HIV is now, without doubt, a gendered disease: it is a feminised epidemic. Outgoing UN Secretary General, Kofi Annan, speaking at the opening of a UN special conference in New York on HIV and AIDS suggested recently that: “The world has been unconscionably slow in meeting one of the most vital aspects of the struggle: measures to fight the spread of AIDS among women and girls. These shortcomings are deadly”.

The statistics speak for themselves. Projected population statistics for 2020 in countries of high HIV prevalence confirm the devastating effect of HIV on women as compared with men. According to the UNAIDS Epidemic Update 2005, seventy four percent of infected young people in Africa are girls. The real problems of gender inequality and HIV can only be truly addressed, according to the head of the UN Population Fund, Thoraya Obaid, by making “sure that women have greater control of their bodies and their lives, as well as of public policies and budgets”. Stephen Lewis, outgoing UN Special HIV/AIDS Envoy has for years been tackling this very issue claiming: “gender inequality equals death for the women of Africa”.

The problem facing women and girls cannot and should not be underestimated. According to a new ActionAid report Girl Power – reviewed on page 9 – ‘Girls and women are vulnerable to HIV simply because they do not have enough power to protect themselves from infection. In order not to be infected with HIV, a woman has to have control over who she has sex with, as well as when and how she has sex’. Women are biologically more at risk of HIV, and the social and cultural web within which many are caught amplifies the problem. The – very Western – notion that individuals have freedom of choice to protect themselves from risk, and that risk is essentially controllable, simply does not apply in many parts of the world. Risk for women is too often inversely proportional to power. Health promotion messages that fail to address this are doomed to failure.

“At the heart of the global AIDS epidemic lies gender inequality. Women bear the main burden of care; women are the last in the queue for treatment; women and girls are denied information and education and women are denied the power to negotiate their sexual safety because they do not have control over income and property.”

Bertil Lindblad, Deputy Director of UNAIDS, 2003
Another, and in many ways more destructive, feature of the HIV epidemic affecting women is stigma. HIV stigma is fast becoming a major concern – even more than 20 years after the beginnings of HIV, the rejection and judgement of affected people is as potent now as in the early days. Women are more affected by stigma because of social norms concerning acceptable sexual behaviour in women and because women are often more economically vulnerable than men. There is often the tendency to blame the woman first if HIV infection is discovered within the family in spite of the fact the man usually introduces it. She is often accused of extra-marital affairs and promiscuity, or witchcraft. She is not uncommonly cast out of the community, subjected to violence or even murder because she is HIV positive. Human Rights Watch are especially concerned about the status of HIV positive widows, who are often left to fend for themselves, begging for food and at risk of exploitation (see http://www.hrw.org/reports/2003/zambia/).

The Stigma-AIDS Project: Building networks to tackle stigma
The continuing intransigence of HIV stigma at the beginning of the new millennium was a key motivator in the launch of a collaborative initiative, the Stigma-AIDS Project. Between 2001 and 2004, a Thailand-based advocacy and networking NGO, Health and Development Networks (HDN), managed and moderated a series of discussions using an electronic forum (eForum). Experts in the field of HIV, and a dedicated team of writers from developed and developing countries provided background material for the eForum, laying the foundation for the discussions and debates exploring topics such as stigma in the healthcare setting; stigma and the religious sector; stigma and the media; stigma and injection drug users; stigma in the workplace; self stigma; and stigma and disclosure. The eForum had more than 2000 members and contributions came from women and men affected by HIV and AIDS, academics, policy makers, NGO workers, and those simply interested in the topic. An evaluation suggested that the eForum provided a safe-haven for discussions around stigma (especially in developing countries) a valuable information resource and vital tool for networking.

More information is available at www.hdnet.org

Women are usually the main care givers, and it is perhaps ironic that a common indicator to a community that a woman is infected is her use of infant formula to feed her child, instead of breastfeeding. By protecting the child against infection this exposes the infected mother to public derision. Gender-biased HIV stigma therefore creates another form of disempowerment for women. Women are also in many regions the last to eat when there are limited resources, which makes adherence to drug regimes extremely difficult when medication has to be taken with food (especially when she has not disclosed her status for fear of discrimination).

Education is key
Lack of empowerment, for both HIV positive and HIV negative women can indeed mean death. One way to empowerment – freedom to act – is education, which could yet prove one of the most effective social vaccines against HIV, and a bulwark against stigma for those who are infected.

Information and understanding about the virus is crucial, and the vulnerability of girls and women to HIV is compounded by their lack of information and understanding. In Niger, for instance, a UNAIDS report compiled in 1994 showed that 41% of girls between 15 and 19 are unaware that a person infected with HIV can look healthy, and education is clearly one intervention that could address this lack of understanding.

Promoting gender equality is a Millennium Development Goal (MDG), and when coupled with another goal – Universal Primary Education – there is the promise of a potent combination. Recent statistics, however, suggest that both these goals are way short of their target. Currently more than 100 million children worldwide are without access to education. Sixty percent of these are girls. It is in sub-Saharan Africa where we see the most severe problems. Attendance is increasing, but there are still less than two thirds of children enrolled in primary education across the region, with fewer girls in school than boys.

Education could very well be the key in helping girls and women protect themselves against HIV. The Global Campaign for Education report Learning to Survive suggests that if all children received a complete primary education, the impact of AIDS could be greatly reduced, and around 700,000 cases of HIV prevented in young people per year. Reports such as the ActionAid report Girl Power suggest that education is related to delayed sexual debut; more beneficial transactional sex (for the woman); and increased knowledge of HIV.

The paradox – of education providing a protection for HIV against women; and the lack of sufficient progress in recruiting and retaining girls in education – is but one of the many dissonances characterising the HIV epidemic in developing countries.

