

Mujeres Adelante

Newsletter on women's rights and HIV • 60th CSW • New York

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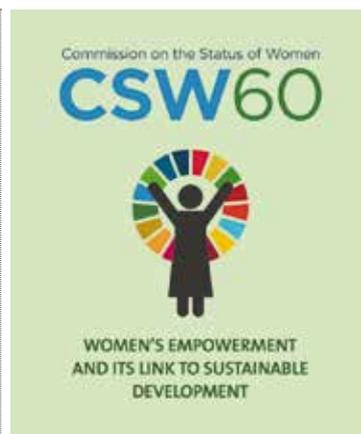
In Focus...

At the margins of an inequitable society...

Redefining the decriminalisation agenda

Despite global commitments and progress on decriminalisation, women and their bodies remain criminalised, reflecting limited evidence of significant progress. Women continue to be criminalised for being women, and in their diversity as women. Their experiences reflect a society which does not encourage adherence to rights, agency, and the capability for one to choose how and when they use their body. It instead stresses containment of women's bodies, binaries on women's sexuality, and discrimination based on, amongst other, class and sero status. Their identity as women becomes informed by these societal misconstructions of what rights and privileges are afforded to which women.

The level of criminalisation faced by women is multifaceted and is underscored by the stigma and discrimination women experience for using their



bodies and making informed decisions about their bodies; as is their right. What is lacking is not necessarily documents that reflect injustices faced by the diversity of women, but the willingness of society to uphold the rights and protections outlined in these agendas. The social environment in which we are living must be understood to be a large contender in the race for decriminalisation.

Redefining the decriminalisation agenda for women in all their diversity is not so much the issue, as is the lack of agendas, which result in immediate and continuous action. This is not just

a call for a renewed advocacy for decriminalisation, it is a rights-based call to action. To act out and claim back the rights that society has violated. To make free our bodies and our choices. To take back our agency as diverse women with diverse sets of experiences and identities, which should not deny us our rights and our agency to use those rights in our day-to-day interactions.

The larger question that needs to be addressed is how do we translate this redefined agenda into 'tangible', 'measurable', and 'sustainable' actions that will impact women in their diversity on a daily basis.

The right of women to equal treatment and non-discrimination on the basis of sex is part of the traditional canon of human rights.¹

Women are not to be controlled or contained by an uninformed society. The criminalisation of

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women directly impacts the effectiveness of HIV responses and the progress being made on human rights and the protection of those rights. Women in their diversity are still marginalised. Adapting frameworks to be inclusive of not just women and their bodies, but of their position as equals in society – and in advocating for those rights to be upheld – requires further action and advocacy. The violence and violations made against women and their bodies requires further action and advocacy.

Decriminalisation needs to address the diversity and the inequality between and amongst women, because women are still living at the margins of an inequitable society. Criminalising women, and their diverse sets of experiences, deepens stigma and discrimination and inequality within society, and by adding other multiplying variables that contribute to our identities, such as HIV status, sexual orientation, gender identity, gender expression, drug use and sex work, our marginality becomes exacerbated and indeed criminalised.

Rights-based advocacy responses address some of these variables and identities, but many of them fall short of addressing women's identities in their multiplicity and intersectionality. By doing so, there is a limited impact on human rights protections for women, and potentially adverse effects of

well-intentioned HIV responses for these identities. These intersections reflect broader societal cleavages that need to be addressed before equitable rights are not only realised, but practiced within society.

Criminalisation takes a '*law and order*' approach to an exceeding complex health and social issue. The '*law and order*' approach does virtually nothing to stop HIV and other STI transmission, stigmatises people living with and at risk of HIV, such as sex workers, and is undermining proven HIV prevention strategies and programmes. Protection of sexual and reproductive health for persons living with HIV, and those at risk of acquiring the virus is predicated on the recognition of individual sexual and reproductive rights, and other human rights, under the law.²

The integration of gender equality and human rights into global decriminalisation will enable countries to meet the needs and priorities of women, further addressing gender-related barriers to access to HIV prevention, treatment, care and support and allocate resources accordingly. We need a roadmap for how to create policy that not only incorporates the voices of those who are most impacted, but makes them central to any decision-making processes; but people want action.

The bottom line on decriminalisation is that it is a means of harm reduction. The law

... societal misconstructions of what rights and privileges are afforded to which women...

...a large contender in the race for decriminalisation...

...the lack of agendas, which result in immediate and continuous action...

is a frequently overlooked tool for addressing these complex issues. Some of the most contentious and challenging public health issues arising from the HIV pandemic involve sexual and reproductive health.³ The law intersects with sexual and reproductive health issues and HIV in many ways, and to criminalise people, who would choose to protect themselves and others, is to remove agency and consent.⁴

A transformative rights-based approach both through programming, service delivery and advocacy needs to be understood through the decriminalisation of women in all their diversity, fundamentally based on the decriminalisation of women and women's bodies.

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FOOTNOTES:

1. Charlesworth, H. & Chinkin, C. 2000. *The boundaries of international law*. Manchester, UK: Manchester University Press. p214.
2. Gable, L. et al. 2008. HIV/AIDS, reproductive and sexual health, and the law. In: *American Journal of Public Health*, 98(10), pp1779-1786.
3. Cook, R.J. et al. 2003. *Reproductive Health and Human Rights: Integrating Medicine, Ethics, and Law: Integrating Medicine, Ethics, and Law*. Clarendon Press.
4. Gable, L. et al. 2008. HIV/AIDS, reproductive and sexual health, and the law. In: *American Journal of Public Health*, 98(10), pp1779-1786.

Emma Bell

Women's realities... Asking and answering the questions... Women living with HIV on treatment and care

Over the last five years global HIV and health organisations have called for a dramatic increase in early testing and treatment for people living with HIV, but little attention has been given regarding what this could mean for women. In the light of this gap, ATHENA Network, AVAC, and Salamander Trust with UN Women, undertook the first ever inter-continental study of HIV care and treatment access issues for and by women living with HIV. It is a multi-stage review, exploring the experiences of women living with HIV in relation to HIV treatment and care – including retention in care. Preliminary findings were released at the International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention at Vancouver in July 2015, and the full findings will soon be published.

This review is very timely – 2015 saw the launch of two specific events that promote early testing and treatment for people living with HIV.

