

For Slideshow of Health Rights=Healthy Women:

These notes are to assist you in presenting the slideshow Health Rights=Healthy Women.

Blue font indicates information to be included only if there is time or it appears needed to provide additional explanation.

Slide 1

No notes

Slide 2

Photo Caption: a rural clinic with community health worker weighing an infant.

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- We have heard countless stories of married women who are faithful to their husbands but have no means of recourse if they demand that their husbands use a condom. In doing so they face the risk of being accused of being promiscuous or having AIDS.
- They face the risk of being thrown out of the family, losing inheritance and property rights, and being stigmatized within their communities.
- Helping to stop the spread of HIV and AIDS requires more than providing treatment and education, it requires laying the social groundwork for people to make personal choices and act upon the information they have received.
- Research (done in Zambia, Tanzania and Ethiopia) has shown that women generally bear the brunt of HIV related stigma especially in Africa. Women, more so than men, are expected to uphold the moral traditions of the society. Being HIV positive is regarded as evidence that they have failed to fulfill this responsibility.

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No notes

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- PHR began to look critically at how the epidemic is affecting women in Botswana and Swaziland. We released a report "Epidemic of Inequality" in May 2007. The key findings of this report were: *[from slide]*.
- *Photo Caption:* this is a woman in Ethiopia carrying wood/fuel for literally miles for her home – an example of the powerlessness/ poverty of women.

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- After Botswana/Swaziland report and conversations with women and AIDS experts, partner organizations and our constituents, we decided to determine some solutions. We launched the Health Rights=Healthy Women Platform: A commitment to halt the feminization of AIDS.
- *Photo Caption:* World AIDS Botswana....women coming together publicly to bring their voices to the fight against AIDS for the first time.

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- Presently there are 15.4 million women world wide infected with HIV. The majority are between the ages of 15-24, and this number is growing.
- The majority of people living with HIV in sub-Saharan Africa – 61% – are women.
- 75% of new infections in 15-24 year olds are among women and girls.
- *Photo Caption:* A young woman dying of AIDS outside her homestead in Swaziland. Her mother asked that we take this picture to tell the story and perhaps bring needed attention to the epidemic.

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- The platform is a three-pronged approach to address the structural inequalities that leave women and girls vulnerable to AIDS.

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- The health care system often reflects the norms of a society. The stigma a woman experiences in her community too often carries into the health care setting. As a result, seeking essential health services is often too threatening, and women stay away out of fear.
- Presently, in many African countries like Kenya, Uganda, Ethiopia, only 40% of pregnant women go to a health facility to give birth. When asked why, many felt that they were not respected or welcomed by the physician and nurse caring for them, especially if they were HIV infected.
- Another example where the health system is failing women is the pitiful uptake of Prevention of Mother to Child Transmission of HIV (PMTCT) programs. In the majority of developing countries where PMTCT programs exist, as few as 11% of the women eligible for this service actual access it. Again, fear of stigma – reluctant to be HIV tested or seek the follow up as needed.
- PHR is calling for Universal Access to PMTCT+ programs. The PMTCT+ approach emphasizes the importance of the “M” in PMTCT: caring for the **mother** is as important as protecting the life of the child and extending the care and treatment to all members of the family who may be HIV positive.
- *Photo Caption:* Rural clinic in Ethiopia....many nurses and physicians are fearful to touch patients with AIDS....we were providing clinical mentoring which included “touching” patients ...hoping to make them feel respected and care for in a safe place.

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- *Photo Caption:* A woman sits on the side of the road, her “home” with infant twins and a toddler. Try to stress the need for attention to family planning and access to health services.

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- This initiative calls on our government and the international community to provide the financial, strategic and human resources necessary to develop health systems in AIDS burdened countries, especially in Africa, that are based in the belief that health rights includes women rights, thus creating a health system that protects and empowers women. This translates into a health system that cares for **the whole woman**...
 - A system that offers fully integrated health services and referral to community based support programs.
 - A system of health care delivery that recognizes the unique health needs of women and young girls; care that includes access to quality primary care integrated with reproductive

- health, information regarding family planning, a right to comprehensive prevention and treatment programs that go beyond abstinence, being faithful, and the use of condoms,
- that includes information and access to services that recognize the social, economic, educational and cultural determinants to health
- A health system that is free from stigma and discrimination, factors that too often impede access, especially to young girls and women.
- And we believe this must include a health system that **educates and supports** a work force – nurses, physicians and community health workers – so that they can provide confidential, safe and high quality care to women.