Even once children are at school, challenges remain – for example, education per se may not always protect girls against HIV, according to a recent study from Tanzania by Columbia University’s Frances Vavrus. Here, female students had higher literacy and numeracy skills than males, but less overall knowledge about HIV and AIDS. Targeted and specific information about HIV as part of a robust curriculum is needed. In addition, research suggests that it is more in the post-primary education stage that much of the benefits for women’s empowerment are found; for it is here that more specific learning can take place. In many countries however few girls go on to study at this level.

Knowledge about HIV and how not to be infected is vital. But addressing education content alone assuming this to be a panacea against gender inequality and HIV risk, is too narrow an approach to be effective. Girls and women need the power to use the knowledge. Interventions, therefore, must be multi-faceted.

Challenging stigma and discrimination
Education, especially at the community level, could also be the key in lessening the stigmatisation of affected people, but especially of women who are more vulnerable not only to HIV,
but also stigma and discrimination.

Community based training programmes are perhaps the most effective approach, for not only can they provide basic information about HIV, but can often confront socially driven "rules of exclusion" predisposing individuals towards negative responses to affected people. Research confirms that communication initiatives to combat misinformation and fear, and improving self-help initiatives for affected people can have a real impact – especially on the stigma experienced by HIV positive mothers (see http://www.panos.org.uk/files/Stigma.pdf).

In Ghana, distance learning courses are being used to train men and women in communities to be change agents. The Stepping Stones project uses regular meetings between different generational and gender groups within a community, to enable issues around HIV to be properly and constructively discussed, and behaviours addressed.

**Exclusive schooling for HIV affected children in India**

India has recently overtaken South Africa as the country with the most people affected by HIV and AIDS (though the proportion of the total population remains small), so it is vital to explore ways of ensuring that HIV and AIDS affected children and adults are treated in non-judgemental and non-discriminatory way. In 2006 the NGO Karunalayam launched a school exclusively for girls and boys with HIV and AIDS. Affected children barred from other institutions attend, and the school aims to provide a stigma-free educational setting. There is a risk of course: this project may marginalise affected children by highlighting their difference. This point will no doubt be hotly debated, and only time will tell whether projects such as this achieve their goals.

*More information is available at http://tinyurl.com/avdqs*

**The way forward**

Making and maintaining progress to overcome some of the gendered dimensions of the epidemic requires urgent action:

- On the personal level: girls (and boys) must receive free education at least until the end of the primary stage (consistent with the MDG), but preferably as far into the post-primary stage as is possible. This must include adequate information about HIV and AIDS – ways to protect themselves and others; and the basics of personal safety – especially in regions where rape is endemic.

- On the social and community level: education should ensure that girls are empowered to negotiate their sexual experience; teaching across the curriculum must include issues around equality, positive role models, the need to challenge damaging gender stereotypes, and the toxic effects of HIV stigma – creating as it does a double jeopardy for affected women.

- At the national level: education must be sustainable, and it is vital to ensure schools can afford to stay open, and that the provision of education is free at the point of delivery. Legally enforced human rights are essential if gender inequality and HIV stigma, are to be addressed.

The world needs to respond quickly to the HIV crisis confronting women. And we need to ask why the 2006 International AIDS Conference (IAC) – the 16th – was only the first time girls’ education as a method of HIV prevention was addressed as a major topic. Has the international community been distracted for the past 25 years?

Education has the potential for empowering girls, and at the community level, mitigating HIV stigma. Robust, committed and sustainable interventions, working specifically on the convergence of disadvantages in which HIV thrives are the only way to make progress. Once the social and cultural web entangling women is dismantled, education fully resourced, and the recruitment and retention of girls properly addressed, then girls and women will develop their full personal and social potential, reducing their vulnerability to HIV, and if affected, will be less likely to be stigmatised.

We can only hope affected countries, and those providing aid and support, have the will and capacity, to face up to the challenges ahead, investing as much time and energy to the provision of education (in the broadest sense), as to other forms of prevention and treatment.

Ian Hodgson is an Associate of Health and Development Networks (HDN), which forms part of the Positive Learning Working Group. The Positive Learning Working Group, which brings together organisations working on education with those working on HIV and AIDS in the Asian and Pacific region, is one of the guest editors of this issue of Equals.

A longer version of this article with full references is available at www.oxfamkic.org

**Letter from the Editors**

Almost six thousand young people contract HIV each day, and of these sixty percent are girls and young women. As the face of the HIV and AIDS epidemic becomes increasingly young and female, education has a critical role to play in enabling girls and women to protect themselves.

In order to ensure that education is used effectively as a key strategy in the struggle against HIV and AIDS, strengthening networks and building alliances between sectors is critical. In recognition of this, this issue of Equals, which explores the links between gender, education and HIV, has been guest edited with two partners, both of whom bring a wealth of expertise and experience in this area.

The Asian South Pacific Bureau of Adult Education (ASPBAE) has been working on education since 1964 and is now a network of more than 200 NGOs, community organisations, government agencies, universities, trade unions, indigenous peoples, women’s organisations, the media and other institutions of civil society, which works to advance equitable access to relevant, quality and empowering learning opportunities across the Asia-Pacific. The Positive Learning Working Group (PLWG) brings together organisations working on education with those working on HIV and AIDS in the Asian and Pacific region, in order to learn from each other’s advocacy work and to develop a coordinated response to the epidemic. On page 6 Sumedha Sharma from ASPBAE explores the formation of PLWG in more detail. Elsewhere in this issue, other articles by PLWG members explore the role that education can play not only in preventing the spread of HIV but also in addressing the stigma experienced by HIV affected women and girls (pages 1–3), and look at particular issues affecting women using drugs in Asia (page 7).