- The UNAIDS 'Fast-track' strategy, setting new ambitious targets for 95% of all individuals to be tested, 95% of all those who test positive on treatment and 95% of all those on treatment with high adherence (to achieve an 'undetectable viral load' making it nigh impossible to pass on HIV to others) by 2030.
- The release of the START research trial results, which indicate that it may be best for people with HIV to begin treatment as soon as they test positive rather than waiting until their 'CD4 count' drops to 350, as currently recommended by the British HIV Association.

But is anyone asking how will women experience new treatment initiatives, and how will they impact on women's lives? Our global review shows that women living with HIV, with the support of agencies, such as UN Women, are asking and answering these questions.

Our methodology was led and governed by women living with HIV and took as its starting point the major gaps regarding information on women's access to HIV care and treatment across the lifecycle. We formed a Global Reference Group (GRG) of 14 women living with HIV from 11 different countries and from many different backgrounds and experiences, to guide, inform and shape this review. GRG members felt strongly that the global review had to highlight the social and behavioural contexts that women experience when making decisions about treatment and care so that any approach to increase testing and treatment could be informed by their realities and views. In pre-review discussions the GRG highlighted the multiple dimensions of *...holistic-wellbeing that should inform any questions regarding women's experiences of treatment and care.*

Multiple dimensions of holistic-wellbeing, pre-consultation exercise by GRG members and their peers



The participatory methodology is an exercise of empowerment at individual and community level. There are no experts, saviours or victims when we use this methodology, we learn and help one another. In all areas of life, women are the experts. [Violeta Ross]

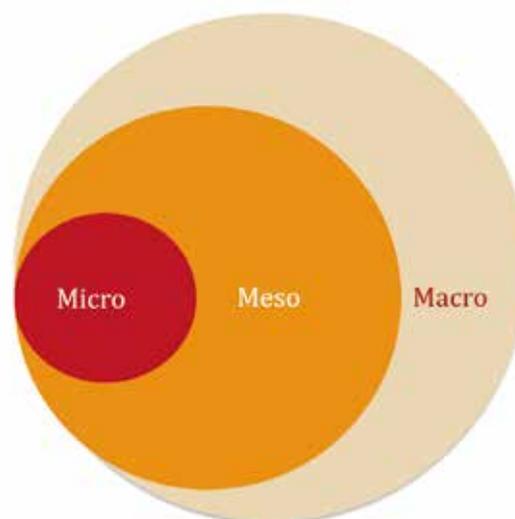
The three phases of the review included:

- 1) **A literature review of research** related to women's access to treatment and care focusing on how women's experiences are influenced by gender-related factors at the household, community, health care and national level. The review also included an analysis of all available sex-disaggregated data from PEPFAR (United States President's Emergency Plan for AIDS Relief), Global Fund for AIDS, Tuberculosis and Malaria, UNAIDS and other sources;
- 2) **Community dialogues** via focus group discussions (FGDs) in Bolivia, Cameroon, Nepal and Tunisia with 175 women, one-to-one interviews (13) and an online discussion group involving 15 women living with HIV;

- 3) **Country case studies** undertaken in Kenya, Uganda and Zimbabwe with in-depth focus groups, one-to-one interview and country-level policy scans to provide a fuller picture of women's access in specific contexts.

What did we find ...?

Women face multiple discrimination and rights violations at an individual, household and community (micro level), healthcare setting (meso level), and at national levels (macro level), which were frequently cited as barriers to ART initiation. This is particularly true for sex workers, transgender people, adolescent girls and young women and migrants. Such violations also affect treatment adherence, and act as a brake on the potential of treatment and care advice and options to improve the health and well-being of women over the long-term.



For example,

- Micro level – having to ask permission from husbands or other family members to seek services, violence and the fear of violence on or after disclosure
- Meso level – disclosure of HIV status by health service staff in front of family members and other staff and clients; refusal of treatment and care for themselves and their children; human rights violations during and after labour, as well as forced and coerced sterilisation
- Macro level – punitive laws, including criminalisation that exacerbate structural, partner and community violence against women living with HIV, and key affected populations

Community dialogues – a unique approach

As research fatigue is a reality we set out to have discussions that were relevant, meaningful and useful for women living with HIV in each selected country, as well as feeding into the global review. We realised that we needed to approach this in a way that enables women to describe their realities and not just to ask the same narrowly focused 'barriers to treatment' questions that 'outside' researchers have asked for many years, which would elicit limited answers. Through peer outreach, every effort was also made to ensure that women across their diversities were meaningfully involved in the discussions: young women, women with experience of sex work, drug use, transgender women, widows of migrant workers, and with other potentially marginalising factors, such as living in poverty were involved.

As a result, women describe experiencing internalised stigma resulting in depression, low self-esteem and self-worth, and other mental health problems. These can also impact on their health-seeking behaviours, including treatment access and adherence.

Negative impacts of treatment on women's emotional and physical health serves to exacerbate women's feelings of discomfort and even shame. Many women who participated in the community dialogues raised the issue of side effects of HIV treatment as a barrier to long-term adherence. Some side effects – especially changes in body shape – were also described as having impacts on their mental health or emotional repercussions, particularly around gender norms and expectations for women's bodies and sexuality.

Yet, many health services do not appear to institutionalise an approach that recognises the links between discrimination, respect, support, disempowerment and health outcomes. Women highlighted a lack of respectful treatment by healthcare staff. Further, healthcare providers spent limited time with them which discouraged their ability to ask questions about the benefits of treatment, understand side effects and drug interactions and what to take and when. Rather women felt pressurised to make quick decisions without adequate information.

The importance of a supportive and understanding health environment is underscored by women's testimonies of services that work well for them. Women consistently cited the benefits of contact with other women living with HIV as a means to improving their own treatment literacy and preparedness, with peer support directly linked to accessing and remaining on ART over time. Women also cited building trusting relationships with healthcare providers as important

to staying on treatment. Family roles as mothers, partners and caregivers, as well as community leadership came out strongly as factors that made women feel valued, and also motivated treatment uptake and adherence.

What this means for the HIV treatment agenda

ART can only be effectively delivered in a rights-based context, hand in hand with a specific agenda implemented by and for women living with HIV in all their diversities, to identify ways of promoting their right to health, as well as their choice and agency in all decision-making that affects their lives – including decisions to start and remain on treatment.

An intentional, nationally-endorsed, community-led, demand-driven and sustainably funded service delivery model that addresses gender equality and women's rights at household, family, community and national/institutional levels, will be essential to ensure that women who wish to initiate ART are supported to make an informed choice about whether and when to do so and, critically, to be able to remain on ART, if desired, over time.

