

READY

RESILIENT & EMPOWERED
ADOLESCENTS & YOUNG PEOPLE

#WeAreREADY



Welcome to the fourth issue of the READY newsletter! It's about gender and how we

can challenge gender inequality in our programmes, services and lives.

We feature two interviews: with a young mother living with HIV and a young man living with HIV. We focus on gender-based violence (GBV): including the case study of a teenage girl, the latest research and the ALIV[H]E framework. There are also updates on READY to Decide and READY to Lead.

As I write this, I'm thinking of those girls in Mwanza and Mala who face initiation ceremonies in December. These cultural practices remain deep-rooted. It's sad that in many countries women are treated as inferior to men, and families favour boys going to school. We don't recognise that women can be leaders in their communities.

Gender inequality is a big problem when it comes to HIV. In Tanzania, HIV prevalence among 15-24-year-olds is higher among females than males. This inequality comes from how girls and young women are treated in society. Talking about sex and sexuality remains a taboo.

It's time to empower girls and young women to know their rights. It's time to end all forms of GBV. And it's time to raise the new generation in a stigma-free world of equal rights and opportunities.

MB

PRUDENSIANA MBWILIZA, GUEST EDITOR CHAIR, BOARD, NETWORK OF YOUNG PEOPLE LIVING WITH HIV/AIDS IN TANZANIA (NYP+)



The Zvandiri team championing #FreshVoicesMakingChoices at AIDS 2018. © Alliance



Gender matters!

READY to Decide

BY LOLA ABAYOMI, ADVISOR: PROGRAMMES AND COMMUNICATIONS, INTERNATIONAL HIV/AIDS ALLIANCE

So much has happened since **READY to Decide** was launched in 2017 to mark 16 Days of Activism against GBV. The campaign highlights the links between gender inequality and rising rates of HIV among adolescent girls and young women. In some countries in sub-Saharan Africa, girls are up to eight times more likely to get HIV than boys, partly due to GBV. Without focused action on HIV we won't reach Sustainable Development Goal (SDG) 5 on gender equality.

The social media campaign focuses on three areas – sex, pregnancy and marriage – where girls and young women are often unable to make decisions. The campaign echoes the voices of young women from READY countries, documenting cases of GBV and calls to action to change harmful practices, enforce policies to eliminate violence and seek justice.

Earlier this year, READY advocates attended the first ever SheDecides Day in Pretoria. They also headed to the Commission on the Status of Women in New York, where they joined SheDecides champions, government and civil society representatives to advocate for an end to GBV and stronger linkages between HIV and sexual and reproductive health (SRH) services. In September, they marked the #Act4SDGs day of action with a lively **Twitter chat** on research into GBV and young people affected by HIV (see overleaf). As the year comes to an end, the campaign will keep up the momentum so that GBV is high on the political and social agenda.



Charity from Malawi, is READY to Decide!
© Gemma Taylor/Alliance



READY+ gender checklist

BY LUISA ORZA, LEAD: HIV TECHNICAL (GENDER), INTERNATIONAL HIV/AIDS ALLIANCE

The Alliance has developed a useful tool for READY+ consortium partners: a gender checklist to help them think through the different needs, priorities and concerns that girls/young women, boys/young men and young transgender people living with HIV may have about HIV and their sexual and reproductive health. Here are some of the questions asked:

- Looking at the **context** we work in, what are some of the different issues affecting young men, women and transgender people living with HIV? Who are the most marginalised adolescents and young people in our communities?
- Are READY+ **data** disaggregated by sex, age and key population group? We should use data to identify not only who we are reaching with services and information, but also who we are not reaching.
- Thinking about **harmful gender norms**, how are adolescent girls and boys/young women and men expected to behave at home, in school, and in their communities? Do these expectations, roles and responsibilities help or hinder them from making positive choices about their lives, including accessing holistic services? Is GBV affecting young people in our communities? What impact does this have?
- What specific **services** do young women, men and transgender people living with HIV need? How youth-friendly are these services?
- Finally, whose voices are usually loudest in **decision-making** spaces? And how can we promote the **meaningful involvement** of young people living with HIV in their diversity?

Special needs of adolescent mothers living with HIV

Emanuelina Leonard (aged 18) is from Biharamulo, Tanzania. She is living with HIV and supported by community adolescent treatment supporters (CATS). When she got pregnant at 17, Emanuelina dropped out of school. She spoke to Jacqueline Mushi, Project Officer, READY+, Tanzania Council for Social Development (TACOSODE).

“What challenges do you face in relation to your sexual and reproductive health and rights (SRHR)?”

“I'm afraid to go the clinic to ask for family planning because the nurses ask a lot of questions. If you're under 18, you won't get SRH services unless you have parental consent. Having sex before marriage isn't acceptable. Faith-based hospitals don't provide contraception, including condoms. As a young mother, I didn't know much about SRHR.”