Equals 18 is one of three issues to have been supported by the KIC (Knowledge Infrastructure with and between Counterparts) Project, which seeks to facilitate learning and the sharing of practices between counterparts. On pages 4 and 5 KIC partners share some of their experiences of working on gender, education and HIV.

We know that many Equals readers have other experiences of working on these issues and we are therefore excited to be launching an online discussion space on the KIC website portal (www.oxfamkic.org). We hope you will use it share your ideas and experiences. An online discussion forum, based on this issue, will run from 4-20 December and we look forward to exchanging ideas with you on it. More information about how to participate is given on page 5.

Amy North
Beyond Access

Maria Lourdes Almazan Khan
ASPBAE

Pascal Tanguay
Asian Harm Reduction Network / PLWG
“Victims for being girls” – Forced Virginity Testing in Zimbabwe

Hazviperi Betty Makoni

Girls in Africa have silently suffered in the wake of virginity testing as proponents of the practice are at pains to justify and institutionalise it. People have generally ignored its impact on girls’ education and the way in which it has exacerbated girls’ inferior position in society and increased their vulnerability to the HIV and AIDS epidemic. Some African traditions insist that a woman should be a virgin at marriage and virginity testing is now commonly practiced in most parts of Zimbabwe.

Chipo’s case epitomises how virginity testing is antithetical to girl’s rights and has serious implications in the light of HIV and AIDS. Chipo is 17. She lives with her sister, a primary school teacher who carries the marks of the emotional bruises of the battles she has fought for being a single mother.

“I just went for virginity testing to prove my male classmates that I was not a loose girl. They called us prostitutes,” Chipo explains.

“It is worrisome and gender discriminatory that only girls undergo virginity testing. The names of virgins and non-virgins are announced at schools’ assemblies and harassment of both virgins and non-virgins intensifies. Chipo says “Most boys say that rotten things attract flies. They target the so-called ‘rotten girls’ (non-virgins) as they are easy prey and force them into sex.”

Chipo alleges that as news of the results spread around the village the boys who taunted her and her sister learned that she was a virgin.

Virginity testing in Zimbabwe is marred with controversy and will be outlawed with the enactment of the Domestic Violence Bill into law. While advocates of the idea claim there is nothing wrong with virginity testing, and that it is voluntary, defenders of girls’ rights argue that if girls are below 16 years then virginity testing is forced. The Criminal Law (Codification and Reform) Act states, “anyone who inserts an object in a child is guilty of a sexual offence.”

Elderly women with no formal training in gynaecology conduct the virginity tests. Apostolic churches test over a million girls annually with stiff penalties awaiting non-virgins. They are labelled evil and unholy and asked to point to those who deflowered them. The man is ordered to marry the girl as a way of cleansing himself from sin. Some men rape girls so that they will marry them after failing the tests and add them to their polygamous marriages.

The tests are an additional trauma for sexually abused girls resulting in tears of dejection, a feeling of self-blame and suicidal traits. They do not help girls to break their silence on rape.

From Chipo’s point of view even being a virgin does not exonerate one from male harassment. To their male peers, they remain prostitutes and loose girls. She explains “we are victims for being girls and we have to join girls’ clubs for empowerment to deal with insults. Members of Girl Child Network vehemently refused to attend the tests. They know their rights, they live and practice them.”

Chipo asserts that members of Girl Child Network clubs were victimised by parents, teachers, boys and traditional leaders for calling virginity tests sexual abuse, perpetrating unpunishable emotional abuse.

In rural Zimbabwe harmful cultural practices such as virginity testing remain a big threat to girls. Virginity testing is substantiated by the argument that if girls stay virgins the spread of HIV and AIDS is minimized – virginity testing ascertains the number of virgin and non-virgin girls in an area, and allegedly curbs the spread of HIV. However the virginity tests target schoolgirls thereby increasing the harassment and victimization of girls in the home, school and community, and increasing their vulnerability to HIV and AIDS. The HIV test is voluntary for adults yet on schoolgirls the so-called voluntary virginity testing is forced.

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Sex and Sexuality: Learning to Address HIV in Nigeria

Grace Osakue

This article documents Girls’ Power Initiative’s success in utilising Comprehensive Sexuality Education (CSE) to bring about behavioural and social changes. These enable girls to have a positive experience of adolescence and grow into young women who are able to speak out for themselves and others and impact on society in positive ways.

HIV and AIDS in Nigeria

A total population of more than 126 million and an HIV prevalence rate of 5% mean that Nigeria is in third place globally in terms of numbers of people infected. The result is the death of over 200,000 young adults and the creation of over 1 million orphans annually, with women and girls bearing the greater burden of the infection and its effects. Although most adults have heard of HIV and AIDS, knowledge about its transmission is low and only 2% of adults consider themselves at a high risk of being infected.

According to the State Action Committee Against AIDS:

• The peak ages for AIDS cases are 20–29 for females and 20–39 for males. This means that the peak ages for new HIV infection are 15–24 for females and 15–34 for males.

• The number of females infected in the 15–19 age group is much higher than for males in the same age group, due to earlier sexual activity and the fact that they often have older partners.

• The absence of infection among children between the ages of 5–14 is the ‘Window of Hope’. If these children can be taught to protect themselves from HIV infection before they become sexually active, they can remain free of HIV for their entire lives.

Comprehensive Sexuality Education (CSE)

In order to address the HIV pandemic, the Federal government of Nigeria approved the teaching of CSE in all levels above the lower primary school level in 2001, although only a few States are currently implementing this fully. GPI has used CSE since 1994 to prepare a core of over 4000 girls who act as catalysts for change in their environments, standing up for social justice, and against many institutionalised practices which make women and girls susceptible to HIV infection and which result in them bearing so much of the burden of the epidemic.

