

JUNE 2009 | ISSUE 141

CommonConcern

A PUBLICATION OF THE WORLD YWCA



World YWCA

FEATURE:

Let's talk about SEX

YOUNG WOMEN ON THE MOVE:

What does sexual and reproductive health and rights mean to you?

HIV AND AIDS:

Forced and coerced sterilisation of HIV-Positive Women: A Human Rights Issue

Contents

03 | Editorial

04 | **YWCA's Around the World**

In this briefing, we highlight the work YWCAs are doing to ensure women's sexual and reproductive health and rights.

18 | **Sexual Exploitation and Violence Against Women**

Breaking the Poto Mitan of Haitian Society

HIV AND AIDS

19 **Forced and coerced sterilisation of HIV-Positive Women: A Human Rights Issue**

Guaranteeing women's human right to free and informed reproductive healthcare decision-making

Feature

6 Let's talk about SEX

Ensuring women's human right to healthy sexual and reproductive lives



TAKE ACTION

11 | **Looking through the cross at violence against women**

12 | **Pregnancy Matters**

Maternal mortality and the human rights of women

YOUNG WOMEN ON THE MOVE

14 | **What does sexual and reproductive health and rights mean to you?**

LEADING CHANGE

16 | **Higher education, higher risks**

YWCA of Ethiopia responds to university women's sexual and reproductive health needs

BRIEFING

21 | From the World YWCA

23 | People

23 | Supporters

President: Susan Brennan **General Secretary:** Nyaradzayi Gumbonzvanda **Editor:** Kaburo Kobia **Co-ordinators:** Sarah Davies, Sylvie Jacquat **Distribution:** Fiona Wilkie. Articles may be freely reproduced with acknowledgement to World YWCA Common Concern ISSN 1025-4099. All artwork, images and photography is protected by copyright and may not be reproduced without permission. ©2009 World YWCA. Common Concern is published in French and Spanish, contact worldoffice@worldywca.org to order.

ON THE COVER: Moo Moo Hsee
World YWCA Intern 2009 and Assistant programme Secretary at the YWCA of Myanmar.

Editorial

Daily, the world is confronted with staggering statistics related to women's health: an unacceptable number of girl-child marriages, women dying in childbirth and young women exposed to sexually transmitted infections and HIV. In many countries women and girls face violence and abuse resulting in gross violations of their human rights. Female genital cutting or mutilation, honour killings, forced sterilisations, criminalisation of HIV transmission all speak to the daily horrors many women face condoned by culture, customs, misapplication of religious norms and legislation.

The World YWCA has, in the last decade, intensified its interventions, programmes and activities around HIV prevention and care. It is now evident that such interventions remain incomplete unless framed in a way that equally respond to sexual and reproductive health and rights of women and young people. Violence against women is the ultimate manifestation of women's lack of access to their rights. In February 2009, the YWCA held a consultation on sexual reproductive health and rights (SRHR) with a number of member associations and partners who collectively defined an approach for the YWCA movement to adopt. The

proposed strategy guides the YWCA in creating change in our communities and addressing laws and norms related to the triple challenge of sexual and reproductive health and rights, HIV and violence against women (VAW).

With the revised approach, the World YWCA is focusing on comprehensive prevention, comprehensive support and care within safe spaces for women and girls and a commitment to building evidence through documentation, monitoring and evaluation.

The series of regional training institutes on SRHR, HIV and VAW that the YWCA movement is hosting in the next two years attest to our investment in a coherent global response while equipping individual women leaders with skills and tools to deliver at the local level and within their communities.

While the World YWCA makes its own contributions, the movement continues to ask for accountability and commitment towards actions that invest in women and girls, uphold their human rights and end stigma and discrimination. The International Conference of Population and Development (ICPD) held in Cairo in 1994 concluded with pledges to achieve universal access



Nyaradzayi Gumbonzvanda
General Secretary, World YWCA

to reproductive health services for every one in all countries by 2015. The Millennium Development Goals echo the ICPD goals and call for a specific commitment to reduce maternal mortality by 2015. Next year, the world will review the commitment government leaders made in the 2001 Declaration of Commitment on HIV and AIDS. As advocates for women's health, we must not only hold our leaders accountable for these promises, but also find ways to ensure they are achieved.

In this issue of Common Concern we explore what SRHR means and how member associations, women leaders and civil society can contribute to a safe world free of violence and free of HIV where women's reproductive health and rights are respected. ■

YWCAs Around the World

Since 1855, YWCAs around the world have championed women's rights. YWCAs work within their local context to find solutions that work for the women and girls in their community. In this briefing, we highlight the work YWCAs are doing to ensure women's sexual and reproductive health and rights.



Over 200 young women took an active part in the YWCA of Ukraine trainings on sexual and reproductive health and rights.

YOUNG WOMEN IN UKRAINE LEARN ABOUT RESPONSIBLE SEXUAL BEHAVIOUR

Ukraine has the highest number of people living with HIV in Europe. In response, the YWCA of Ukraine has organised workshops in the capital Kyiv that educate young women on HIV and AIDS. Over 250 young women have attended the workshops and learnt about responsible sexual behaviour, the importance of good sexual health and the social and economic factors that make women vulnerable to HIV. "I did not even know female condoms exist. We have so much to learn and we must tell other people," said a young woman participant.

"The young women take themselves more seriously with respect to their health," says Marina Grodzitskaya, Project Manager for the workshops, "They obtain information on where and how they can undergo anonymous HIV testing and if necessary get consultations and support. They become aware of the dangers of unprotected sex."

The workshops are popular with young women who are eager for information on HIV and sexual health. "This training gave me a new push to act. I have started to deliver mini-trainings to my friends," says Christine, a YWCA member.

The YWCA of Ukraine will continue hosting the workshops and hopes to expand the participation to sex workers.



The YWCA of Grenada hosted an HIV awareness booth and voluntary testing at the Grenada Sailing Festival.

FINDING SUPPORT AFTER BREAST CANCER

Globally, breast cancer kills one woman every 75 seconds. The YWCA Encore programme, run by YWCAs in New Zealand, Australia, USA, Canada and Japan, assists women who have had breast cancer surgery. Encore was developed in the 1970s by YWCA USA women who had experienced trouble finding appropriate support programmes after breast cancer surgery.