“What about adherence to antiretroviral therapy (ART)?”

“At first, I found it very hard to accept my HIV status. I was discriminated by some of my family, and didn't take my treatment properly. I was afraid to go to the facility to take my medication: I was worried people would disclose my status.”

“In terms of your mental health, what challenges do you face?”

“Because of stigma and discrimination, I stopped believing in myself. I felt that I wasn't needed in the community. I thought I was the only HIV-positive young person. It felt like my life had ended when other students discussed my status.”

“What support do you need, as a young mother living with HIV?”

“I'd like to know how to breastfeed my son properly and stop him getting HIV.”

“How has READY+ helped you?”

“I feel confident now to share my HIV status. I make my own decisions regarding SRHR, like using condoms. And READY+ has improved my psychological wellbeing.”

“What should READY+ focus on?”

“Enable young mothers to form support groups that will help them psychologically, economically and socially.”

Photo top: A peer supporter provides advice on nutrition to young people, including those with children. © Peter Caton for READY



Violence and young women living with HIV

BY VIRGILIO SUANDE, PROGRAMME OFFICER, REGIONAL PSYCHOSOCIAL SUPPORT INITIATIVE (REPSSI) AND LEOPOLDINA SEMO BANCO, MANAGER, OASIS

Teenagers living with HIV often experience various types of violence. Family members judge them because of their status, and girls are even accused of being prostitutes. Some adolescents are marginalised by their relatives: they may lose their right to food, education, and to see their friends. Resilient adolescents may find an escape but others who have no one to turn to are relentlessly humiliated.

In Beira, Mozambique, READY+ implementing partner, Oasis, provides adolescents with one-to-one counselling, holds dialogues with family members and, in serious cases, makes referrals to other sectors.

Here's a typical example. During home visits, CATS discovered that after spending the night at her boyfriend's house, a teenage girl was shamed by her father, and made to return to the boyfriend's house. She was so scared that she didn't take her treatment for three months. She hid all of this from CATS.

Oasis and REPSSI met with her on many occasions. Eventually, her father accepted her back but even then she suffered verbal abuse. To resolve the problem, we offered advice: we talked about the value of life, and her responsibility to her siblings. We talked about her dreams. We laughed a lot and she promised to give up the idea of suicide. To this day, she still takes part in support groups.

READY to Lead BY MAXIMINA JOKONYA, PEER MENTOR

Being a young woman living with HIV in Zimbabwe isn't easy. Faced with patriarchal social norms, stigma and discrimination, as well as the everyday challenges that are part of being young, women find it difficult to access appropriate SRH services and enjoy their rights. In rural areas, access to contraception, especially implants, is limited. The age of consent restricts access to SRH services for under 16-year-olds.

Many young women are taught that their duty is childbearing, to be submissive to their husbands and not deny them sex. Many still resort to practices such as "muti" herbs, which are harmful but considered pleasing to men. Many women living with HIV experience intimate partner violence but tend not to report it and stay in abusive relationships.

READY to Lead wants to change all this. Funded by Comic Relief, it focuses on the power of girls and young women to instigate change in policies that affect their health. Young women living with HIV receive leadership, mentorship and advocacy training. They in turn become advocates and mentors to other young women.

"As young women leaders we are the change we want, we create our own destinies," said one young mentor. "I like the way women fought for their rights throughout Africa in the colonial era. It's high time that, as young women leaders living with HIV, we take up the stand and fight for ourselves. It is the injustices and inequalities of this society that have disadvantaged us."



Spotlight on research: What works to end gender-based violence?

BY MARIJA PANTELIC, SENIOR ADVISOR: RESEARCH AND EVALUATION, ALLIANCE

We know that young women are at particular risk for GBV and HIV, and in low and middle-income countries, a third of all women have experienced GBV. Yet not much is known about what works to reduce GBV among young people affected by HIV. In the READY+ programme we are reviewing the evidence on what type of interventions reduce GBV for young people living with HIV.

We are looking at 16 studies representing 21,678 adolescents and young people from South Africa, Uganda, Kenya, Ethiopia, Zimbabwe and Brazil. The review is led by Dr Franziska Meinck, Department of Social Policy and Intervention, Oxford University.

Only one (out of four) psychoeducational and two (out of three) economic strengthening interventions were effective. And one economic strengthening programme actually led to increased GBV.

Why did none of these interventions produce impressive results in combating GBV? Partly because most relied on girls protecting themselves, and not on engaging communities to take responsibility. There were also no evaluations with young people from key populations. Only one study involved young people in the intervention design – no wonder there were huge gaps! However, preliminary findings suggest that a combination of comprehensive SRHR education, economic strengthening and self-defence classes for girls and parallel sensitisation classes for boys could deliver more effective results.

These findings offer a chance to address important programming and knowledge gaps. We must invest in programmes that are youth-led and evidence-based, and engage communities, rather than place the entire responsibility on girls. These findings are preliminary and have not yet undergone peer review. Please contact mpantelic@aidsalliance.org for further information.