The GPI CSE program has modules on personal empowerment where girls learn skills for clarifying their values, setting goals, assertiveness, self esteem enhancement and leadership, human development where they learn about the human body and the functioning of the organs; sexual health focusing specifically on the sexual and reproductive health, infections and prevention, negotiating safer sex, pregnancy and child birth; sexual behaviour; relationships; gender, society and culture which includes issues of violence, gender discrimination and harmful cultural practices; human rights; and economic skills training.

Although girls are the primary beneficiaries, boys, parents, teachers, health care providers and policy makers are not left out. They form the secondary beneficiaries, with some programs specifically focused on them in order to create increased communication between them and the girls. In the last two years GPI has successfully campaigned for legislation for the compulsory implementation of CSE in schools in two States.

The Girls’ Power Initiative CSE program has been a huge success:

• It has succeeded again and again in changing timid, voiceless girls into visible, assertive, skilled, healthy young women who alter graduation from the program continue to act as change agents in their environments, confirming that it is one of the fastest ways to build up the women’s movement for the future.

• It entrenches social justice as the young women are able to draw on the confidence that comes from knowing themselves and their interests and demand greater participation and control in issues affecting them.

• The girls have greater knowledge and control over their bodies thus reducing the risks they take in the relationships they make, resulting in a reduction in their susceptibility to problems such as teenage pregnancy, unsafe abortion, STIs including HIV and AIDS, violence and even dropping out of school.

Specifically on HIV, all GPI graduates have adequate knowledge of HIV. The experience of one of the girls whose parents tested HIV positive shows that the information and skills they gain are being put to use in their families. The girl’s parent found in her a very reliable source of information on how to cope with the new status and live positively with it. She was able to advise on what support group to join and was a huge support in helping to ensure no discrimination for the HIV positive parent within the family.

The Girls’ Power Initiative’s experience has shown that the information and skills available through sexuality education do not only empower girls to grow into healthy adults but also ensure quality leadership and action to improve the status of women, reduce the spread of HIV, and reduce stigma and discrimination against people infected and affected by HIV.

Grace Osakue is coordinator of the Girls’ Power Initiative, GPI Edo State, Nigeria

For more information on GPI’s work see www.gpinigeria.org

Join the Discussion!

Do you have experience of working on gender, education and HIV and AIDS? Or comments about some of the issues raised by the articles in this issue? Then join the online discussion forum that will be held on the KIC website from 4–20 December.

The discussion forum will look at a range of issues relating to gender, education and HIV, including questions such as the following:

Experience has proved that people need not only information and knowledge but also the power to use it to ensure their safety. If an education programme for raising levels of information and knowledge among women and girls does not also include a significant increase in their power should the programme be considered a failure? In your experience, how can such power be developed? How can it be measured?

To participate in the discussion forum:
Go to www.oxfamkic.org  > Enter as guest user or register yourself and enter  > Click on Forum  > Click on Equals 18 Gender, Education and HIV/AIDS  > Join the discussion!
The Asia-Pacific region has strong and active Civil Society Organisation networks, both in the field of education and HIV and AIDS. A gap however persists between these two fields, which is reflected in the region’s educational programming on HIV and AIDS. This is unfortunate as although current HIV and AIDS rates may not be as alarming as elsewhere, high population densities, widespread and acute poverty, low levels of education, and the continued exclusion of marginalised sectors and communities, especially women mean that the risks for HIV transmission are high. Education - both formal and non-formal – plays a key role in raising awareness about safer behaviour, reducing harm, and mitigating stigma and discrimination towards people living with HIV.

Realising the need to bring the two fields together, explore their inter-linkages and facilitate and strengthen their intersections, the Asian South Pacific Bureau of Adult Education (ASPBAE) and the AIDS Education Programme (AEP), Chiang Mai University, conducted a set of consultations involving key expert organisations in the field of education and of HIV and AIDS based in the region. These revealed a yawning need for integration which was recognised by both sectors. For the HIV and AIDS sector, education is critical to prevention and to eliminate stigma and discrimination. For the education sector, the need to address the impact of HIV and AIDS is vital firstly to prevent the exodus of millions of children, teachers and adults who are leaving education because they are either infected or affected by HIV and AIDS, and secondly to play an effective role in stemming the further progress of the HIV and AIDS epidemic.

Responding to HIV and AIDS through Life Long Learning

The consultations resulted in the formation of the Positive Learning Working Group (PLWG) – as a means to sustain this interaction and linkage between organisations working in the two sectors.

To date, the following networks are active contributors to and participants in PLWG work: AIDS Education Programme (AEP), AIDS Network Development Foundation (AIDSNet), Asia-Pacific Network of People Living with HIV/AIDS (APN+), Asian South Pacific Bureau of Adult Education (ASPBAE), Asian Harm Reduction Network (AHRN), Constellation for AIDS Competence, E-Net Philippines, EMPOWER, Health & Development Network (HDN), Help Age International, Migrants Forum in Asia (MFA), Remedios AIDS Foundation, UNESCO Institute for Life Long Learning (UIL).

The name Positive Learning Working Group borrows elements from ‘meaningful living’ that stresses an integrated approach to a person’s development based on spiritual, mental, educational and physical health. “Positive” in the HIV and AIDS field is a non-discriminatory reference to individuals and/or groups affected by HIV and AIDS. The driving principle of PLWG, as formulated by its members, is Life Long Learning (LLL), an educational process that stresses learning throughout an individual’s life notwithstanding age, gender, or life circumstances.

