



Gender, Diversity and HIV / AIDS

Skills-Building Workshop

A session at the XVI International AIDS Conference

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Scenario 1: HIV and Breastfeeding

Shoshana and Joseph married 2 years ago, when they were both 24. Shoshana did not finish secondary school and lost her part-time job shortly after their wedding. But Joseph has a steady job and is a good provider. Shoshana has just given birth to their first child, a daughter named Joy. During her pregnancy, Shoshana learned that she is HIV-positive. She does not know how she contracted the virus and is afraid to tell Joseph for fear that he will assume she has been unfaithful. Shoshana received one dose of ARV medication in labour and baby Joy received one dose soon after birth to prevent transmission of the virus.

Shoshana and Joseph were raised to believe that babies should be breastfed, but the final decision rests with Joseph. Because sex is forbidden while a mother is breastfeeding, Joseph may be interested in early weaning of the baby.

Shoshana's HIV status has made things complicated. The community nurse explained that she can transmit HIV to her baby through her breast milk. So Shoshana faces some difficult choices about how to feed their daughter. The nurse suggested baby formula, but it is very expensive. Shoshana and Joseph do not have much money and their home does not have clean, running water to mix the formula. Even if they could afford infant formula and had clean water, she knows that people will suspect she is HIV-positive if she does not breastfeed the baby. While in hospital, Shoshana learned that she can receive a free supply of infant formula provided she attends a clinic for HIV-positive women in her community. But this solution is very risky for her; family and friends who see her going into the clinic will know that she is HIV-positive.

Shoshana hopes to convince Joseph to find the money to buy formula by reminding him that they can have sex sooner if she isn't breastfeeding Joy. In the meantime, she will breastfeed the baby until she is sure they can get enough formula. If Joseph agrees, he will have to find a way to explain to his parents why they have chosen formula over breastfeeding.

Step 1:

Imagine that you are Shoshana and Joseph. What is at stake for you in this situation? What pressures or expectations do you each face as a woman and as a man? What are you risking here? What might you gain?

Step 2:

Now that you have talked about the gender issues facing Joseph and Shoshana, think about whether or not the advice and help offered to them takes gender into consideration. For example, does an infant formula programme based at an HIV clinic really help Shoshana and Joseph?

Step 3:

Based on your discussion of Shoshana=s and Joseph=s situation, try to develop some recommendations for policies or programmes that would help them as a woman and man in this situation.

Scenario 2: HIV Research

A youth group for girls and boys, *Youth on the Go*, has operated in the slums outside Sao Paulo for ten years. The youth leaders, Roberto and Carmen, have succeeded in creating a programme that attracts young people and keeps them coming back to the group. They have also set up an HIV prevention and education programme and *Youth on the Go* hands out condoms at practices and in local neighbourhoods. Recently, some researchers from the University of North America approached the group, offering soccer and volleyball equipment and team uniforms if the young men and women agreed to participate in a study on sexual abstinence. For years, the group has been trying to find someone to donate equipment so they can play other teams. Roberto and Carmen urge the group to accept the offer. It seems like a dream come true!

The researchers are very excited when *Youth on the Go* agrees to be part of their project. Because the research focuses on understanding peer groups and behaviour change, the entire youth group must join the study. Each person pledges sexual abstinence in a public ceremony, and for the duration of the 8-month project, must wear a bracelet that says: *I'm saying no to sex.* The team uniforms, worn at all games and practices, also spread the message: *Youth on the Go Says No to Sex.* Each person will report on their sexual behaviour in two group discussions involving everyone as well as in four personal interviews. Finally, the youth group must also stop handing out condoms during the study. Roberto and Carmen assure the researchers that they will reinforce the abstinence message.

Step 1:

Imagine you are a boy and a girl involved in *Youth on the Go*. What is at stake for you in this situation? What pressures or expectations do you face as a girl and as a boy? What are you risking and what might you gain if you participate in the study?

Step 2:

Now that you have talked about the gender issues facing each of these teenagers, think about whether or not the conditions and rewards of the research take gender into consideration. For example, does a pledge of abstinence or wearing a bracelet help girls and boys to refuse sex or negotiate safer sex? Does the project help Carmen and Roberto to support these boys and girls. Why or why not?

Step 3:

Based on your discussion of *Youth on the Go*, try to develop some recommendations for policies, programmes or research that would help these young women and men protect themselves against HIV.

Scenario 3: HIV and ARV

Olive is a 29 year old woman who lives in a rural area with her husband, Thabo, and their two children, Gideon and Mpumi. When Thabo tested positive for HIV two years ago, both he and Olive were devastated. They feared for Thabo's life and also for the well-being of their family. Fortunately, the mining company where Thabo worked provided treatment for employees and he was able to keep working. Money was tight, but they managed to make ends meet.

A year later, Olive tested positive as well and became very ill. Around the same time, Thabo was laid off and lost his income as well as access to free ARVs. They cannot afford to pay for treatment for one of them, let alone both, so Olive and Thabo decide to visit the Chikondi Clinic, which offers free treatment for a limited number of people. This is not an easy decision because the clinic is located 45 kilometers from their home and transportation is both expensive and unreliable. It is also difficult for Olive to find someone to mind the children while she and Thabo are away. Even if they take turns going to the clinic, Thabo is busy looking for work and cannot care for their son and daughter.

When they finally get to the clinic, Olive and Thabo are asked many questions. They must prove that they cannot afford treatment, that they will attend the clinic and be on time for appointments, and that someone else knows their status and can help with treatment. They are interviewed together, which means that Olive cannot say she has confided in her mother without Thabo's knowledge. And they both hide the fact that Thabo has a drinking problem because he will be denied treatment.