Alkanjera with her three children



"I've gained confidence to address HIV treatment and

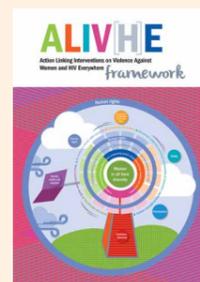
SRH services for adolescents and young people. READY+ should keep supporting young people and young mothers, and promoting government policies to help young women."

ALKANJERA BRAVIUS, CATS, TANZANIA

ALIV[H]E framework

BY LUISA ORZA

Evidence shows that GBV makes women more likely to get HIV and that having HIV can put women at increased risk of violence. Action Linking Initiatives on Violence against Women and HIV Everywhere (ALIV[H]E) is a framework aimed at helping communities understand the relationship between HIV and violence, and address both issues. It was developed by and for communities, so that responses are based on lived realities, experiences and needs.



In the Middle East and North Africa (MENA) region, the Alliance is using ALIV[H]E with the MENA network of women living with HIV – MENA Rosa. In Morocco, 30 women living with HIV took part in dialogues. All had experienced violence. They were single, married, divorced or widowed; some were or had been sex workers, homeless or in prison; some had disabilities; some had children born with or without HIV. Some had experienced stigma and violence during pregnancy. They had experienced violence in the home, community and health service settings, before, because of, or since their HIV diagnosis.

Through the dialogues, the women were able to share their experiences in a safe space and understand how violence and HIV reinforce each other. They supported each other, and saw how their personal experiences are linked to wider social norms. They also identified ways to address root causes through education, rights, laws that promote gender equality, and breaking the silence around violence against women. Later this month, the women will present their recommendations to policy-makers.

Thank you!

The Global Network of Young People Living with HIV (Y+) and the International HIV/AIDS Alliance would like to thank our current READY partners: Africaid, Aidsfonds, Alliance Burundaise contre le SIDA (ABS), Community Health Alliance Uganda (CHAU), Community Organisation of Youth against HIV Uganda (COYAA), Coordinating Assembly of Non-Governmental Organisations (CANGO), Global Network of People Living with HIV (GNP+), Marie Stopes International Uganda, M&C Saatchi World Services, NYP+, Nakaseeta Initiative for Adult Education and Development (NIFAED), Organisation for Social Services, Health and Development (OSSHD), Paediatric-Adolescent Treatment Africa (PATA), Peer to Peer Uganda (PEERU), REPSSI, REJUSIDA Mozambique, Réseau des Jeunes vivant avec le VIH au Burundi (RNJ+), Swaziland Network of Young Positives (SNYP+), TACOSODE, Ugandan Network of Young People Living with HIV (UNYP) and Zimbabwe Young Positives (ZY+).

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Special needs of young people from key populations

Keith, 26, spoke to Tinashe Rufurwadzo, Communications Officer, Africaid, Zimbabwe.

"My name is Keith, I'm a young gay man and I am proudly living with HIV.

"I remember when I found a wart. It took me a while to find the confidence to approach a healthcare provider: I didn't want anyone to know that I'm a gay man living with HIV. Accessing sexual health services, adherence to ART and mental health issues are still big challenges.

“Before READY+, I didn't know anyone in the same situation who could listen and help me.

"Taking medication at the same time every day isn't easy. If you tell other people your status so that they can offer support and remind you to take your medication, they always ask how you got HIV. In Africa, being gay isn't acceptable.

"I want answers to my questions but many people turn a deaf ear and say hurtful things. I cry when I'm alone. Before READY+, I didn't know anyone in the same situation who could listen and help me.

"Young gay men need safe spaces where we can discuss issues without being judged. Health workers should listen without calling us names. And we should be trained to provide differentiated care to our peers.

"I've gained so much from the READY movement. Everyone works towards the same goal. It's like a family, where I'm loved for who I am and supported to lead a happy, healthy life, despite my sexuality and HIV-positive status."

FOLLOW THE MOVEMENT! DATES FOR THE DIARY

Support the READY movement by following these events and posting to Facebook fb.me/READYMovement, Twitter [@READY_Movement](https://twitter.com/READY_Movement) and Instagram [@readymovement](https://www.instagram.com/readymovement) using #WeAreREADY and #FreshVoicesMakingChoices. Also visit www.aidsalliance.org/ready and www.yplusnetwork.org/ready-movement/ for news and updates.

12–15 November, International Conference on Family Planning (Kigali, Rwanda)

16 November, International Day for Tolerance

25 November, International Day for the Elimination of Violence against Women

25 November, 16 Days of Activism against Gender-based Violence

1 December, World AIDS Day

10 December, Human Rights Day

12 December, Universal Health Coverage Day

1 March, Zero Discrimination Day

2 March, SheDecides Day

8 March, International Women's Day