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Principles For Action

- Education is a fundamental right and a necessity for reducing the transmission of HIV and AIDS and its related stigma and discrimination.
- Life Long Learning services must be delivered through a variety of mechanisms including formal and non-formal or alternative learning systems.
- Policies must be deployed, monitored and ensured with mobilisation of appropriate resources.
- All stakeholders must be involved in responding to HIV and AIDS stigma and discrimination and must be tolerant and accepting.
- The response to stigma and discrimination must address the special needs of diverse communities, follow a rights based approach and integrate gender balance.
- Quality learning must lead to behaviour change while acknowledging that sexual and reproductive health education will not encourage risky behaviours.
- Issues relating to HIV and AIDS stigma and discrimination must be integrated and mainstreamed at all levels.
- Infected and affected children, youth and adults should be able to participate in learning in an inclusive and supportive environment.

For more information on PLWG email plwg@eforums.healthdev.org and aspbae@vsnl.com

Sumedha Sharma is a programme officer for the Asian South Pacific Bureau of Adult Education (ASPBAE)
Managing Risk: HIV prevention education for women using drugs in Asia

Pascal Tanguay

In Asia, the situation of women is of growing concern especially in the context of HIV transmission. The feminisation of the epidemic has several implications for prevention, especially in terms of educational responses.

While in most countries around the world, female drug users represent less than 10% of the total drug-using population, in Asia, this percentage is rising rapidly. Unfortunately, national surveillance systems and epidemiological research have generally failed to effectively capture reality since female drug users remain hidden or underground and are therefore difficult to reach. Being exposed to a quadruple dose of stigma and discrimination – using drugs, living with HIV, having failed in their traditional roles as wives, mothers, caregivers and nurturers of the family unit and the internalisation of shame – increases the likelihood that women will conceal their drug use for fear of public disapproval, thereby driving them further underground and considerably limiting access to key services such as health care and education.

Stepping up prevention and educating women about risk reduction approaches to empower them and provide the necessary information and tools to avoid substance dependence and HIV is therefore crucial.

The key focus in HIV prevention education among female users should be on avoiding or reducing risks and vulnerabilities. In this framework, pragmatism dominates: long-term objectives (such as ‘eliminating drug use among women’) are revised in favour of short-term achievable goals (such as ‘informing substance dependent women about health care services that meet their needs’). This strategy entails accepting that some level of risk will always remain. Therefore, HIV prevention education must ultimately seek to build the capacity of clients in terms of managing risk instead of eliminating risk and should translate into raising awareness about risks and the mechanisms available to reduce them. This approach is more likely to demonstrate respect for clients’ choices, build self-esteem, and lead to empowerment. It also recognises that service providers should leave space for individuals to make their own decisions by presenting all available effective options – even those that go against our own moral or ideological preferences.

More concretely, HIV prevention education for women using drugs must be implemented based on a set of key principles. These include ensuring increased participation and involvement of affected groups; meeting potential clients in their environments through outreach; and peer-led service delivery. These principles, when integrated in comprehensive service packages, can significantly improve the effectiveness and cost-effectiveness of specific interventions. For example, it is known that working through peers can help build strong relationships of trust with clients, an essential component to a successful intervention. When peer delivery is combined with outreach, attracting hard to reach groups such as women drug users is considerably facilitated.

The effectiveness of the rapport built between staff and clients and the friendly cooperative environment have significantly contributed to the creation of incentives for women to change their behaviour – not necessarily renouncing sex work but learning about the risks they are exposed to and how to protect themselves. Although the project is still in its infancy, it has managed to attract support from the national government including law enforcement officials, media, local communities, international NGOs and donors, demonstrating a growing need for other effective projects targeting women using drugs.

For more information about injecting drug use and harm reduction in Asia, contact the author at pascal@ahrn.net or visit www.ahrn.net. For additional details about LARAS Foundation’s activities and achievements, contact A. M. Aslam, Director, at idus_sellang@yahoo.com.

Pascal Tanguay currently manages the Asian Harm Reduction Network’s (AHRN) information services, coordinating the organisation’s network-based solutions and advocating for the rights of people using drugs in Asia.

AHRN is a leading force in the region for the development of harm reduction programmes targeting drug users.
Viewpoint
Contesting masculinities: sport as a medium for development in three HIV initiatives in South Africa
Angus Duffet

Increasingly sport is seen as an effective tool in the promotion of HIV prevention. However, sport is a highly gendered process dominated by male achievement and the interplay of gender, sport and education has a significant role in the construction of masculinities. Sport-based approaches to engaging with HIV prevention often fail to address this.

Patterns of sexual aggression, risk-taking and gender inequalities are fuelling the spread of HIV, and while lauding sports’ positive potential in the sphere of development and HIV, it is problematic to ignore the role that certain sport plays in promoting and maintaining dominant representations of masculinity while subordinating and marginalising others. The challenge is to consider how sport can contribute to promoting identities that are different to the dominant type and thus promote safer sexual behaviour.

Role Models in Sport
In a UN initiative, the German football star Michael Ballack was appointed as a UN Special Representative. Framing the sport celebrity as an icon may well raise awareness, but it continues a tradition of the dominant sporting ideal as a white male winner. I do not presume to question Mr Ballack’s motives, but I do question the effectiveness and appropriateness of the initiative.

Shosholoza AIDS Project based in KwaZulu-Natal is aimed specifically at influencing the sexual behaviour of men, and the SCORE Sports Coaches’ Outreach initiative based in Cape Town is aimed at using sport to bring about sustainable development and empowerment for men and women. Both see role modelling differently. Both view the role model as a localised figure and a key component of both projects is to train and support community members to become those individuals whom others, especially the youth, seek to replicate and emulate. Peer education that encourages individuals to change their own behaviour, then to share and disseminate their message through word and example, is considered crucial. Through this method of role modelling there is an attempt to promote a type of masculinity that is an alternative to the high risk, aggressive masculinity of the dominant ideal. Both are proving to have some success.