Recovering from breast cancer can have serious physical and psychological effects. Encore has been designed to address the challenges of recovery through improving mobility and flexibility, boosting self-esteem and confidence and finding relief from discomfort experienced after surgery. Encore is offered free-of-charge and runs over an eight-week period with a weekly group meeting to participate in floor and pool exercises and an information and support session.

In Australia, Encore evaluations found nine out of ten women who attend an Encore course report physical improvement. Eight out of ten women feel an increase in their energy level and 100 per cent of the women report that they benefited from attending Encore.

GOING SAILING? TAKE A CONDOM

The YWCA of Grenada has pledged their commitment to raise awareness of HIV and sexual and reproductive health rights (SRHR) on the Caribbean island of Grenada.

The association has developed an HIV and AIDS Committee that works alongside the Grenada National Aids Directorate and other non-governmental organisations to educate both its membership and the general public on HIV and AIDS and SRHR.

The YWCA of Grenada recently hosted an HIV awareness booth and voluntary counseling and testing at the Grenada Sailing Festival. "It was an excellent opportunity to showcase Grenada's HIV agenda. YWCA volunteers walked along the beach with educational materials that included posters, male and female condoms, contact cards and an HIV awareness survey," says Shonta Duncan, a YWCA of Grenada member.

Promotional materials such as water bottles were handed out to people who correctly answered questions on the topic. Condoms were also distributed to those who attended to encourage responsible sexual practices and behaviour. The association also held an Open House on World AIDS Day 2008 to raise awareness of HIV in Grenada and provide information on the correct use of the male and female condom.

LET'S TALK ABOUT **SEX**



The International Conference on Population and Development (ICPD) held in Cairo in 1994, hosted by the United Nations, brought together governments, inter-governmental agencies, world leaders, civil society and activists to discuss the link between population and development, specifically women's role in alleviating poverty. During the conference, it was made clear that until women and girls have full enjoyment of their rights, in family life and society, the development of communities and countries would be held back. The conference concluded with a Programme of Action (PoA) that outlined key areas for governments and world leaders to address in order to ensure women and girls can live full and fulfilling lives. The goals include commitments on increasing access to education for women and girls, reducing child and maternal mortality and ensuring women's health, especially their sexual and reproductive health.

The ICPD set a target for the PoA—governments are to achieve the goals by 2015. With less than five years to go, the world is far from reaching the ambitious goals set in the PoA. Women still die needlessly from childbirth complications, young women lag behind their male peers in education and far too many girls entering their reproductive years face numerous dangers from violence to HIV, early marriage to risk of cervical and breast cancer.

REPRODUCTIVE HEALTH AND RIGHTS

The outcomes of the ICPD offer the most comprehensive definitions of sexual and reproductive health and rights (SRHR). Although some theories on SRHR remain contentious, the definitions set at the ICPD have gone on to inform the work of countless organisations, including the World YWCA.

In 2003, the World YWCA Council adopted a resolution on Reproductive

Health and Sexuality calling on the YWCA movement to promote and work towards the provision of extensive access to quality education, resources, information, discussion and counseling for women and girls regarding their reproductive rights.

Many YWCAs have implemented programmes on reproductive health like the acclaimed YWCA Encore Breast Cancer programmes available across the USA, Australia, New Zealand and Japan that provide women with support as they recover from breast cancer surgery.

In Ghana, the YWCA run reproductive health services that

But talking about sex with a partner can have serious consequences for many women—whether it is a discussion on how many children to have, introducing condoms to the relationship or declining sex. Simply trying to access sexual rights in a context of harmful traditions or legislation that do not protect women often increases their vulnerability to violence and HIV infection. There are many forms of violence against women (VAW) and there is no fixed, exhaustive list. VAW includes violence in the family and community such as battering, marital rape and emotional abuse like isolation and humiliation.

The ICPD defined reproductive health as:

“...a state of complete physical, mental and social well-being in all matters relating to the reproductive system and to its functions and processes. It implies that people have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this is the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility, which are not against the law, and the right of access to health-care services that will enable women to go safely through pregnancy and childbirth.”¹

1 United Nations Department of Public Information * DPI/1618/POP-March 1995

reached over 60,000 schoolgirls and women of reproductive-age through mobile health clinics funded by the Centre for Development and Population Activities (Cedpa).

VIOLENCE, HIV AND THE LINK TO SEXUAL RIGHTS

Sexual rights protect women and men's right to decide when, where, how and with whom they choose to have sexual experiences. Furthermore, people—including young people—have the right to all information on the importance of responsible sexual behaviour and how to effectively prevent sexually transmitted infections (STIs) and HIV.

It also includes harmful traditional practices like female genital mutilation, child and forced marriage, forced sexual initiation, acid throwing, sexual harassment and intimidation at work or schools, trafficking and forced sterilisation.¹

In 2007, the World YWCA further committed to advancing women's rights by including actions on SRHR in the Nairobi 2007 Call to Action on HIV and AIDS launched at the International Women's Summit on Women's Leadership on HIV and AIDS². In regions where the HIV prevalence

1 1993 UN General Assembly Declaration on the Elimination of Violence against Women

2 Hosted by the YWCA the International Women's Summit on Women's Leadership on HIV and AIDS was the first international conference to focus on women's leadership and HIV and AIDS



ICPD Programme of Action (A/CONF.171/13):

- » Provide universal education: Urge countries to provide wider access to women for secondary and higher level education as well as vocational and technical training.
- » Reduce infant and child mortality
- » Reduce maternal mortality
- » Ensure universal access to reproductive health care, including family planning, assisted childbirth and prevention of sexually transmitted infections including HIV. Reduce unintended pregnancies. Address impact of unsafe abortions. Actively discourage female genital mutilation (FGM)

is high, access to sexual and reproductive health tools like condoms have a dual effect: they enable women to plan their families and also offer protection from HIV and STIs. The female condom offers women an additional choice for contraception and protection. In the 2006 AIDS epidemic update, UNAIDS reported that in Thailand a third of new infections were among married women. In Cambodia, 40% of married women surveyed reported fear that their husbands would infect them with HIV³. In a recent survey in East Africa, 40% of married individuals with HIV have uninfected partners⁴. For serodiscordant couples (where only one partner is HIV-positive), condoms use is crucial to ensure healthy and pleasurable sexual relationships.