FOOTNOTE:

1. Preliminary findings – including quotes included in this article, can be found at [www.athenanetwork.org/assets/files/Treatment%20Access%20Review/web_UNWomenetal_IAS%20treatment_access-4pp.pdf; www.opendemocracy.net/5050/alice-welbourn/hiv-treatment-no-experts-saviours-or-victims-just-women].

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Young Women's Voices...

It is extremely important for women and girls to engage actively in the CSW and HLM, as it then makes them actors in the solution as opposed to being mere subjects of the solution. I think the key priority for women, girls and gender equality in this context is engagement in all processes and at all levels in all interventions directed towards our communities.

These comments are from young women in Uganda who are participating in an ATHENA Young Women Leadership Initiative Working Group on CSW and HLM.

Young Women's Voices...

The HIV epidemic is disproportionately affecting young women and such a demographic is really facing issues, like include gender-based violence (including sexual abuse) and lack of access to education, health services, like family planning services, social protection and information about how they cope with these inequities and injustices. It is therefore paramount for us young girls and adolescents to engage in the CSW and HLM to break such barriers that impede us from making informed decisions and choices.

These comments are from young women in Uganda who are participating in an ATHENA Young Women Leadership Initiative Working Group on CSW and HLM.

Jacqui Stevenson

In Focus...

Ensure that diversity is heard...

Engendering accountability¹

The global movement for gender equality is a transformational social justice movement, comprised of feminists, women's rights and intersectional advocates, networks, groups and organisations. Achieving gender justice is a uniting goal bringing together diverse groups and individuals, who share the understanding that overturning harmful, limiting and violent gender norms offers benefits to everyone, across the gender spectrum. There is a space within this movement for men and boys, as partners and allies and as beneficiaries. And there is space in the movement for the activity of engaging men and boys, to achieve shifts in gender attitudes and practices.

What role should men have in the gender equality movement?

As feminists and gender equality activists, the question of the right role for men is a difficult one. There are spaces and conversations that are

harder to open up, while others benefit from the involvement of everyone. Too often, however, the 'men and boys' question dominates – risking the question of who is involved overshadowing the vital work we are all committed to doing.

In a challenging political moment, as funding dries up and donor focus moves on, how can we work effectively together, ensuring space for involvement of people of all genders in the movement for gender equality, including men, without losing women's vital voice, leadership and vision?

Part of this involves engaging with what it means for people who are not women to be accountable, meaningful partners and allies in the movement for the advancement of women's rights,



agency and autonomy. The role of an ally is necessarily a challenging one; and ensuring that you are a thoughtful, committed, and respectful ally is a challenge many of us face as we work and advocate across movements and issues. Building on our own experiences, and our expertise as gender equality advocates, we suggest the following key elements to promote what meaningful partnership

...space in the movement ... to achieve shifts in gender attitudes and practices...

and accountability looks like (or would be) to us.

Committing to meaningful partnership

Partnership rests on listening and engaging from a position of equality and respect. For men engaging in the struggle for gender equality, this means recognising

women as equals, with expertise both from lived experience and from academic, professional and vocational practice. Men working for gender equality should listen to and engage with women, not just as the *'right thing to do'*, but from a position of respect and learning. It should not be utilitarian, or transactional. Women have the intrinsic right to be at any table as equals, and to create the table and define the conversation, not just to be heard. As a woman, a feminist and an activist, I expect to be heard, because I have knowledge, experience and expectations that are legitimate and have value. Let everyone have an equal seat at the table. This includes engaging purposively in ensuring the right people are part of the conversation – through seeking diverse partners in gender identity, race, age, community and geographic location, and investing in promoting and widening participation.

Recognising privilege

It is important to recognise that privilege does not have to be exercised in order to function.

We have all been socialised into gender roles, and it is an ongoing, conscious process to overcome them, including through choosing and accepting a loss of power where the status quo confers this. For men in the gender justice movement, this means consistently being conscious of the power and privilege their gender has conferred. It means thinking about who is speaking and whether this is easier for men than women (through social norms, education, or confidence). Who speaks first? Who speaks longest? Who interrupts? Who is doing the meeting *'housework'* – getting coffee, handing out papers? We all carry *'gender baggage'*, and being mindful of fulfilling or enacting – or subverting – socialised gender roles is critical.

In addition to gender privilege, intersecting factors including race, ethnicity and North/South hierarchies influence who is heard. As activists, we all must be committed to opening up spaces and access to resources and platforms, to ensure that diverse voices are heard. Accountable practice is intersectional practice – recognising multiple layers

of exclusion and marginalisation and how this intersects with gender to prevent or enable a voice being heard.

Overcoming the gender binary

Accountability for all gender justice advocates also includes overcoming or opposing heteronormativity and a rigid gender binary. One danger of the *'engaging men and boys'* approach is reinforcing an understanding of gender equality as being about men and women, constructed in a heterosexual dynamic with men as *'victors'* and women as *'victims'*. As feminists, we recognise that gender identity and sexual orientation are not binary, and that we need to recognise and respect diversity across the spectrums of gender and sexuality, and that there is no *'them and us'* approach that will lead to transformation – gender justice is not about men versus women, but people of all genders achieving equality.

...for people who are not women to be accountable, meaningful partners and allies...



Parallel spaces

Creating safe parallel spaces can be an effective means to engage everyone in gender dialogue, including different age groups, gender identities and other diversities. Certain spaces and discussions are legitimately limited to a particular group: there are settings where male involvement is not appropriate or welcome, and being an ally means recognising this. Of course, this applies for men too – there are discussions and spaces on masculinity and the impact on men of gender norms that women should not join. It is vital that opportunities and resources are channelled towards creating spaces for everyone to engage.

Women-only and women-led spaces

Within this need for diverse safe spaces, women-only or women-led spaces are critically valuable and important. It is hard to articulate the power and potential of these spaces. In some cases, men can be very welcome in them, such as in the Women's Networking Zone at International AIDS Conferences, but it is vital that men come into these spaces as

allies, listening not leading. There is a valid role for allies in any social justice movement, but this does not extend to leadership, parallel organising and in separate, exclusive movements and organisations.

Naming the perpetrators

Engaging men as partners cannot negate the space and ability to name men as perpetrators.

When we discuss, for example, gender-based violence, there are roles for men as partners to address and re-define gender norms, to take action to achieve social change, and to foster transformation. And we also need to recognise and articulate that violence against women is overwhelmingly – though by no means exclusively – committed by men.

