positive people's rights, women's rights, etc.

Eva Gomez Santiz Lopez of the Chiapas in Mexico expressed the need for Indigenous women to not only have a voice, but also a space to assert themselves – as men have social and cultural power

in their relationships. The lack of knowledge and education around sexual health is overwhelming, but they are starting to talk to the women and the next generation.

Marama Pala of New Zealand started her speak with a traditional song. She expressed a heartfelt thank you to the sense of sisterhood, and being able to talk about being HIV positive, since when she is in her homeland, there is 'no talking

about it, period'. Her fervent wish is that she is able to continue with the

support that she received here when she gets back home.

Our experiences as Indigenous women of the world are unique, but we also share many similar histories. We are living on our ancestral homelands, with a whole new culture and medium that is not our own. HIV is not going to stop us women from uniting and bringing together other sisters to the debates.

We have survived many epidemics and colonization. Our voices are now together and we are stronger.

Doris is the Outreach Worker of the Ontario Aboriginal HIV/AIDS Strategy, Canada.

UPCOMING EVENTS

Wednesday, 6 August 2008

- 11:00-12:30, Oral presentations, Session Room 3
Impact of AIDS on human development: Reproduction in the social context
- 11:00-12:30, Session Room 1
To Transmit or not to Transmit: Is that Really the Question? Criminalization of HIV Transmission
- 14:30-16:00, Session Room 7
Women Take the Lead
- 14:30-16:00, Session Room 9
Rhetoric or Reality: Disclosure in Treatment and Testing
- 16:30-18:00, Session Room 8
Where is the Leadership for Women's Human Rights

Thursday, 7 August 2008

- 15:00-16:30, Women's Networking Zone, Global Village
Activism and Accountability on Women and AIDS: A Town Hall with Leaders in the Response
- 16:30-18:00, Session Room 7
Building Citizenship for HIV and AIDS
- 16:30-18:00, SBR9
Expanding access to female condoms through strategic partnerships and informed advocacy
- 16:30-18:00, Global Village Session Room 1
The Vagina Monologues: The Intersection of Violence, Sexuality, and HIV
- 18:30-20:30, SBR4
Sex and sensibility: meeting the sexual and reproductive health needs of people living with HIV (PLHIV)

Special report:

Needs of HIV-positive women for safe abortion

Why positive women access abortion care

...When I lived with him, I got pregnant. I decided on my own to have the abortion and get sterilised at the same time at a hospital. I did that because I had the infection. Because... wasn't the baby in my body?...

– Woman in Thailand

HIV positive women may need abortion care for various reasons. Rates of violence against positive women are high; when sexual assault is involved and a woman cannot access emergency contraception, she may want to terminate a resulting unwanted pregnancy. HIV positive women may access abortion services, because they deliberately and thoughtfully choose not to have a(nother) child. Lack of access to appropriate contraceptives, and little or no control over decisions regarding childbearing, leads to unplanned and unwanted pregnancies.

Our research shows that women who already have children, when they are diagnosed with HIV may feel less desire to have more. HIV positive women have also chosen abortions, because of fears that pregnancy would lead to poor health or death, so rendering

older children motherless; and for fear that babies might also contract HIV or be unhealthy or die soon after birth.

WHO has also noted that, although the available data are limited, HIV positive women appear to have higher risks of stillbirths and miscarriages, which may require post-abortion care. The increasing tendency of governments to criminalise HIV transmission may also cause some positive women to choose abortion, for fear of repercussions if their child is born HIV positive.

...the doctors also found out I was pregnant. I did not want to have a child at this stage and requested the pregnancy be terminated.

The doctors only agreed to the termination on condition that I consented to sterilisation. I had no option. – Woman in South Africa

Coerced sterilisation and abortion

However, HIV positive women have been denied safe abortion care or have had to agree to sterilization in order to access abortion services. In other cases, HIV positive women have been forced or feel pressured

by healthcare workers to have abortions. HIV positive women may 'choose' to have an abortion, because they are misinformed about the possible impact of a pregnancy on their health and that of their child. Such misperceptions can be heightened by health workers, who promote a view that HIV positive women should not have children.

Yet, HIV positive women have the right to have children and, given the right care, treatment and support, they generally can have healthy pregnancies and babies. Positive women should never be pressured by their partners, families or health workers to have abortions. Coercion to be sterilized, or terminate a pregnancy, is a violation of our rights to unbiased healthcare, self-determination, to decide the number and spacing of our children, to freedom from gender-based discrimination, and to freedom from inhuman treatment.

...Ensuring that safe abortion is available and accessible to the full extent allowed by law to women living with HIV/AIDS who do not want

to carry a pregnancy to term is essential to preserving their reproductive health... – WHO

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What could abortion services offer HIV-positive women?