But they differ with regard to how they view sport. Shosholoza chooses to work within the established structures of football (soccer) without any challenge to the part that such sporting practice might play in the promotion of strongly gendered attitudes, while SCORE recognise the male-dominated nature of sport in South Africa and the need to provide sport coaching that is innovative, creative and inclusive. The organisation recognises that the very practice of sport expresses ideas about gender. It believes there is a need to contest these and promote alternatives.

Sport as a Vehicle or a Tool?
Both the special status given to Michael Ballack through the UN initiative and the Shosholoza project use football as a vehicle – a convenient structure through which to reach their target audience. My concern is that this makes certain assumptions about the vehicle. It assumes football is without problems and entirely beneficial. In the SCORE initiative, sport is given an active role as a tool in shaping of attitudes and behaviour. What needs to be remembered when sport is genuinely used as a tool, is that it needs to be developed and honed for appropriate application. SCORE are actively using and shaping the “tool” of sport to mould and develop attitudes.

Inclusion or Exclusion?
The exclusive nature of sporting practice is often ignored when it is used for advocacy and in project development. In fact, there is a real risk of exclusion and individuals feeling disempowered if sports are not facilitated with due care. It needs to be recognised that sport is infused with gendered power relations that are beneficial for some, but potentially damaging to the self esteem of others. Football has provided an accessible structure for the Shosholoza project to reach young men who are interested in the game and have skills, but it has limits with regard to a wider range of participants. SCORE have developed programmes incorporated within traditional sporting codes as well as games and activities that encourage the participation of diverse groups.

Sport has the capacity to be a valuable educational tool that shapes the attitudes and behaviour of young people while providing exercise and enjoyment. It is a social practice infused with gendered power relations. It is not simply a game. This need to be recognised if sport is to be utilised transformatively in the struggle with AIDS.

Angus Duffet is a South African who has been teaching in the UK for the past four years. He completed an MA in Education, Gender and International Development at the Institute of Education, University of London in September.
Review

Building “Girl Power”

“Girl Power: The Impact of Girls’ Education on HIV and Sexual Behaviour”

by James Hargreaves and Tania Boler (ActionAid International 2006)

“Girls, Women and HIV and AIDS in Eastern Africa”

by Alice Akunga (UNICEF 2006)

Review by Ephraim Imaya

Girls who have more formal education are in a better position to avoid HIV infection. This is the message from a report Girl Power: The Impact of Girls’ Education on HIV and Sexual Behaviour recently released by ActionAid International. The report, which reviews the findings from research carried out between 1990 and 2006, concludes that education enables girls to better negotiate safer sex, and to postpone their first sexual encounter. More specifically, it states that “girls with secondary education had a lower risk of HIV infection and practiced safer sex than girls who had finished only primary education” (ActionAid, 2006). This draws critical attention to the importance of focusing on post-primary education as an intervention that further reduces the vulnerability of girls to HIV infection.

However, the report is critical of HIV and AIDS interventions that ignore the disproportionate power relations that make it difficult for women to make decisions about their sexuality. It further highlights the fact that while 74% of young people living with HIV in Africa are women, interventions targeting young people remain highly insufficient.

These issues are echoed in a report recently released by UNICEF. The report Girls, Women and HIV and AIDS in Eastern Africa indicates that over 57% of people living with HIV in Sub-Saharan Africa are women and that “young women … are about three times more likely to be infected than young men of the same age” (UNICEF, 2006). This disconcerting reality is compounded by the fact that girls and women bear the burden of taking care of orphans and people living with HIV and AIDS in communities.

Both reports contend that a lot still needs to be done to ensure that women’s vulnerability to HIV infection is reduced. They call for greater investment in primary and secondary education as a complementary response to HIV prevention efforts. This will not only enable girls to protect themselves from HIV, but also to strengthen their livelihoods status. Furthermore, it will provide them with the tools to participate in community leadership and improve their “access to and control of productive resources” (UNICEF, 2006).

The reports further underscore the importance of strengthening the evidence base for interventions targeting girls – and for the strengthening of legal systems to protect the rights of girls and women.

In essence, the two reports make interesting reading as they tackle current issues that should be at the centre of policy and programme formulation and implementation if HIV infection - and the significant impact of the pandemic on girls and women – is to be reduced.

Ephraim Imaya is the HIV and AIDS adviser for CARE International UK

Conference Comments

Toronto 2006: Girl Child Network Red Ribbon Award Marks Watershed for Girls

Report by Hazviperi Betty Makoni

The XVI International AIDS Conference that attracted nearly 25,000 people from 170 countries to Toronto between 14th and 17th August came and went but not without leaving an indelible mark on the fight against the dynamics and dimensions of HIV and AIDS. Crucially girls’ education and gender equality were recognised as essential to tackling the epidemic. Ministers from 20 countries and leaders representing development partners, civil society, networks of women living with HIV, faith-based groups and the business-community agreed in a high level session on the importance of focusing on post-primary education as an intervention that further reduces the vulnerability of girls to HIV infection.

The Girl Child Network, which works for the empowerment of girls in Zimbabwe, made history by scooping the inaugural award for addressing the gender inequalities that fuel the HIV and AIDS epidemic. Girl Child Network founder and director, Ms Betty Makoni was honoured to receive the award presented by the Crown Princess Mette-Marit of Norway. Betty attended the Conference alongside Shadreck Taona Gwasahavanhu, Girl Child Network’s Community Ambassador and Silence Mazunga, a child activist around issues of HIV and AIDS who is HIV positive as a result of rape.