Recognising what is already being done

We also need to acknowledge that feminist and women's organisations are not only working with women – we have been engaging with men and boys, and challenging the gender binary, since the beginning. Work to achieve transformational gender change has always recognised that

shifting gender norms means, in part, changing gendered ideas and practices, and subverting and changing social constructs around gender. Achieving gender justice means everyone changing their gender norms and behaviour, and everyone has to be engaged in that process. Change requires everyone.



...changing gendered ideas and practices, and subverting and changing social constructs around gender...

Leadership

Leadership is vital. Commitment to gender equality is key, but so too is knowledge and experience. Women have defined, shaped, and led the movement for gender justice for generations; defined the intellectual and conceptual frameworks and done the leg work for centuries. This leadership and deep knowledge is a vital asset for the movement, and accountable practice respects this and ensures that this legacy continues

to be supported and *begins* to be properly financed.

Partnership in an arid funding landscape

Feminist and women's organisations are in a difficult political moment. Donor funds are drying up, political interest is vanishing and momentum is fading. ATHENA has previously developed a 3-part blog series on funding for women's rights.² In this we outlined the perilous financial position feminist and women-led organisations are in as a result of the lack of funding. The partnership between men- and boys-focused organisations and the wider feminist movement has been challenged by this financial reality. While there is great focus on 'women and girls' at the present moment, this is too often constructed with women and girls as beneficiaries rather than actors. There is a shared struggle between all gender justice advocates to resource political, feminist advocacy – we should be partners in this, not competitors. It is not as simple as 'funding for women' or indeed, 'funding for men', but sustained and significant resourcing to support advocacy

to realise political change. That means increasing and opening up funding, and moving beyond a beneficiary model.

More, these changes are emerging alongside global drives for austerity and cuts in funding and delivery of services and programmes, including legal aid, shelters, care services and women's organising. In this climate, there is a responsibility for multi- and bi-lateral agencies to prioritise delivering services to women including survivor-centric services, and to invest in women's work to address gender equity.

'Engaging men and boys' is a tool, not a solution

Now more than ever, it is vital that attention and investment continues to be paid to all aspects of gender justice, including delivery of services and women's advocacy. Engaging men and boys is one strand of gender justice, but not the only priority. Having a male speaker as the keynote at a gender justice panel might seem innovative, but how many women's voices are being shut out as this becomes the innovative thing to do?

Looking forward

This is not the gender justice movement we have struggled and fought to create. Men should be our allies, our partners, and should ensure that we feel respected and treated as equals and ready to accept their partnership. In our shared movement, we must be accountable to each other and our shared values, and ensure that our work supports and upholds our shared principles, towards our shared goals.

FOOTNOTES:

1. A version of this contribution first appeared as part of a MenEngage blog series on Partnerships and Accountability. Contributors were Susana T. Fried (Fellow, Yale Global Health Justice Partnership), Neelanjana Mukhia (Independent consultant), Alice Welbourn (Salamander Trust), Tyler Crone, Ebony Johnson, Alex Murphy & Luisa Orza (ATHENA Network).
2. See for part one [www.huffingtonpost.co.uk/jacquistevenson/womens-rights-funding_b_7449852.html].

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Young Women's Voices...

Engaging women and girls in the CSW is important, because it leads to better decisions and better outcomes; it also strengthens women's understanding of human rights and democracy. Engaging women and girls also promotes social integration and cohesion in society while it is an integral part of a democratic society which helps to encourage more women to participate in programmes that are designed for them.

These comments are from young women in Uganda who are participating in an ATHENA Young Women Leadership Initiative Working Group on CSW and HLM.

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Anna Forbes, Georgina Caswell, Rebekah Webb

Women's realities... The Dapivirine Ring: What's the Story?

Women health advocates all over the world were jumping up and down with excitement last month. Why? For the first time, two large-scale studies have confirmed statistically significant efficacy for a microbicide to prevent HIV, something that many people said would take decades. Although the effectiveness of vaginally applied tenofovir gel was proven in 2010, it has not yet been confirmed by a second large-scale trial, which is essential for licensure.



See footnote 1

About the Ring studies

Research into the vaginal ring as an innovative prevention tool designed specifically to meet the needs of women in settings where HIV is endemic began in 2002. The broader field of microbicides research dates back however to the early 1990s. The long-awaited results of two Phase III trials were released at the Conference on Retroviruses and Opportunistic Infections (CROI) in Boston on 23rd February.

ASPIRE (MTN 020) was launched by the Microbicide Trials Network (MTN) and enrolled 2,629 women in Malawi, South Africa, Uganda and Zimbabwe; and The Ring Study (IPM 027) was sponsored by the International Partnership for Microbicides (IPM) and enrolled 1,950 women at sites in Uganda and South Africa.

In ASPIRE, the vaginal ring reduced women's risk by 27% overall, while The Ring Study did so by 31%. These figures, however, reflect the average when including the experience of women who did not use the ring consistently. The level of protection was much higher among women with consistent use, also called adherence to the study protocol. Rates of adherence differed substantially in various age groups. ASPIRE showed that the ring reduced HIV risk by 61% for women older than 25 years, and in a post-hoc analysis by 56% in women older than 21, who

also appeared to use the ring more consistently. The Ring Study which also showed higher efficacy (37%) for women over 21. However, little to no protection was seen in women ages 18-21 across both studies – 15% in The Ring Study and no protection in ASPIRE. Although additional exploration of this is needed, it is likely that this lack of effectiveness is due to low rates of use among younger women.

...no single biomedical tool
will prevent all HIV infections
among women...

Three reasons why it is exciting news

There are many reasons why we should all share in the jubilation of the trial participants and sponsors without hesitation, but here are three:

Firstly, we finally have a long-acting (as opposed to daily) and non-systemic option that women can use discretely, without the active participation of their male partner. The analysis of the data is promising, showing that this is a product, when used consistently, provides a

...the potential for this emerging technology is huge...

significant level of protection against HIV for women over 21. While researchers are working to improve the efficacy of the dapivirine vaginal ring, they will also be trying to better understand challenges to adherence and why the youngest women had low levels of protection, which could be due to ring use, or biological and other factors.

Secondly, we know from the experience of PrEP studies that adherence to HIV prevention products increases when they are offered outside the context of trials. Within the trial, participants are constantly told that the effectiveness of the method is unknown. In addition, they do not know if they are on a placebo or the actual product. PrEP demonstration studies have shown that adherence increases as the evidence for effectiveness has grown. Just as with oral PrEP, discussions are underway for an Open Label Extension (OLE) follow-on study, which will make the dapivirine ring available to all ASPIRE and Ring Study participants. This is vitally important so we can gain further insights into how women would use the ring once they are aware it can help offer protection.