COMPREHENSIVE CONDOM PROGRAMMING FOR WOMEN AND GIRLS

On numerous occasions, the World YWCA has called for increased access and distribution of the female condom. But condoms are not the only solution to preventing HIV. With over 70 member associations running programmes on HIV and SRHR, the World YWCA

understands that a comprehensive approach is essential to an effective response to HIV. Early in 2009, the World YWCA convened a consultation to strengthen the global strategy on SRHR and HIV and AIDS including condom programming. The revised strategy offers four goals for the YWCA movement to focus its action: create a safe and inclusive space for women and girls; provide comprehensive prevention including comprehensive condom programming (CCP); develop leadership and strengthen capacity, especially with young women as champions and leaders on SRHR, HIV and an end to VAW; and ensure documentation and quality monitoring and evaluation of YWCA programmes.

The strategy will be shared during the World YWCA regional training institutes to be held through 2009 and early 2010 and will inform regional level SRHR plans. ■

For more information visit:
www.ippf.com
www.gutmacher.org
www.unfpa.org



By Natalie Fisher-Spaldon, World YWCA Deputy General Secretary

³ 2006 Report on the Global AIDS Epidemic. UNAIDS

⁴ 2008 Report on the Global AIDS Epidemic. UNAIDS

World YWCA global strategy on SRHR, HIV and VAW

A diverse group of people from within the YWCA and key partners gathered in Geneva, Switzerland for a three day global consultation on Sexual and Reproductive Health and Rights (SRHR) and HIV and AIDS in early 2009. Hosted by the World YWCA, the consultation was an opportunity to review and strengthen the World YWCA HIV and AIDS global strategy to ensure HIV is addressed through a SRHR framework.

The importance of linking sexual and reproductive health and rights (SRHR) and HIV has become widely recognised.¹ International conventions such as CEDAW and global commitments such as the Millennium Development Goals, Beijing Platform for Action and the International Conference on Population and Development (ICPD) Programme of Action cannot be met without ensuring universal access to SRHR and HIV prevention, treatment, care and support.

The World YWCA 2009-2012 strategic framework provides direction on the links between accessing information, resources and services—especially sexual and reproductive health services—with prevention, care and treatment of HIV and AIDS. To strengthen the strategic framework, a consultation on the World YWCA global strategy on SRHR and HIV and AIDS including condom programming was held in Geneva from February 23-25, 2009.

Supported by the United Nations Population Fund (UNFPA), 40 participants convened to share their experience and expertise on SRHR, HIV and AIDS and violence against women (VAW). The outcomes of the consultation confirmed the importance of taking a comprehensive and

integrated approach to SRHR and HIV with a particular focus on prevention.

The YWCA is renowned as a safe space for women,

including young women, in which they are empowered to take ownership of their lives. YWCAs are therefore ideally positioned to provide safe and inclusive, non-judgmental and confidential spaces for women and girls to discuss and disclose challenges they face in SRHR, HIV and AIDS and VAW. Safe spaces can refer to actual physical space and/or a gathering of women and girls where they feel safe to learn and disclose their sexual and reproductive health challenges.

PARTICIPANTS:

- » Representatives from 16 YWCAs from eight regions
- » Key partners: UNFPA, UNAIDS, the David and Lucile Packard Foundation, Youth Coalition For Sexual and Reproductive Health and Rights, Ecumenical Advocacy Alliance, Norwegian Church, Aid Masimanyane Women's Support Centre, Population Services International and the Global Public Sector Team (now called Support). ■

The consultation report is available on the World YWCA website, visit:

www.worldywca.org or by email worldoffice@worldywca.org

The World YWCA strategy affirms that it is essential to:

1. Create a safe and inclusive space for women and girls
2. Provide comprehensive prevention including:
 - » Comprehensive condom programming (CCP)
 - » Integrated information on SRHR, HIV and VAW that leads to empowerment and behaviour change at community level
 - » Address stigma and discrimination of women and girls living with HIV
3. Develop leadership and build capacity, especially with young women as champions and leaders of SRHR, HIV and an end to VAW
4. Ensure documentation and quality monitoring and evaluation of YWCA programmes

¹ IPPE, UCSF, UNAIDS, WHO, UNFPA. Sexual & Reproductive Health and HIV Linkages: Evidence Review and Recommendations. 2008.

For every girl

We want to live in a world where every girl will grow up to have:

- access to quality education
- appropriate sex education teaching her essential life skills in taking responsibility for her own sexuality
- information on how HIV is transmitted and how it is not transmitted
- access to confidential voluntary counseling and HIV-testing and know her HIV status
- access to the best and most effective HIV treatment if she is HIV-positive and freedom to choose whom to tell about her HIV status
- skills to negotiate condom use and access to low cost female and male condoms
- knowledge on how to prevent unintended pregnancies and access contraception suited to her needs
- freedom to choose when to marry and whom to marry
- freedom to choose when and if to have children, regardless of her HIV status
- access to health facilities that would help her survive childbirth when she is old enough to have children
- access to regular screening and treatment for cervical and breast cancer



www.worldywca.org

Take Action

Looking through the cross at violence against women

A genuinely Christian perspective is against all forms of violence against women. Christianity proclaims a God who is defined by love and who wants to be personally involved in helping women and men become whole people in societies marked by justice with peace. Violence against women works exactly against this goal. When a husband believes he can demand sex from his wife; or a woman is gossiped about or shamed in the community when she reveals that her boyfriend or husband is abusing her; or a girl is deprived an education in favor of a boy; or a woman is denied in a thousand large and small ways the possibility of developing her full potential and personhood—it is violence against the dignity of women.

When any of these actions are linked somehow with God, they can be even more devastating.

In the first pages of the Bible we see God created men and women both in God's image with inherent value and with the capacity to create, reason and love (1). Jesus treated women with kindness and respect. In a context where women were not valued as highly as men and did not have



the same rights as men, Jesus defended women, healed women, and developed friendships with women, even women outcast in their society (2). At a time when a woman's testimony was not considered valid, Jesus chose to appear first to women after his resurrection (3).

Thinking theologically about the real issues of life allows us to ask and articulate how faith can make a difference. It allows us to ask questions about interpretations of the Bible that seem to limit women. It allows us to find new ways of relating the biblical texts to our current experiences and needs.