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- PHR is strongly advocating for the education and empowerment health professionals. Too often they are also victims – overworked, burdened with huge caseloads, and insufficient supplies or medications, and as a result feel burnt out and unable to provide the quality care needed by the community they serve.
- *Photo Caption:* nurses and physicians in Ethiopia attending training sessions.

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- Many reports reveal the extent to which people are stigmatized and discriminated against by health care systems. Many studies reveal the reality of withheld treatment, non-attendance of hospital staff to patients, HIV testing without consent, lack of confidentiality and denial of hospital facilities and medicines. Also fueling such responses are ignorance and lack of knowledge about HIV transmission.
- In S. Africa a large study was done that documented the need for anti-stigma training for health workers based on interviews with both patients and providers themselves. We have also done values clarification exercises with health workers where they confide that they feel it is okay to refuse care for those living with HIV, especially if they do not have proper gloves or other protective equipment.
- Doctors and nurses we have spoken with (interviews with doctors and nurses done by some of our HAA advisors in the field; also, in gathering data for the anti-stigma campaign in Uganda) have admitted to having refused to care for an HIV/AIDS patient or had denied HIV/AIDS patients admission to a hospital. One factor driving stigma among doctors and nurses is the fear of exposure to HIV as a result of lack of protective equipment. Also at play it appears, was the frustration at not having medicines for treating HIV/AIDS patients, who therefore were seen as 'doomed' to die.
- Lack of confidentiality has been repeatedly mentioned as a particular problem in health care settings. Many people living with HIV/AIDS do not get to choose how, when and to whom to disclose their HIV status.

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- *Photo Caption:* nurses and physicians in Ethiopia attending training sessions.

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- Focusing on abstinence, being faithful and using condoms (ABC) does not take into consideration the unequal power dynamics present in marriages and societies around the world. Prevention programs must take into account the structural inequalities which leave women vulnerable to HIV/AIDS.

- The current ABC model does not address the dire human rights issues at the core of the epidemic, nor does it recognize women's unique vulnerability to the disease. Indeed, with its narrow scope, ABC can in fact exacerbate gender inequality. HIV prevention programs must be comprehensive and scientifically based and must actively promote and protect women's human rights.
- Comprehensive programs must go beyond abstinence, being faithful and using condoms to also "D" – Defend women's rights and end Discrimination; "E" – Educate and Economically Empower women; "F" – provide Freedom of movement and Food sufficiency.
- *Photo Caption:* Young woman in Botswana. Prevention program that included condom negotiation to empower the women. "My boyfriend refuses to use a condom. He claims that he is so big, none fit." The pictures shows that a condom can fit over the girl's entire head. We stressed educational sessions should be fun, with on target messaging.

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- As health care professionals, we know that a health care delivery system that cares for women in the manner they deserve benefits the community as a whole and can turn the tide in not only the AIDS epidemic but other devastating, unacceptable health disparities, such as maternal – child mortality.
- The Following Quote is from Dr. Ogada, a women Pat Daoust worked with on HIV/AIDS training programs in Kenya. As a young woman she was widowed with 4 children. She spoke about how difficult it was to survive. Farming, selling her produce, sewing, etc. helped her feed her children and get them each an education. She also shared what it was like seeking health care for her kids and herself as a poor widow and how she was stigmatized. Her dream was to become educated and share her stories with medical and nursing students so that they would change their behaviors. She is now a PhD at Nairobi University and lectures med students. She refers to herself as "recycled material":

".....make it a one stop shop that is comprehensive, empathetic, sensitive and answering to my needs so that you recognize the many roles that I have. The multiple jobs I have to do; clean, cook, farm, raise children, care for the elders, and will not allow me the luxury of time to waste."

Women are health providers in their own homes as well as their community, and therefore their health comes last. So when you see me go down, it means that it is really serious and somebody should attend and recognize the urgency that forces me to come, because I wouldn't come otherwise.

If you are going to take care of me and encourage me to produce the next generation, for crying out loud change the traditional mindset and teach me to appreciate myself as part of health service delivery.

Social justice requires that I am a normal, bona fide, healthy, wholesome Kenyan.

I'm not asking for a favor – if anything I should be praised, recognized, thanked. As a woman I am creating the future of Kenya. Thank you".