Thirdly, we have something to build on. No single biomedical tool will prevent all HIV infections among women. The dapivirine vaginal ring however will be a significant contribution to the HIV prevention toolbox and our understanding of HIV acquisition in women. It also provides us with a platform to explore multipurpose technologies, options that could enable women to both prevent HIV and unplanned pregnancies. The potential for this emerging technology is huge.

Looking ahead

Thirty years into the pandemic, HIV remains the leading cause of death worldwide for women of reproductive age. The results of the ring studies represent a giant leap for women's sexual and reproductive health and rights. In the words of Lori Heise, the founder of the Global Campaign for Microbicides

...we now face what we all knew from the start - a technology alone would never be enough to help women to protect themselves. We are now where the contraceptive field was in the beginning - with a first generation product that we can work with to learn how to support women in its use - with a long, under-attended social justice agenda to address the social, relational, and structural barriers that women and girls still face in their lives.



More research is critically important to understand the data better and to take forward the development of the vaginal ring. A lower-than-hoped-for efficacy may mean donors are discouraged. We have a collective responsibility to ensure that the momentum is sustained and not threatened by a lack of enthusiasm about women's health, a preference for one product against another or shrinking health budgets and donor support. Women want and need more HIV prevention tools. We have a new tool in the mix. Let's build on it.

FOOTNOTE:

1. Jacquelyne Alesi, of the Ugandan Network of Young People Living with HIV, during a civil society workshop about the dapivirine ring results, March 2016, Kampala

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Talent Jumo, Luisa Orza

Women's Voices... Redefining the Agenda... Call to action from Harare¹

If you want to go fast, go alone (it's fine, you go) but if you want to go far, go together.

On 28th November 2015, on the eve of ICASA in Harare, Zimbabwe, AIDS Legal Network (ALN), Access Chapter 2 (AC2), and Katswe Sistahood, with support from the Ford Foundation, convened a special session to explore: ***What needs to change in the agenda on women, violence and HIV?***

The creation of safe spaces for dialogue and sharing experiences among women is a fundamental aspect of a transformative feminist approach. The meeting organisers established a safe space, and encouraged participants to feel free to open up and contribute to the discussion so that women can be driving the agenda. We began by introducing ourselves, as women (and men) from Africa, Asia, Europe and the Americas who are: dancers, singers, home-based carers, soccer players, gardeners, writers, travellers, runners, students, teachers, feminists, and 'volunteers at large'; who are humble, passionate, people-centred,



shy, impatient, beautiful, confident, forgetful, different people in different spaces, proud to be a woman, always getting into trouble, scared; who wanted to have a penis and made a real mess in the toilet; who is doing research into women's masturbation; who works for a soccer company but has two left feet; who doesn't apologise about what she wants or where she is going; who danced so hard last night that she had to go to bed early with a headache.

...before we speak about inclusion we first have to recognise difference – because without recognising difference, you're not going to meaningfully include anyone...²

This conversation was rooted in women's organising in relation to the HIV response that has been going on for a number of years. This includes – among others – the Women's Networking Zone³, which historically provides a democratic community space parallel to the international and regional AIDS conferences; an on-going series of women's conversations on the theme of 'From Criminalisation to Agency'; and, through on-going in-person and virtual organising within and among networks of women in all of our diversity, to make policies and programmes that affect women and girls the strongest they can be to bring about positive change.

...women have a tendency to underestimate the value of our experiences; we need to build each other up, so that when we go into those spaces we have the confidence to voice out the issues, and make ourselves heard...

We are at a pivotal point in the HIV response, with the introduction of the new global development framework in the shape of the sustainable development goals (SDGs). As an increasingly narrow, bio-medical, 'targeted' approach to 'ending AIDS' comes into play, there is an urgent need to ensure that structural drivers underlying the HIV epidemics are addressed. A broader women's rights agenda, necessary for bringing about transformative change that goes beyond the HIV response, is imperative.

...whether women are car mechanics, health workers, sex workers ... how do we re-organise ourselves; how do we claim back the space and work together?...

FOOTNOTES:

1. This is an excerpt of the full report about the event, which will be available shortly.
2. Quotes included here are from participants in the event.
3. More information, including a history of the Women's Networking Zone can be accessed at [www.athenanetwork.org/assets/files/General%20-%20publications/ATHENA_WNZ%20timeline.pdf]

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A 10-point call to action:

Women, including young women living with HIV, and representing women in all of our diversity, and men championing gender equality, who attended the Harare meeting identified a *10-point call to action* for building and strengthening an inclusive movement to prevent and address HIV and gender violence.*

1. **Claiming our space and organising as women in all of our diversity:** looking to the women who are most vulnerable, and create a fully inclusive agenda
2. **Setting our own agenda:** involving affected communities in processes and initiatives, including research, from Day One.
3. **Strengthening our capacity:** mentoring young women to create a 'multiplier effect'
4. **Challenging social constructions which limit us:** working at a formal legal and human rights level, intervening at the level of culture, and to break down those 'informal' laws
5. **Ensuring safety, dignity and respect for women in all areas of work:** challenging the assumption that women will volunteer their time and resources

...women must be given the respect and knowledge to make their own choices. If the space is safe for you to disclose, it doesn't mean it's safe for me...

6. **Developing a fully integrated, rights-based agenda:** recognising and addressing the complex and iterative links between HIV, sexual and reproductive health and rights, and violence against women
7. **Building our movement and amplifying our voices:** working with allies at different levels
8. **Measuring the cost of violence:** stratifying our approaches among a diverse range of stakeholders
9. **Connecting 'grassroots' to the decision makers:** coordinating between people working on women's rights issues at grassroots level and those working at national policy level
10. **Working across generations to change mindsets:** starting at an early age to talk about issues of gender, sexuality, violence, and HIV

...we need to engage our families, our husbands. That's where violence is growing. We need to carry these discussions into the bedroom – and the kitchen...

* Our thanks to the Ford Foundation for supporting the meeting, and to all the women and men who participated, to make this happen.

Robin Kilshaw

Special report:

The insufficiency of any single one...