One strong example of a new reading and application of a familiar text is the Tamar Campaign, whose aim is to mobilise and sensitise girls, women, men, media, faith organisations, religious institutions and others to say no to rape and domestic violence. It is centered around a Bible study of the story of Tamar in 2 Samuel 13:1-22. Tamar, David's daughter, was raped by Ammon, her half brother. A symbol of violence against women, Tamar was not only abused but also courageously spoke out against her abuse. Her powerful act can encourage other women to speak out against abuse.

Rape and sexual assault are widely recognised as crimes, although in 44 countries legislation is yet to be developed (UNIFEM 2003 Report)

Evidence shows violence against women damages not only the individual women but the whole society. HIV and AIDS spreads when women do not have the education or freedom to make informed choices about sexuality or are coerced sexually. And when men are perpetrating or allowing violence against women, knowingly or unknowingly, neither men nor women are living as they are created to be—in wholeness and mutuality. The church and Christians are called to speak out against all forms of violence against women, even and especially when we find it in our own communities, proclaiming through our actions that violence is unequivocally unacceptable and that the God of lovingkindness is in our midst ready to heal and restore. ■

References:

1 Genesis 1

2 Matthew 9:19-21; Luke 10/John 11;
John 8

3 Luke 24/Mark 16

By Christine Housel, World Student Christian Federation



Christine Housel received her Masters of Divinity from Yale Divinity School (01) and is a member of the Episcopal Church. She currently lives in Geneva, Switzerland where she works as

Global Project Manager for the World Student Christian Federation. One area of passion for Christine is working together with girls and women to find their full potential as women and to discover how to stand against all forms of violence, in partnership with like-minded men. The World Student Christian Federation has been a long-time partner with the World YWCA in empowering women and working for gender justice.

For more information on the Tamara Campaign contact the Ujamaa Centre: labanc@ukzn.ac.za

For more information on the World Student Christian Federation visit: www.wscfglobal.org

Pregnancy Matters

Maternal mortality and the human rights of women

By holding government's accountable to the Programme of Action and MDG 5 and supporting women with services that contribute to preventing unnecessary deaths, YWCAs can play a crucial role in achieving women's reproductive rights.

In the least developed countries, only
39%
of women have a skilled attendant during their childbirth.

1 UNICEF, State of the World's Children Report 2008

Global statistics show that over 500,000 women die each year from complications during pregnancy or childbirth; 99% of these occur in developing countries. The conditions that enable these unnecessary deaths vary, but timely strategies to improve the lives of women and girls can reduce the risk of pregnancy and childbirth.

The journey to a successful pregnancy for a woman in the developing world can be perilous. Assuming she is not a child forced into marriage facing her first pregnancy at fourteen, her closest maternal care clinic may be 40 kilometres away. For the fourteen year-old, unattended complications during childbirth may lead to obstetric fistula—a severe medical condition in which a hole develops between the rectum/bladder and vagina.

For the woman with access to antenatal care, a mandatory HIV test may reveal that she is HIV-positive. Often with no support or counselling, she has to face her partner and family with the news. Assuming her partner does not beat or abuse her for 'bringing HIV into the home', she may have no access to antiretroviral medication that would ensure her baby is born HIV-negative and she has a healthy life during which she can raise and care for her child.

And what if she was circumcised as a girl? The World Health Organisation (WHO) reports that female genital mutilation increases risk of childbirth complications and newborn deaths.

UPHOLDING WOMEN'S RIGHTS

The strategies to ensure women can have safe pregnancies are multi-fold: from ensuring girls stay in school and are not forced into marriage to providing adequate health care. But to be successful, these strategies must be centred on reducing poverty, eliminating inequality and eradicating harmful gender norms and traditions. By upholding a girl's right to health from when she is born to when she is elderly, governments can ensure not only women's wellbeing but society's as well.

The impact women's poor health has on the community, economy and country is increasingly being recognised by governments and world leaders. At the March 2009 session of the Human Rights Council, 83 governments reaffirmed their commitment to addressing maternal mortality as a human rights issue. Governments identified specific steps the Council can take and requested that member states include women in decision-making around maternal health¹.

The International Conference on Population and Development (ICPD) held in Cairo in 1994 concluded with pledges outlined in a Programme of Action. The outcomes of the ICPD in turn informed the language of Millennium Development Goal 5 on maternal health. The ICPD Programme of Action and MDG 5 provide a clear framework for action to achieve universal access to reproductive health services by 2015. Women's organisations like the YWCA—with its experience in



providing services and history of advocating for women's rights—are well placed to respond to the needs of women and girls. By holding government's accountable to the Programme of Action and MDG 5 and supporting women with services that contribute to preventing unnecessary deaths, YWCAs can play a crucial role in achieving women's reproductive rights. ■

MDG 5: Improve Maternal Health

TARGET 5.A:

Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Indicators:

- 5.1 Maternal mortality ratio
- 5.2 Proportion of births attended by skilled health personnel

TARGET 5.B:

Achieve, by 2015, universal access to reproductive health

Indicators:

- 5.3 Contraceptive prevalence rate
- 5.4 Adolescent birth rate
- 5.5 Antenatal care coverage (at least one visit and at least four visits)
- 5.6 Unmet need for family planning

¹ WomenDeliver.org news retrieved 29.04.09

Young Women on the Move

What does **Sexual and Reproductive Health and Rights** mean to you?



Maria

MARIA MORENA GALVELO, 30 PHILIPPINES
World YWCA Board Member and YWCA of Philippines member

Sexual reproductive health and rights are integral to our existence as humans. God created us with sexuality that should be treated with respect and free from all forms of discrimination and violence that rob human dignity.

It disturbs me to hear that my fellow

Contraception, sexuality, pregnancy, violence, menstruation, sexually transmitted infections...it can be information overload for young women when discussing sexual and reproductive health and rights. In this section of Common Concern, we ask young women from around the world to share what sexual and reproductive health and rights (SRHR) means to them.