The clinic staff must make difficult choices about who receives treatment because the need for drugs is always much greater than the supply. In the end, the staff decide to treat only Thabo because his family depends on him being well enough to work. Olive agrees to care for him, despite the fact that she is also unwell. She knows that she can rely on Mpumi for help.

Step 1:

Imagine that you are Olive and Thabo. What is at stake for you in this situation? What pressures or expectations do you each face as a woman and as a man? What are you risking in this situation? What might you gain?

Step 2:

Now that you have talked about the gender issues facing Olive and Thabo, think about whether or not the policies and programmes available to them take gender into consideration. For example, does the clinic policy on access to treatment value Olive=s work as much as Thabo=s? Why or why not? How does a joint interview affect Thabo as compared with Olive?

Step 3:

Based on your discussion of Olive=s and Thabo=s situation, try to develop some recommendations for policies or programmes that would meet their needs as a woman and man in this situation.

Scenario 4: HIV and Gender-Based Violence

Anna is a graduate student who broke up with her boyfriend of 5 years. She began dating about 6 months ago, but is not looking for another long-term relationship right now. Anna recently met a well-known researcher, Stephen, at a big international conference. She was flattered when he invited her to dinner during the conference and even more so when he invited her to his hotel room to get her opinion about an article he was working on. Stephen's manner changed abruptly when they got to his room. He locked the door and raped her.

Back at home, she begins to worry that she might have caught something during the rape. She is afraid that no one will believe her story and feels stupid that she trusted Stephen. She also wonders if she did something to encourage him. Because of these fears and feelings, Anna decides not to report the rape to the police. Anna decides to confide in her best friend, Djavad.

Djavad has been living with Sean since he arrived as a student from Iran 8 years ago. Djavad is not happy in the relationship because Sean does not believe in monogamy. When Anna tells him about the rape, he is shocked that this could happen to such a strong, independent woman. But Djavad knows what it feels like to be afraid. Because he is financially dependent on Sean he feels unable to negotiate safer sex. He has tried to leave Sean on several occasions, but each time Sean has become violent and told Djavad that he will be deported. Like Anna, Djavad is afraid he may have caught something during sex with Sean.

Djavad and Anna promise each other that they will get tested.

Anna has a good relationship with her family doctor, a woman with experience in dealing with victims of sexual assault. Anna is hesitant to explain how the rape happened but her doctor helps her to tell the story and assures her that she is not to blame. The doctor explains what the risks are that Anna may have caught HIV or other STIs from Stephen and together they decide what Anna will be tested for. The doctor also arranges for Anna to talk to a counsellor who will help her to deal with the trauma of the rape and her fears while she waits for the test results. The doctor has made Anna feel better about the treatments that will be available for her if she tests positive for HIV.

Djavad is afraid to go to his regular doctor to be tested because the doctor is a friend of Sean's. Anna tells him that he can be tested anonymously at a family planning clinic. Djavad is nervous of going to a place that sounds so heterosexual and refuses the counselling offered to him when he attends the clinic. He thinks that they will want him

to talk about having babies and he has always thought that counselling is for women. He doesn't take any leaflets or free condoms because he doesn't want Sean to know he has been tested. He does not know if he will go back for the results of the tests and he still feels he cannot leave Sean.

Step 1:

Imagine that you are Anna and Djavad. What is at stake for you in this situation? What pressures or expectations do you each face as a woman and as a man? What are you risking in this situation? What might you gain?

Step 2:

Now that you have talked about the gender issues facing Anna and Djavad, think about whether or not the policies and programmes available to them take gender into consideration. For example, do programmes and services for people experiencing domestic violence meet Djavad's needs? Why or why not?

Step 3:

Based on your discussion of Anna's and Djavad's situation, try to develop some recommendations for policies or programmes that would meet their needs as a woman and man in this situation.

Scenario 5: HIV in the Workplace

Aye Mya is a young woman who works part-time as a maid at a golf resort. Aye Mya has recently moved to the city after her family was evicted from their home at a camp on the border. Living in the city is expensive, her wages at the resort are low and she doesn't have enough money to pay her bills each month. Aye Mya has to travel a long way to work each day. She is often stopped and searched by soldiers or the police on her journey. Aye Mya began having sex with resort guests for money soon after she started working there. Aye Mya did not finish school and has heard lots of different stories about how people catch AIDS. She knows that local businessmen who play golf at the resort ask for her because they think she is a virgin.

The management at the resort has started a workplace education programme on HIV/AIDS for all staff. Aye Mya has attended one information session and has read some of the leaflets that were left in the staff canteen. The man who talked to them told them that the company needed them to stay healthy for the resort to stay open. Aye Mya wants to stay healthy so that she will still have a job. The leaflet said that she should always make the man use a condom when having sex. There are no condoms available at work, they are expensive to buy and girls who buy condoms are shamed. Another maid has told her that she can get free condoms at a clinic for sex workers in the city. Aye Mya doesn't want to be seen at a clinic for sex workers and would be afraid to carry condoms in case the police or the soldiers find them in her bag. She has heard that women are arrested for prostitution if they have condoms.

Step 1:

Imagine that you are Aye Mya. What is at stake for you in this situation? What pressures or expectations do you face as a woman? What are you risking in this situation? What might you gain?

Step 2:

Now that you have talked about the gender issues facing Aye Mya, think about whether or not the policies and programmes available to Aye Mya take gender into consideration. For example, does the workplace programme address gender difference? Does the clinic for sex workers meet Aye Mya's needs? Why or why not?

Step 3:

Based on your discussion of Aye Mya's situation, try to develop some recommendations for policies or programmes that would meet her needs as a young woman in this situation.