Defining violence

In 1993, the United Nations Declaration on the Elimination of Violence Against Women defined violence against women as

...any act of gender-based violence that results in, or is likely to result in, physical sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.¹

This was, coincidentally, the same year South Africa moved to be among one of the first African countries to make marital rape illegal; stating in the Prevention of Family Violence Act that a relationship of husband and

wife may no longer be a mitigating factor, and therefore marital rape must be treated like any other rape.²

The above comparison is aimed towards illustrating the importance of definitions and the potential capacity for change different definitions have in different contexts. Discussions about violence and what constitutes violence are not simply theoretical arguments for the academic, but carry implications for legislation, policy and intervention. Definitions are strategic, and narrowing or broadening their scope has political significance. What follows below is a discussion around some widely respected interpretations of violence, with the aim of drawing attention to the insufficiency of any single one.

Global definitions

The 2014 definition of violence against women offered by UNAIDS follows word for word that given in 1993 by CEDAW.³ This is problematic in that despite the reality that social forces and state laws affecting gendered violence are constantly shifting,



UNAIDS has failed to adjust their definition accordingly. It could be argued however, that the 1993 definition still applies today and remains relevant, this in turn calling into question the practicality of such a broad-scope interpretation. Too wide a scope risks failure in addressing or illuminating the oftentimes complex and multifaceted nature of an issue.

While UNAIDS's description of violence against women is unsuited for concrete, practical use, it does give those researchers analysing on a global scale a framework within which to work. UNAIDS's broad conceptualisation of violence allows for the inclusion of a large number of different acts, thus creating the impression of a widespread,

**...understands
gendered violence as
being personal, cultural
and structural...**

compelling problem. Researchers investigating the issue of violence against women globally could use UNAIDS's definition in order to underline how extensive the issue is and hopefully draw greater resources. It must be noted however, that analytical categories are especially important for those embarking on research concentrated on gendered violence, and precise, specific definitions are more likely to enable clear identification of what factors directly increase or decrease one's risk of experiencing violence.

Despite adhering to a definition produced 23 years ago, UNAIDS has supplemented their typology of violence with the addition of 'gender based violence'. Gender based violence

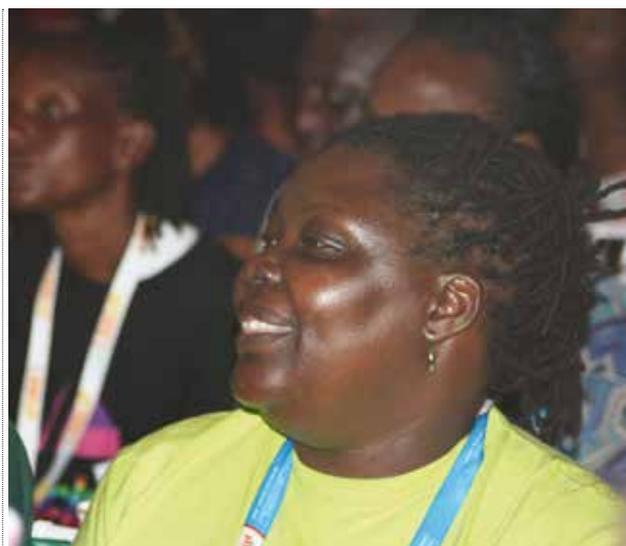
...describes violence that establishes, maintains or attempts to reassert unequal power relations based on gender. It encompasses acts that inflict physical, mental or sexual harm or suffering, threat of such acts, coercion and other deprivations of liberty.⁴

The category 'gendered violence' provides a tool for researchers and policy makers interested in the gendered nature of violence against gay and transgendered men, but also remains inclusive enough that it could be used to address violence against women as well. An element in UNAIDS's definition of 'gendered violence' missing in their interpretation of violence against women is the acknowledgement of gender inequality as a driving force behind gendered violence.

Another globally recognised definition of violence is that of the World Health Organization (WHO). WHO characterises violence as

...the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.⁵

**...a social
environment
of silence
allows abuse to
continue...**



While WHO's interpretation of violence offers an appropriate framework for their own organisation, and others interested in the public health outcomes of violence, it's limitations must be acknowledged.

The language used in WHO's interpretation reflects their commitment to public health by addressing specific physical outcomes of violence as the only results. It ignores the social context of the act, and in doing so discounts various acts of violence or abuse that are violent, due to social forces rather than individual impetus. For example, abandonment by itself is not necessarily abuse; however considering the social and economic inequality between men and women in countries, such as South Africa, it oftentimes has the same results as physical abuse.⁶

A Comprehensive Definition

Fiona Hale and Marijo Vazquez offer a well-rounded definition that acknowledges social contexts, while remaining broad enough to encompass a multitude of acts. The authors begin by conceptualising violence in a non-specific way: as

...one of the elements that sustains and perpetuates an unequal society in which some people have control over others in a hierarchical scale of power which is based on exploiting differences between people.⁷

They follow with:

...the violence which keeps this system in place becomes

*part of the system and condoned by society.*⁸

This interpretation of violence is especially salient for South Africa, where gendered violence has become normative and for the most part accepted, rather than rejected or challenged.⁹ The remainder of the definition reads:

*...violence is used to achieve and assert power and control over others, and becomes accepted (to greater or lesser degrees) as part of normal social structures. Peace studies distinguish between 'structural', 'personal'...and 'cultural' violence.*¹⁰

What is useful in this definition is that rather than limiting the description of violence to women, the authors describe the social contexts in which gendered violence is most often perpetrated and perpetuated. Therefore, it could just as easily apply to gay men or transgendered men as it could to women, while still specifically addressing the multiple layers in which gendered violence most often happens.

Hale and Vazquez depart from UNAIDS and WHO by addressing the social elements at play in gendered violence, as well as the social outcomes of such violence, rather than listing personal or public health outcomes. The definition acknowledges that violence can be personal, cultural and structural –



something that UNAIDS alludes to and WHO ignores. Their definition provides a lens through which to examine the multifaceted nature of violence against women – an approach that arguably would offer the most efficient ways to respond to violence against women. Too broad a definition (such as those offered by CEDAW and UNAIDS) collapses levels of violence onto one another and gives an understanding of violence

...they are not enough and they fail to address the source of the issue...

that limits it to the personal level. This means that addressing issues of violence against women would be limited to intercepting and intervening with individuals, rather than responding to systematic or cultural ideologies perpetuating violence against women. Narrow definitions are useful tools for researchers who wish to examine specific cases of gendered violence, but their use is limited to those specific contexts.