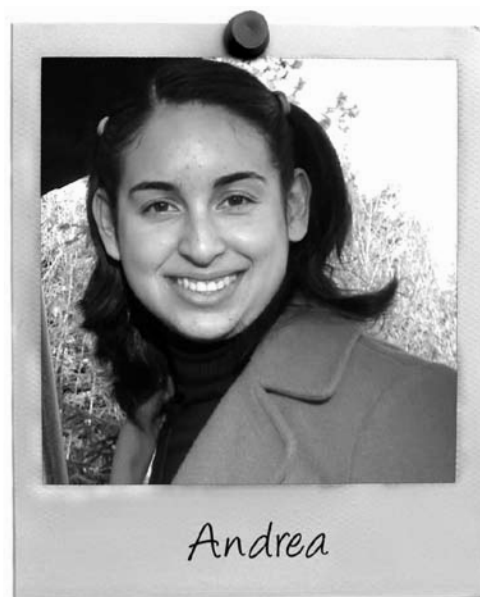
Filipino women work abroad and suffer physical and sexual abuse from their foreign employers.

Discrimination, cruelty and violence against young women's SRHR will continue if no action is taken. Everyone plays a role in changing this— individuals, families, communities and the government that leads the nation.

ANDREA NÚÑEZ ARGOTE, 24 MEXICO
World YWCA Advocacy Intern and YWCA of Naucalpan member

I first heard about sexual reproductive health and rights during my phone interview for the World YWCA

Internship. I wasn't sure what it meant or the difference so I used the Internet to find out.



Andrea

When young people are unaware of SRHR or what the difference is between them, they can make uninformed choices and be left vulnerable to violations of these rights that they start to accept as normal.

I did not get taught sexual or reproductive health at school. These topics were in our health books but teachers just skipped the subject. Only now I realise how important it is for young people that these issues are addressed. Today, teachers still refuse to teach about sexual health.

In the YWCA of Naucalpan we provide workshops for students to understand and exercise their SRHR in the best possible way. We are filling the gap teachers do not want to fill.



SITA SHAHI, 30 NEPAL
Srijansil Mahila Samuha,
People Living with HIV (PLHIV)
women's group

Sexual reproductive health and rights are important to young people. Due to the lack of education on sexual and reproductive health, many women are becoming infected with HIV. If young women are not informed of their sexual and reproductive health rights, they can engage in risky sexual behaviour which can lead to HIV and

sexually transmitted infections. Family, school and society need to talk openly about these issues

Women who are uninformed of SRHR can become victims of physical and mental violence, early and unplanned pregnancy and HIV.

Young women have a right to live a free life and their SRHR should not be exploited.

SEPORA TAGALOA, 22
AMERICAN SAMOA
World YWCA Board member
and YWCA of American Samoa
member

I am a young woman that belongs to a conservative culture that labels all things sexual as taboo. I learned about my sexual health when I was prescribed birth control to regulate an irregular cycle. The nurse scoffed at me, presuming I was an out-of-control sexually active teenager. I was 14 years old and unaware of what my body was experiencing. My parents, and schools I attended did not discuss my reproductive health.

I believe sexual education should be included in the education framework of primary schooling. Providing young women with sexual education enables them to make



well-informed decisions about their sexual health. Also, providing the entire community with sexual education will generate an open and understanding perspective for the betterment of young women's social and sexual wellbeing.

AIKA TEMU, 30
TANZANIA
World YWCA Accountant

Wait until you're married. Abstain. You will get an STD. Pregnant. No man will want you. He is your husband. You must please him. Condoms are against Gods plans for procreation...a snapshot of the information young women received where I grew up.

No one talked about how to handle advances from men in positions of power, how to negotiate safe sex or the facilities available if you had difficult decisions to make.

So we watched in silence hiding behind guilt, shame, religion, culture and society as women suffered and some died. We have done this for too long.

Leading Change

Higher education, higher risks

YWCA of Ethiopia responds to university women's sexual and reproductive health needs

University should be a liberating and empowering experience for young women. When the YWCA of Ethiopia discovered female students faced a range of barriers that impacted on their sexual and reproductive health and rights, they decided to provide support to young women and challenge the status quo.

Female students in higher learning institutes in Ethiopia face many problems that pose a challenge to the successful completion of their studies. The YWCA of Ethiopia has found typical challenges identified by female university students include economic problems, especially for rural female students, sexual and verbal harassment and lack of sufficient knowledge on reproductive health including HIV. Unintended pregnancies and abortion are some of the consequences. The social support within the university system is also weak; there is little guidance and counseling for students who find it difficult to cope with the new academic and social environment. The unsafe environment on university campuses, like dormitories situated at inconvenient locations, make female student vulnerable to violence. All of these challenges ultimately contribute to low academic performance thereby increasing female university dropouts.

It is in this context that a university

official approached the YWCA of Ethiopia to intervene. Bearing in mind the gap between the favorable government's policy framework on education, health and gender and the reality on university campuses, the YWCA of Ethiopia felt that there was an urgent need for intervention. Removing the hurdles faced by female students in higher learning institutes has now become the YWCA's major concern.

With the assistance of the David and Lucile Packard Foundation, the YWCA of Ethiopia started the 'Enhancement of Women and Girls Reproductive Rights in Ethiopia' project that currently runs in two Addis Ababa university campuses.

SUPPORTING UNDERPRIVILEGED WOMEN

The YWCA of Ethiopia understands that building the capabilities of young women through education and creating healthy citizens whose reproductive health needs and rights are safeguarded is a path to development.

To help women stay in school and address the economic challenges that sometimes lead female students to engage in paid sex with older men, an empowerment scheme was developed that offers 100 underprivileged students a monthly stipend of Birr 100 (approximately USD 9). With Birr 100, a student is able to buy sanitary pads, shampoo, body lotion and make photocopies. As books in the library are not sufficient, young women prefer to make photocopies and read in their dormitory, which is safer than going to the library late at night.

In addition to financial support, the women in the programme also participate in a mentoring and training programme. The programme delivers training on reproductive health, leadership and human rights. The YWCA of Ethiopia already has existing initiatives on violence against women and reproductive health in high schools and used the experience and knowledge from running these programmes to implement the university training.



The YWCA of Ethiopia staff and supporters at the launch of the condom kiosk at Addis Ababa University.