The conference was a worthwhile avenue for organisations such as the Girl Child Network to explore and learn from other initiatives such as those promoting HIV and AIDS prevention and one in Zambia that provides support to children orphaned by AIDS and other vulnerable children. The Girl Child Network also had the unique opportunity to present its model -the girl child empowerment strategy – that has been such a source of hope for girls in Zimbabwe that there have been widespread calls for its replication in other countries.

While the HIV and AIDS pandemic has left a trail of destruction that has created fertile ground for the increased vulnerability of girls, the award has immensely contributed to renewing hope in the battle against the pandemic and its impact on girls in Zimbabwe. Activities around empowering the girl child to effectively respond to the impact of the epidemic have grown and the Girl Child Network has ensured increased child participation in this regard. Girls and communities now have increased confidence in the Girl Child Network, resulting in an increased number of girls and women approaching the organisation for assistance.

Hazviperi Betty Makoni is director of the Girl Child Network
New Resources on Gender and Education

New Books
Compiled by Eleanor Kennon

The Sage Handbook on Gender and Education brings together leading scholars on gender and education to provide a broad-ranging guide in the field. It examines a wide range of issues concerning gender and education, such as the various (feminist) perspectives on researching and exploring gender and education and the different ways in which gender has been shown to impact upon the opportunities and experiences of pupils/students and gender issues within particular school subjects (for example, maths, literacy and science.) It also provides a practical overview of the gender issues involved when working in schools and colleges, providing an analysis of school culture, the gendered identities of professionals within education institutions and career progression and development.

In Women's Organisations and Democracy in South Africa Contesting Authority, Shireen Hassim explores the gendered nature of liberation and regime change and reveals how women's political organisations both shaped and were shaped by the broader democratic movement in South Africa. In reading the last twenty-five years of South African history through a feminist framework, Hassim offers fresh insights into the interactions between civil society, political parties, and the state and provides a historically informed discussion of the challenges facing feminist activists during a time of nationalist struggle and democratisation.

Capabilities, Freedom, and Equality: Amartya Sen's Work from a Gender Perspective examines Nobel Laureate Amartya Sen's ideas through the lens of gender. Many of Sen's writings have addressed gender directly and this volume of work will further encourage readers to view Sen as a feminist economist. This collection covers major topics in Sen's work, such as the capability approach, freedom, social choice, justice, agency, 'missing women', and development and well-being. Perspectives have been drawn from both developing and developed countries, with most of the authors applying Sen's concepts to cultural, geographic, and historical contexts which differ from his original applications. The book contains 13 contributed papers, including one by Sen himself, an interview with Sen and some of his original writings. It is accessible to economists, scholars from other disciplines, policy makers and practitioners alike.

Working with the Media on Gender and Education: From the Beyond Access Project
Working with the Media on Gender and Education: A Guide for Training and Planning is an exciting new resource designed to help education and gender campaigners and coalitions work more effectively with the media to promote gender-equitable education. Developed following two workshops held in collaboration with ANCEFA in Nairobi and CAMPE and Steps Towards Development in Dhaka, it explores issues relating to gender equality in education and gives practical advice on how to develop a media-advocacy strategy to help address these issues through the media. Activities designed to help groups generate discussion and explore the issues addressed in more depth are given throughout the guide. These are accompanied by a set of worksheets which can be downloaded separately.

Working with the Media on Gender and Education is available at www.oxfam.org.uk/what_we_do/issues/education/genderequality_education

Review of the Evidence: Girls' Education and HIV Prevention CD-ROM
From the UNAIDS Inter-Agency Task Team (IATT) on Education
This CD-ROM aims to expand the evidence base on the link between girls' education and HIV prevention. It contains more than 100 recent resources - including policy documents, case studies, reports, tools, curricula and other materials - produced by members of the UNAIDS IATT on Education and other leaders in the education, gender and HIV and AIDS communities. Resources on the CD-ROM demonstrate the importance of education for reducing girls' vulnerability to HIV infection, provide examples of how the education sector can better meet the needs of girls in the context of HIV and AIDS and advocate for intensified action around girls education as part of national responses to HIV and AIDS.

More information on the UNAIDS IATT on Education is available at http://www.unaids.org/aids/iatt. To receive a copy of the CD-ROM email info-iatt@unesco.org

Obituary
Katarina Tomasevski
1953-2006

Katarina Tomasevski, one of the world's leading human rights scholars and the leading global expert on the right to education, died on Wednesday 4th October.

As the first United Nations Special Rapporteur on the Right to Education between 1994 and 1998, Katarina worked tirelessly to defend the right of all girls and boys to an education. She challenged governments from the People's Republic of China to the United States of America on their violations of the right to education, and, greatly angered by its power in setting education policies around the world, she challenged the World Bank on its role in the denial of free education.

In 1999 she set up the Right to Education Project, a public access resource centre and research network dealing with the human rights dimensions of education. Its website www.right-to-education.org is an indispensable reference point for anyone working on international education. Over the past three years she compiled a remarkable Global Education Report, “Fee or Free”, which provides unique country-by-country evidence on the different types of fees and charges that prevent children from going to school. Despite having known that she was going to die for at least a year, Katarina was determined to finish this report, which was published last month (www.katarinatomasevski.com). In doing so she left behind an incredible legacy for education activists around the world.

In addition to her indefatigable energy and expertise to an enormous range of human rights issues. She coordinated the first international survey of imprisoned children, contributed to the drafting of the international convention of the child, and was one of the first lawyers to work on HIV and AIDS. She taught human rights in a huge number of institutions around the world and was hugely committed to developing the capacity of lawyers across Africa, Asia and Latin America, and to promoting the role of women.