To this end Hale and Vazquez's definition is the most suitable, as it has room for a macro comprehension of violence, but also narrows the scope to reveal the social and economic conditions in which violence functions.

While Hale and Vazquez's interpretation of violence provides a useful tool for researching and addressing violence against women, it does not offer insight into the concrete ramifications for individual acts. For this, one must look to the South African legal definitions of violence.

Legal Definitions

'Violence' as a criminal offence is not defined by South African legislation, however two very common acts of

...systematic or cultural ideologies perpetuating violence against women...

gendered violence – domestic violence and rape – are.

Rape is defined in the Criminal Code as

*...any person ('A') who unlawfully and intentionally commits an act of sexual penetration with complainant ('B') without the consent of B, is guilty of the offence of rape.*¹¹

Important to note is that 'consent' in cases such as rape means voluntary or uncoerced agreement.¹²

The Domestic Violence Act (No 116 of 1998) denotes domestic violence to include: physical abuse, sexual abuse, emotional, verbal and psychological abuse, economic abuse, intimidation, harassment, stalking, damage to property, entry into the complainant's residence without consent, where the parties do not share the same residence, or any other controlling or abusive behaviour towards a complainant – where such conduct harms or may cause imminent harm to, the safety and well-being of the complainant.¹³

What the definitions above offer are very specific, literal understandings of the issue at hand that aim at facilitating straightforward court cases. What they fail to acknowledge or address is that oftentimes women's perception of 'rape', 'domestic violence' and 'consent' do not match up with legal understandings.

Theory vs Reality: The social context

Differences between popular and legal conceptions of rape have critical implications for women who have experienced particular sexual encounters, not just for how they personally interpret the events but also for attempts to gain an understanding of the magnitude of the problem.¹⁴ This discrepancy often hinges on women's understanding of 'coercion', as sexual coercion can take many forms and does not always involve force.¹⁵

A 1998 study found that women did not define their experiences of sexual violence as falling neatly into categories of 'marital rape' and 'not marital rape'.¹⁶ Rather, they defined their experiences in various ways, such as 'survival' or 'forced' sex, sexual assault/abuse, 'like rape' and 'pressurised sex'¹⁷. Defining an experience strictly as 'rape' or not was based on a number of variables, such as

consent, force, relationship to the perpetrator, degree of violence used, social pressures, and a perceived 'duty' to provide sex in return for food and shelter.¹⁸

A major factor contributing to the discrepancy between legal definitions and individual perceptions of rape are the popular discourses that rape is a crime of violence between strangers.¹⁹ Similarly, gender norms dictating how men and women should act in relationships silence many survivors of domestic violence, who may perceive their experiences as such, but are unable to take legal action, due to social repercussions as well as inadequate access to services resulting from stigma and discrimination of providers.²⁰ Social stigma and fear of further abuse provoked by speaking out combined with women's overall lack of social agency in South Africa decreases their access to services and justice.

In South Africa, violence is systematic and functions on the societal level, as is seen in health clinics where women's human rights are often violated.²¹ This systematic gendered violence is also seen in the justice system, where a common theme in many sexual assault cases is that women survivors of sexual abuse or attacks are met with hostile and unsympathetic treatment from the police and sometimes even judicial officers.²²

...social forces and state laws affecting gendered violence are constantly shifting...



...it ignores the social context of the act ... due to social forces rather than individual impetus...

Yet, despite all their shortcomings, legal definitions, such as the ones offered above are necessary and most often needed in their concise, literal format. And just as necessary are the more complex, socially centered definitions, such as that offered by Hale and Vazquez. If both are equally as essential, then the question must be asked why only the legal definitions are considered legitimate and enforced? Dealing with violence after it has occurred does nothing to address the root causes, nor does it dissuade individuals from committing acts of violence. In countries such as South Africa, the legal framework is in place yet the rigid gender norms enforced by cultural ideologies prevent many survivors of violence from coming forward, while simultaneously legitimising acts of violence. What is needed is a shared understanding of violence – not one in line with UNAIDS or WHO's blanket definitions that address the individual level – but a

shared understanding of violence similar to that offered by Hale and Vazquez. Legal definitions will always be necessary, but they are not enough and they fail to address the source of the issue.

Calling for a shared understanding in South Africa

In South Africa, the epidemic of violence against women is converging with the human immunodeficiency virus (HIV) resulting in deadly consequences, as it is women who are disproportionately affected by both violence and HIV.²³ In fact, heterosexual women are the section of society with the most rapid rates of new HIV transmission.²⁴ The power of diminished social agency to increase HIV vulnerability is evident among young women (aged 15-24), who are twice as likely to be living with HIV than young men of the same age and account for 22% of all new infections.²⁵ Violence against women in South Africa is both a cause and consequence of HIV and many women report experiencing a range of abuses after disclosing their positive HIV status.²⁶ Laws exist in South Africa that specifically address acts of violence, such as rape and domestic abuse, yet male power, economic constraints, and a social environment of silence allows abuse to continue.²⁷

It could be suggested that the



legal definitions be rewritten to be more comprehensive, however their specificity is their strength. A broad definition, such as that given by Hale and Vazquez would leave too many loopholes for perpetrators to jump through and offer too many avenues for debating and lengthening legal trials. In the case of the law it could certainly be argued that the more specific the better. Yet, as is evident in South Africa, legal definitions are not enough. Their shortcoming is not something to be debated by researchers or academics in search of the 'best' definition, but rather a crucial public health matter to be discussed on community, regional and national levels immediately. The effects of South Africa's failure to define and address violence against women as a social, economic and public health issue can be seen among the many women disproportionately affected by violence and HIV, and internationally is reflected by Sub-Saharan Africa holding the highest rate of new infections (70%) in the world.²⁸

What is needed is a more comprehensive definition of violence, not to replace the legal ones, but rather complement and enhance them. Addressing violence against women is not just a criminal matter, but also a social and public one. A definition is therefore needed that addresses both of these issues, and while WHO and UNAIDS both engage each topic separately, it is Hale and Vazquez's interpretation of violence against women that understands gendered violence as being personal, cultural and structural.

If adopted by policy and law makers this multidimensional understanding of violence would result in policies and laws that address violence at all levels. Undoubtedly, narrower and more specific definitions of

violence would be necessary for each separate issue, however without the shared understanding of violence at the high levels there would be no guarantee that all contexts would be addressed.

While this approach would undoubtedly be useful in most countries across the world, it is not just 'useful' in South Africa but necessary.

There is no hope of ending HIV without first addressing and ending violence against women, something that must be acknowledged by policymakers before progress will be seen.