Abortion should not be the recommended option for HIV positive pregnant women. Instead, information about safe abortion should form part of a holistic package of sexual and reproductive health (SRH) services, information and advice that includes family planning, sex education and counselling, post-abortion/-miscarriage

care, and prevention of perinatal transmission. Unfortunately, comprehensive PMTCT services that focus on both the health of the mother and the health of the child in equal balance before, during and beyond pregnancy and birth are still rare. SRH services need to provide:

- Improved information about, and access to, preferably free, unbiased, legal, safe and confidential pregnancy, childbirth, and/or abortion services for HIV-positive women.
- Better training and awareness raising for health workers, to reduce the frequency of coerced abortion and sterilization amongst HIV-positive women.

Abortion care providers should provide:

- Non-discriminatory, non-judgemental advice and counselling pre- and post-abortion
- Further information and counselling about family-planning methods, including emergency contraception
- Referrals to post-rape services (PEP for HIV negative women, legal assistance, shelter, protection)

- Information and advice about sexual and reproductive health and rights, including gender-based violence
- Information about HIV care, treatment and support services
- Referral to relevant HIV and SRH services, including VCT

Luisa is the Monitoring and Evaluation Officer of ICW.

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Regional Voices

La Esterilización Coercitiva

Ximena Andion

Andrea es una mujer chilena VIH positiva que fue esterilizada sin consentimiento mientras se recuperaba en el hospital después de dar a luz a su primer hijo. Tenía 22 años y su vida reproductiva había sido cortada de manera definitiva.

La historia de Andrea es la de muchas mujeres en Chile que son esterilizadas forzosamente o sin consentimiento. Vivo Positivo organización líder en el tema de los derechos humanos de las personas que viven con VIH en Chile realizó un estudio que arrojó datos contundentes sobre la esterilización forzada en Chile.

Vivo Positivo presentó el caso de Andrea a los tribunales nacionales y aun se encuentra de pendiente resolución. Si la justicia nacional no da una respuesta adecuada, la organización va a presentar este caso a la Comisión Interamericana de Derechos Humanos.

En palabras de Vasili Deliyanis, director de Vivo Positivo, 'este caso ha marcado un hito en la organización y en el país'. Ha permitido

generar un debate sobre los derechos sexuales y reproductivos de las mujeres que viven con VIH en Chile y se ha logrado crear un espacio con las autoridades donde son las propias mujeres que viven con VIH las que hablan sobre sus necesidades y experiencias. Vivo Positivo esta complementado sus estrategias jurídicas con capacitación sobre derechos humanos ya que como señala Sara Araya, Coordinadora de Genero de Vivo Positivo 'las mujeres que más están en riesgo son las que no conocen sus derechos'.

Que es lo que Vivo Positivo espera? Reparación para Andrea y todas las víctimas de esterilización forzada en Chile. Además, tienen una propuesta concreta que puede ser replicada en otros países: la creación de una Unidad de Fertilización Asistida a Mujeres que viven con VIH en los centros hospitalarios.

Ximena is the International Advocacy Director of the Centre for Reproductive Rights, USA.

In my opinion...

Telling stories...

Reinas Chulas, group of 4 women performers, has been together for over ten years, we started together as theatre students and decided to move in our own direction, after it was clear that the 'beautiful' girls go into TV and the 'smart ones' go into serious theatre. We did not want to accept either of those categories for who we were, or for the kind of theatre we could create, so we looked for other models that would give us more freedom and would be fun. We also wanted to do a kind of theatre that did not just relate to our audiences, or ourselves as just big heads, as we think that, if we do that, we miss out on our souls, and our pleasures. Our heads are just one part of us. My knees are a part of me too, they are where my humor is, my inspiration is in my shoulders, my whole body is an expression of who I am as a woman, in my culture, with my education, in my soul. So we began to do satire, as it was more

expressive of all of who we are, and allows the same thing for audiences too.

We wanted to be able to share this experience and view with people at the Global Village. That we need to work hard, but we also need to be able to laugh and enjoy life, and that is what culture gives us.

Laughter is like an orgasm, it is a full body experience; it allows you to express many things at once. We wanted to be able to tell our stories, that of ordinary Mexican women, who work hard; struggle; have kids and husbands and not enough money; experience the injustices of our systems; and also give them a chance to laugh and feel their own power and dignity. Being on stage gives stories the dignity and respect they need, especially stories that are ignored or disrespected by the rest of society, it gives the audience a chance to see it, and relate to fellow audience members in a new way.

Satire and laughter helps

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audiences, especially women, to have different responses to the stories of our lives, we see changes in our audiences, because of the satire and humor. Families talk about things they wouldn't be able to, women with their husbands and with each other. We create the stories ourselves, from our lives and the women we work with, they have an ability to show hard, painful things without being insulting, it can be like good family jokes. How we are on stage shows others that they can perform too, they can also laugh, have pleasure and enjoyment in life, learn to laugh at life, as well as struggle to change it.

We learned from the best, Tito Vasoncelos and Jesusa Rodriguez, they taught us that it is possible to not only create the stories that we wanted to tell, but to tell them in ways that are sexy, powerful, fun and bring politics and pleasure together for both the performers and the audience.

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