THE CONDOM KIOSK

The YWCA of Ethiopia realised that female students had little access to contraceptives and this had a negative impact on their sexual health. Through the contacts established within the university and government Ministries, the YWCA received permission to set up condom kiosks at the Addis Ababa University. In partnership with DKT Ethiopia, a leading contraceptives supplier, the kiosk was set up next to the female dormitory to provide young women with sexual and reproductive health services. The YWCA hopes the location of the kiosk will encourage female students to use the service without shame. It will facilitate access to contraceptives such as condoms, the contraceptive pill and sanitary pads for female students. The project is sustainable; proceeds from the sale of the subsidised products will go to the establishment of a women's fund.

One of the major challenges of implementing the project was soliciting support from stakeholders working

on campus, both governmental and non-governmental organisations. The challenge was overcome by engaging in advocacy work with the NGOs and government representatives to convince them of the importance of encouraging sexual and reproductive health among university students.

Despite the barriers, the YWCA of Ethiopia remains passionate about addressing sexual and reproductive health rights of young women in Ethiopia. ■

**By Melat Tekletsadik Haile,
General Secretary of the YWCA
of Ethiopia**

**For more about the David and Lucile
Packard Foundation visit:
www.packard.org**

**For more about the YWCA of Ethiopia
visit: www.ywca-ethiopia.org**

Nearly 60% of the
104 million
children globally who
do not attend school
are girls, with HIV
rates higher for girls
who do not finish
primary school.

1 in 7
girls in developing
countries marry
before age 15. In 17
countries in South
Asia and Sub-Saharan
Africa, almost half of
all girls are married
before age 18

Sexual Exploitation and Violence Against Women

Breaking the Poto Mitan of Haitian Society

In general, forced sexual relations within marriage or partnership are not perceived by the majority of Haitian men and women as violence, although 8 out of 10 women in Haiti are victims of domestic violence.

Se fanm qui ranje tab la, e se li ki ranje lavi a" (It is a woman who prepares the table and it is her who puts life in order. Women are central to everything in life.)

Marie-Claude Julsaint, World YWCA Regional Director for the Americas and the Caribbean participated in a solidarity visit to Haiti in November 2008. Born and raised in Haiti until she left at age 17 to attend University in the United States, Julsaint returned to Haiti after 10 years. In this piece, she reflects on the situation of women and girls in Haiti.

In Haitian culture, women are referred to as the poto mitan of the society. The poto mitan is the central post in a voodoo temple that serves as the connection between the spiritual and the physical world; it is the conduit for the spirits to enter the physical world during a voodoo ceremony. Women are therefore the central beam that keeps everything in order and connected.

Since the slave revolt, which brought independence in 1804, women have played an important role and stand out as key figures in Haiti's history. Today, women contribute up to 70% of the national economy through their participation in the informal sector. However, Haitian women face many forms of violence in a context of



extreme poverty, discrimination and gender inequality.

Poverty and marginalisation have contributed to the current situation of increasing sexual exploitation and sexual violence against young women and girls; this impacts their sexual and reproductive health and rights. Data and information on sexual exploitation and sexual violence against women and girls need to improve in order for an effective response to be implemented.

In general, forced sexual relations within marriage or partnership are not perceived by the majority of Haitian men and women as violence, although 8 out of 10 women in Haiti are victims of domestic violence.

There are also many reported

cases of sexual violence, including rape of girl-child domestic servants, commonly known as the restaveks. Trafficking of women and girls and forced repatriation of women at the Haitian-Dominican Republic border often includes sexual violence and rape. This also puts women and girls at greater risk of HIV infection.

Despite these alarming statistics and reports, I heard many powerful and inspiring stories of the courage and resilience of Haitian women who are able and dynamic leaders of their communities. Many governmental, civil society and women's initiatives exist, including the establishment in 1994 of the Ministry for the Status of Women and Women's Issues, the National Dialogue on Violence Against Women, Haiti's National Plan to Combat Violence Against Women, and more recently the developing YWCA of Haiti which started its activities in 2006, focusing on women's health and HIV, girls education and leadership development. All these initiatives demonstrate that the perception of women as poto mitan is not only a social factor but is becoming an institutionalised element of Haitian society. ■

By Marie-Claude Julsaint, World YWCA Regional Director for the Americas and the Caribbean

HIV and AIDS

Forced and coerced sterilisation of HIV-Positive Women: A Human Rights Issue

Guaranteeing women's human right to free and informed reproductive healthcare decision-making

What are the duties of [care] providers and ministries of health to ensure that women living with HIV are fully informed and have the capacity to freely decide whether or not to become pregnant, to carry a pregnancy to term or to terminate a pregnancy?

In 2006, the UNAIDS Agenda for Action on Women and AIDS responded to the gendered impact of HIV and AIDS by calling on governments to ensure that AIDS health programmes 'work for women' – in particular by "...expanding access to health services that women need including comprehensive education, sexual and reproductive health services, antenatal care, prevention of mother-to-child transmission (PMTCT) programs and equitable access to antiretroviral therapy (ARV).¹"

The agenda has been largely developed in response to early HIV and AIDS health programming, which too often regarded women in instrumentalist terms.² The programming was characterised by a focus on preventing transmission from mothers to their infants, without looking to the prevention of transmission from parents to children. Other dominant encounters with 'mothers' include the 15 million children orphaned or abandoned due to HIV-related ill-health or death of their parents. The common understanding had been that it was mothers who infected and who orphaned or abandoned their children.

Reproductive healthcare in the HIV and AIDS context has thus been complicated by public health concerns respecting 'mother-to-child transmission', and the future care of children born to women living with HIV.³ As a result, HIV positive women have encountered, and continue to experience, both subtle and overt pressure from health providers, partners, families, communities and the state to terminate existing, and to avoid future, pregnancies. In 1998, the South African Medical Journal published a letter from a hospital staff-member which stated "...(i) The availability of



antiretroviral treatment should be conditional on voluntary or enforced sterilisation after the present pregnancy; (ii) ...termination of pregnancy should be considered in HIV-infected pregnant women, either voluntarily or by law; (iii) an Act of Parliament should be considered to the effect that all HIV-infected women in their reproductive years should be sterilised.⁴"

HIV positive women from around the world face many SRHR violations that include forced and coerced sterilisation, refusal to provide services, hostile attitudes towards HIV positive women who seek to have children, stigmatisation at hospitals by hospital staff, breaches of confidentiality, and testing for HIV without informed consent.