FOOTNOTES:

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2. Prevention of Family Violence Act. 1993. *Government Gazette 15161*, para1-4.
3. UNAIDS. 2015. UNAIDS Guidance: UNAIDS Terminology Guidelines, *Guidance*.
4. *Ibid*, p21.
5. WHO. 2002. *World report on violence and health*, p4.
6. Vetten, L. & Bhana, K. 2001. *Violence, vengeance and gender: A preliminary investigation into the links between violence against women and HIV/AIDS in south Africa*. Research report written for the Centre for the Study of Violence and Reconciliation.
7. Hale, F. & Vazquez, M. 2011. *Violence against women living with HIV/AIDS: A background paper*. Development Connections, p8.
8. *Ibid*.
9. Outwater, A. et al. 2005. 'Women in South Africa: Intentional Violence and HIV/AIDS: Intersections and Prevention'. In: *Journal of Black Studies*, 35, No. 4, pp135-154.
10. Hale, F. & Vazquez, M. 2011. *Violence against women living with HIV/AIDS: A background paper*. Development Connections, p8.
11. Criminal Law (Sexual Offences and Related Matters) Amendment Act, No 32 of 2007. ss 3:10.
12. *Ibid*, ss2.
13. Domestic Violence Act. Act 116 of 1998. (ss(a) – ss(j)):2.
14. Jewkes, R. & Abrahams N. 2002. 'The epidemiology of rape and sexual coercion in South Africa: An overview'. In: *Social Science & Medicine*, 55, No7, pp1231-1244.
15. *Ibid*.
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17. *Ibid*.
18. *Ibid*.
19. Jewkes, R. & Abrahams N. 2002. 'The epidemiology of rape and sexual coercion in South Africa: An overview'. In: *Social Science & Medicine*, 55, No7, pp1231-1244.
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23. Outwater, A. et al. 2005. 'Women in South Africa: Intentional Violence and HIV/AIDS: Intersections and Prevention'. In: *Journal of Black Studies*, 35, No. 4, pp135-154.
24. *Ibid*.
25. UNAIDS. 2011. How to get to zero: Faster, smarter, better. *World Aids Day Report*, p10.
26. Vetten, L. & Bhana, K. 2001. *Violence, vengeance and gender: A preliminary investigation into the links between violence against women and HIV/AIDS in south Africa*. Research report written for the Centre for the Study of Violence and Reconciliation.
27. Fox et al. 2007. 'In their own voices' In: *Violence against women*, 13, No6, pp583-602.
28. UNAIDS. 2014. *Getting to Zero*, p.1

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Young Women's Voices...

I would like to be a part of a strong movement that sees that policies and conditions favour the well-being of a girl child through freedom of expression; confidence building to ensure that girls are assertive with their choices and are able to stick to them; and that girls are economically empowered to limit us from subduing to demands that risk our sexual and reproductive health.

Girls are not only the most affected by HIV, but also have a social disadvantage of being girls. They suffer violence in all its forms, as well as other social injustices like choosing boys to go to school and girls to stay home.

Young women should be given good space to work in their diversities without captivating them into one identification.

These comments are from young women in Uganda who are participating in an ATHENA Young Women Leadership Initiative Working Group on CSW and HLM.

Young Women's Voices...

It is through the young women and girls that voices of others who can not speak are represented, and this empowers young women with confidence and an in-depth understanding of sexual reproductive health and rights.

[Young women's engagement at CSW is essential] to redress power imbalances between all genders in the community, building more positive relationship to develop social, psychological and financial effects of young women.

The key issue that women are facing is stigma and discrimination in communities, schools, work places and health facilities; hence hindering them from access and adherence to medication.

These comments are from young women in Uganda who are participating in an ATHENA Young Women Leadership Initiative Working Group on CSW and HLM.

Young Women's Voices...

Women's engagement [in CSW and HLM] creates a room for women's voices to be heard, their needs are put in action and it creates awareness on SR; hence breaking the gap for inadequate information through which women/girls learn their rights and responsibilities.

These comments are from young women in Uganda who are participating in an ATHENA Young Women Leadership Initiative Working Group on CSW and HLM.

Zena A. Stein, Erica L. Gollub

In our opinion...

Time to humanise...

In our opinion, on World AIDS Day, we celebrated two technological triumphs and two challenges. We can, technically, prevent all new cases of unwanted pregnancies and HIV infections: but we can still not cure current cases of HIV infection, and we cannot ensure communication between partners. This second challenge is embodied in our logo: time to humanise! Couples need to communicate!

The extraordinarily varied and extensive world literature informs us that use of male and female condoms, in fact contraceptives and HIV preventives in general, are influenced more by partner communication than by anything else. Now we find that partner handholding even provides comfort, similar to that caused by pain-relieving drugs! So our image reflects our task for 2016 and beyond.

As senior epidemiologists, both with decades of experience in women's issues, reproduction and HIV, we are trying here to stand back somewhat from the technology, impressive though it is, and draw some lessons from the behavioural field of inter-partner communication. What encourages it, and what are the effects?

A biological background may be helpful. Let's start with reproduction. It has long puzzled primatologists that, distinct from almost all our fellows in this category, homo sapiens couples partake in sexual relationships in all the days of their adult lives together, well beyond the relatively brief fertile period of each cycle and beyond women's fertile years. Also, most couples do not even know when the cyclical fertile period is: males are stimulated and both sexes enjoy sexual congress at any time. Causes and consequences of this phenomenon are many, but at least one consequence may be that partners find pleasure in sharing many days and years together, not necessarily lifetime mutual monogamy, but at least some stability of partnership. Is this good for dual parenting of offspring? or division of labour?? Are our seemingly more



See footnote 2

sophisticated communication facilities, a basis for stability of our partnerships, or is it the other way round? – or does the stability promote communication??

We could speculate on all this, but, more usefully for our purposes, if we could 'capitalise on coupling', and enhance inter-partner communication, we could achieve a far wider range of choices (beyond condoms, male and female), to permit wanted conceptions, and prevent transmission of infections. For some of these, technology could help, but if we could proactively promote and strengthen partner communication as a distinct intervention, we could expand and enrich the protection and intimacy it promises. So, let the logo inspire:

Talk it over, speak your mind, decide to do something about it.

FOOTNOTE:

1. Lyric from *Talking Union* by Millard Lampell, Lee Hays and Pete Seeger, 1941.
2. Illustration: Jane Shepherd.

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