She will continue to be an inspiration for education and human rights activists around the world for many years to come.

A virtual memorial to Katarina has been set up at www.tomasevski.net
Letters

I would like to add a brief comment on the articles written for Equals 17 on gender equality and education in conflict. While I fully agree with the arguments expressed the articles, I feel that a critical topic was not fully articulated. In the rush to support girl's education and female empowerment, issues that affect boys and men are frequently neglected, particularly during times of conflict. While girls are indeed particularly affected by conflict, it is vital not to forget that 'gender equality' also means boys. I had first hand experience of this when I was working in refugee camps in North Western Tanzania. The emphasis on women and girls meant that both boys and men were disempowered as a result - clearly not the direct aim of the women's projects, but an indirect consequence. Many older men lost their roles as providers, as heads of households, leaving them bereft and unsure of their function in life. Young men also were becoming increasingly left behind in the education stakes, as the primary focus was directed towards girls and women. This would often result in large numbers of young men roaming around the camps, a recipe for discontent and criminality.

I observed a successful example of a truly gender balanced project in a Rwandan refugee camp in Karagwe, Western Tanzania. Caritas established a 'men's club' alongside the women's projects that I observed a successful example of a truly gender balanced project in a Rwandan refugee camp in Karagwe, Western Tanzania. Caritas established a ‘men’s club’ alongside the women’s projects that I had first hand experience of this when I was working in refugee camps in North Western Tanzania. The emphasis on women and girls meant that both boys and men were disempowered as a result - clearly not the direct aim of the women’s projects, but an indirect consequence. Many older men lost their roles as providers, as heads of households, leaving them bereft and unsure of their function in life. Young men also were becoming increasingly left behind in the education stakes, as the primary focus was directed towards girls and women. This would often result in large numbers of young men roaming around the camps, a recipe for discontent and criminality.

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In conclusion therefore, I would urge that gender equity or equality, is always perceived and acted upon in a manner that ensures that ‘gender based’ projects work with both boys and girls.

Lyndsay Bird  Education Adviser, Save the Children UK

WRITE NOW!

Do you have a particular view that you want to raise in Equals or a comment to make about the newsletter in general?

Contact the Editors: r.rajagopalan@ioe.ac.uk or beyondaccess@oxfam.org.uk or by post: School of Educational Foundations and Policy Studies, Institute of Education, University of London, 20 Bedford Way, London WC1H 0AL

You can also share your views by participating in the online forum on the KIC website. See the box on page 5 for details.
The Beyond Access Project
Managing Editors: Elaine Unterhalter and Sheila Aikman

Beyond Access was set up in January 2003. Its main aims are:

- To contribute to achieving MDG 3 – promoting gender equality and empowering women – by generating and critically examining knowledge and practice regarding gender equality and education.
- To provide appropriate resources to share and disseminate for the purpose of influencing the policies of government departments, national and international NGOs and international institutions including UN agencies.

Contact Details
Please contact us with any comments or enquiries:
Rajee Rajagopalan, Beyond Access,
School of Educational Foundations and Policy Studies,
Institute of Education, 20 Bedford Way, London WC1 OAL
Tel: 0044 207 612 6394
Fax: 0044 207 612 6366
Email: r.rajagopalan@ioe.ac.uk
Or email: beyondaccess@oxfam.org.uk
Website: www.ioe.ac.uk/efps/beyondaccess

Forthcoming events

20 November Universal Children’s Day
20-25 November Up-scaling care and support programme for people living with HIV/AIDS at the Institute of Health Management Research / Indian Institute of Health Management Research, Jaipur, India
For details see: http://www.globalhealth.org/news/article/8061

November London School of Economics will be hosting a series of public lectures that deal with current and pressing issues concerning HIV and AIDS. Sponsored by the UK Department for International Development (DfID.)
London, UK
For details see: http://www.lse.ac.uk/collections/LSEAIDS/events/dfid_lectures_seminars.htm

1 December World AIDS Day
10 December Human Rights Day
11-14 December The 16th Conference of Commonwealth Education Ministers (16CCEM)
Cape Town, South Africa
For details see: http://www.thecommonwealth.org/Internals/37688/155841/16ccem/

20 December UN Day of South-South Cooperation
20-25 January World Social Forum meeting in Africa, Nairobi, Kenya
For details see: http://oneworldafrica.org/sasf/eventsdetails.php?event_id=00000012

January African Ministers AU/NEPAD Meeting

For details see: http://www.aied.itacec.org/

27 February – 2 March Commission on the Status of Women (CSW), Fiftieth Session. Organised by the Division for the Advancement of Women, New York, USA

The views expressed in this newsletter are entirely those of the authors and do not necessarily represent those of the project, their partners or sponsors.

The KIC Project

KIC is an Oxfam International project which is based on the existing needs of counterparts to improve learning from one another. It seeks to promote the systematic exchange of knowledge and learning from relevant experiences and networking around 5 key themes, including education.

KIC offers the infrastructure to do this: a virtual KIC Portal, where counterparts and others can meet each other, locate other partners working in the same field, browse through thematic web sites, document their practices and research, find knowledge sources and participate in “virtual discussion rooms”, known as “Communities of Practice”.

This issue of Equals is one of three issues supported by the KIC project, which is collaborating with Beyond Access to reinforce learning on gender and education. It is hoped that this collaboration will encourage counterparts and Equals readers to use Equals to actively share their own knowledge around gender equality in education, by publishing practices, taking up guest editorship roles, reacting to Equals articles and participating in mediated on-line discussions in forums which will be hosted on the KIC website.

This issue of Equals will be followed by an exciting on-line discussion forum on the KIC website – see the box on page 5 for more details on how to participate.

For more information on the KIC project go to www.oxfamkic.org

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