Although many health professionals may not openly voice such opinions, research studies and anecdotal reports indicate that such attitudes are widespread.⁵ The High Commissioner for Human Rights (OHCHR) and UNAIDS have expressly addressed this problem of coercion. In a 1998 statement, OHCHR noted that programmes targeting pregnant women “often emphasise coercive measures directed towards the risk of transmitting HIV to the foetus, such as mandatory testing followed by coerced abortion or sterilisation.”⁶

While attitudes have slightly shifted since the introduction and greater availability of anti-retroviral therapy, too few HIV positive pregnant women are able to access the treatment and services they require. In many cases, providers do not perceive their advice as coercive but instead as providing ‘counseling and guidance’ to women who face many challenges in the bearing and raising of children as a consequence of their HIV positive status.

A human rights approach to free and informed reproductive health decision-making is guided by the principle that all women have a right to reproductive autonomy including the right to bear children, regardless of their HIV status. The Convention on the Elimination of Discrimination against Women⁷ [CEDAW], for example, provides that women’s human rights are violated by the failure to both ensure non-discriminatory access to health services and to protect women from non-consensual medical interventions. Rather, women are entitled by right to acceptable healthcare services defined as “... those that are delivered in a way that ensures that a woman gives her fully informed consent, respects her dignity, guarantees her confidentiality and is sensitive to her needs and perspectives.”⁸

Coercive (or non-consensual) medical interventions, including abortion and sterilisation, constitute grave violations of women’s human rights as guaranteed not only in CEDAW, but also the International Covenant on Civil and Political Rights (the Political Covenant)⁹, and the International Covenant on Economic, Social and Cultural Rights (the Economic Covenant).¹⁰ The violation of women’s human rights to acceptable reproductive health care also undermines broader public health goals by dissuading women from seeking care and services.¹¹ Women may be deterred “...from accessing care, because of the negative associations of HIV, or because they anticipate or experience prejudicial behaviour from healthcare providers.”¹²

The guarantee of women’s human right to free and informed reproductive healthcare decision-making is, thus, essential from both a human rights and a public

health perspective. While a woman’s HIV positive status may influence her healthcare decision-making, it should not result in her discriminatory treatment at the hands of health providers or the health system. Prevention and other health programmes should provide information and access to services in a manner that respects the dignity of women by facilitating their free and informed reproductive decision-making. In the 1998 Guidelines on HIV/AIDS and Human Rights, UNAIDS and OHCHR expressly recognised that “...[l]aws should...be enacted to ensure women’s reproductive and sexual rights, including the right of independent access to reproductive and STD health information and services and means of contraception, including safe and legal abortion and the freedom to choose among these, the right to determine number and spacing of children.”¹³

The tension between public health and human rights approaches in reproductive health decision-making, to the extent that there is one, usually arises not from a difference in objectives, but a difference in chosen means to achieve legitimate public health objectives. Rather than viewing public health and human rights approaches in starkly opposing terms, it is more useful and more accurate to consider how existing tensions in implementation can be overcome. ■

Extract from: ‘Bridging the Gap: Developing a Human Rights Framework to Address Coerced Sterilization and Abortion’. ATHENA. 2008

References:

1. UNAIDS, The Global Coalition on Women and AIDS. 2006. Keeping the Promise: An Agenda for Action on Women and AIDS.
2. See Cohen, J., Kass, N. & Beyrer, C. 2007. ‘Responding to the Global HIV/AIDS Pandemic: Perspectives from Human Rights and Public Health Ethics’.
3. de Bruyn, M. 2002. Reproductive choice and women living with HIV/AIDS. Chapel Hill, NC:
4. Ibid, p13.
5. Supra note 3.
6. OHCHR and UNAIDS. 1998. HIV/AIDS and Human Rights
7. Convention on the Elimination of All Forms of Discrimination against Women. A/Res/34/180
8. Committee on the Elimination of All Forms of Discrimination against Women (CEDAW). 1999. General Recommendation 24: Women and health. para 22.
9. International Covenant on Civil and Political Rights. A/6316.
10. International Covenant on Economic, Social and Cultural Rights. A/6316.
11. The notion that human rights protection promotes public health is commonly referred to as the HIV/AIDS paradox. See MacFarlane, S., Racelis, M. & Muli-Muslime, F. 2000. Specifically, the HIV/AIDS paradox teaches that behaviour modification is best achieved by protecting the rights of vulnerable groups.
12. de Bruyn, T. 2002. ‘HIV-Related Stigma and Discrimination: The Epidemic Continues’. In: Canadian HIV/AIDS Policy & Law Review, 7(1), 8 at 9.
13. OHCHR UNAIDS. 1997. HIV/AIDS and Human Rights: International Guidelines. Second International Consultation on HIV/AIDS and Human Rights. HR/PUB/98/1, 20-21.

Briefing

From the World YWCA



World YWCA Programme Director for Asia and Pacific Juli Dugdale celebrated World YWCA Day with the YWCA of Thailand

WORLD YWCA DAY CELEBRATES WOMEN CREATING A SAFE WORLD

Over 40 friends and partners of the World YWCA joined in World YWCA Day celebrations in Geneva, Switzerland on April 24, 2009. The occasion was an opportunity to reflect on the World YWCA Day theme 'Women Creating a Safe World' and the event involved a number of different presentations including 'Honouring Women Leaders' and an introduction to World YWCA Council 2011.

"Today, we are saying it is possible to have a different world. Together we can create a different world; a world free of violence, free of HIV—where humanity is celebrated and human dignity is a lived experience every

day, every where," said World YWCA General Secretary Nyaradzayi Gumbonzvanda.

World YWCA President Susan Brenann sent a message to the YWCA movement stating, "YWCA's globally are honouring women leaders and celebrating women's leadership in creating a safe world. We are celebrating the YWCA as a safe space. Safe because we provide shelter and places to gather, safe because we welcome all women, regardless of their circumstances."

For more, visit:
www.worldywca.org for stories on YWCAs celebrating World YWCA Day
www.YouTube.com/worldywca for General Secretary's video message
www.Flickr.com/worldywca for photos from YWCAs around the world

VIENNA TO HOST WORLD'S LARGEST INTERNATIONAL CONFERENCE ON HIV AND AIDS

Vienna, Austria will host the XVIII International AIDS Conference (AIDS 2010), the largest international meeting on HIV. The biennial conference attracts close to 25,000 people, representing all stakeholders in the global response to HIV, to address the gaps, assess progress and identify future priorities in the response to HIV and AIDS.

The International AIDS Society (IAS), in partnership with civil society, government, other international and scientific partners from Austria and other parts of the world, will convene AIDS 2010. The World YWCA is a member of the Conference Coordinating Committee (CCC) representing women, young people and faith-based organisations. As part of the planning committee, the World YWCA is working to ensure that these constituencies are meaningfully mainstreamed to all aspects of the conference agenda.

The conference has great potential to engage Central Asia and Europe, especially Russia, in addressing HIV and AIDS. Russia accounts for two-thirds of all HIV cases in Eastern Europe and many believe Central Asia has one of the fastest growing epidemics in the world.

For more, visit: www.aids2010.org

WORLD YWCA ROLLS OUT REGIONAL TRAINING INSTITUTES (RTIs)

Within its leadership development and capacity building programme for the 2008-2011 period, the World YWCA is convening a series of regional training institutes (RTI) under the common theme 'Women Creating Safe and Secure Communities'. The main goal is to contribute to the movement's strategic framework by developing regional strategies for programme delivery including advocacy on sexual reproductive health and rights (SRHR), HIV and violence against women (VAW).

The YWCA of Trinidad and Tobago will host the Caribbean RTI; more than 50 women and young women are expected to attend. Participants will strategise on ways to eliminate violence against women and stop the spread of HIV in the Caribbean. 'Caribbean Women Creating Safe and Secure Communities: United to end Violence Against Women and the Spread of HIV' will be the theme of the Caribbean YWCAs RTI to be held from May 24-29.

The YWCA of Nigeria will host the African RTI from June 7-14 under the theme 'African Women Creating Safe and Secure Communities'. Representatives from 28 African YWCAs and two Middle East YWCAs will attend along with three African associations working towards affiliation.

In August, the Asia and Pacific RTI will be held in Bali, Indonesia from August 2-7. Hosted by the YWCA of Indonesia, the RTI precedes the International Congress on AIDS in Asia Pacific (ICAAP9).

A 'Young Women Leaders Dialogue' will feature at all RTIs, creating a safe space for young women of the YWCA movement to discuss SRHR, HIV and VAW.

"RTIs are one of the long standing

means within which YWCA leaders and volunteers come together at the regional level to grow their leadership and continue to offer the space for collective reflection, shared knowledge on best practices and a much-needed opportunity to affirm young women in the movement," says World YWCA General Secretary Nyaradzayi Gumbonzvanda.

RTIs in Middle East, Europe and Latin America will be held in 2010.

FIJIAN WOMEN LEADERS PROFILED ON WORLD YWCA WEBSITE



Former World YWCA staff member Anne Walker spent 11 years with the YWCA of Fiji.

Fiji has become increasingly unstable after a March 2009 Court of Appeal rule that declared Commodore Bainimarama's regime illegal under the country's 1997 constitution.

Women's groups in Fiji have called for international support and solidarity as the government's continued clamp down on media threatened their human rights and increased insecurity in the country.

The World YWCA has highlighted women's leadership in addressing the crisis in Fiji by publishing interviews with Fijian women activists on its website. The women share their hopes and fears for the country. "Peace and security are very important to women in Fiji," said Leba Halofaki-Mataitini,

National President of the YWCA of Fiji in her interview, "Women are one of the main groups affected by the impact of such events. As protectors and anchors of families, family security is uppermost in their minds. To a large extent, these events show the quiet strength of women."

The World YWCA promotes the United Nations Security Council Resolution 1325, which calls for women's full participation in peace building.

Read the interviews on www.worldywca.org

COULD YOUR YWCA BE THE HOST OF WORLD YWCA COUNCIL 2015?

The World YWCA is seeking invitations from member associations to host the World YWCA Council in 2015. World Council is the quadrennial membership meeting of the World YWCA, involving representatives from nearly 100 member associations from around the world. The meeting is hosted by a member association and usually rotates around the world regions.

Hosting World Council provides many opportunities for the host association and the YWCAs in the region. It is an opportunity to showcase the work and culture of the member association within the global YWCA movement.

Expressions of interest should be submitted no later than September 15, 2009 in order for the World YWCA Board to consider host locations at its October 2009 meeting.

For further information email: worldoffice@worldywca.org

People

NATIONAL APPOINTMENTS

New General Secretary:

Dr. Beulah Shekhar, YWCA of India
Laetitia Nakirinda Kiyingi, YWCA of Uganda
Mary Small, YWCA of Gambia

New President:

Mayerly Georgina Rivas, YWCA of El Salvador
Karen Lida Antinori de Che Leon, YWCA of Peru
Matilda Johnson, YWCA of Gambia
Sylvia F. Ting, YWCA of Taiwan

Supporters

Nancy Babcock (USA)
Ann Drummond (Australia)
Christa Gartner (Austria)
Andrea Hugelshofer (Switzerland)
Matsuko Ishikawa (Japan)
Murielle Joye-Patry (Switzerland)
Noboko Kirimura (Japan)
Kaburo Kobia (Switzerland)
Masako Kumae (Japan)
Sheila Moyes (Great Britain)
Kimiko Osato (Japan)
Odette Pollien (Switzerland)
Quinity BV (Netherlands)
Maria Rodriguez (USA)
Miyoko Takatsuki (Japan)
Kayo Tsuji (Japan)
Mine Watanabe (Japan)
YWCA of Lebanon (Lebanon)
YWCA Scotland (Great Britain)

Female condoms are the only available female-initiated HIV prevention technology, yet in 2007 less than **26 million** female condoms were distributed worldwide.



55% of young women cite condoms as an effective prevention strategy (UNAIDS)



YWCA Week Without Violence

OCTOBER 12 – 18



World YWCA

women leading change

About the YWCA Week Without Violence

The YWCA Week Without Violence is an annual campaign that takes place in the third week of October during which YWCAs around the world encourage their communities to think and act towards a world without violence. YWCAs on every continent use the week to raise awareness through events like exhibitions, readings, seminars, walks and contests. For ideas and tips for Week Without Violence activities visit www.worldywca.org.