

Consultative Forum Report

Should Women and Children be Key Populations?

NACOSA ANNUAL GENERAL MEETING, 27 NOVEMBER 2014



INTRODUCTION

Key populations are groups of people who are most likely to be exposed to HIV and transmit it. According to UNAIDS, between **40%** and **50% of all new HIV infections** among adults worldwide occur in people from key populations and their immediate partners. These groups are defined by UNAIDS as:

- Men who have sex with men (MSM)
- Transgender people
- Sex workers
- Injecting drug users (IDU)
- Prisoners
- Migrant populations

South African National AIDS Council CEO, Dr Fareed Abdullah, who gave the key note address at the NACOSA Annual General Meeting 2014, defined key populations from SANAC's perspective as those people who were on the margins of society and in conflict with the legal system. This made them more vulnerable to HIV infection and transmission because of stigma and discrimination and poor access testing, treatment and care.

Announcing the publication by SANAC of a Progress Report on The National Strategic Plan for HIV, TB and STIs (2012 – 2016), Dr Abdullah acknowledged that HIV incidence is highest in young women aged 15–24 at 2.83% and that one quarter of all HIV infections is in young women aged 15–24. Furthermore, in the November NACOSA *Informer*, Menaka Jayakody argues that despite the evidence showing how Orphans and Vulnerable Children and Youth (OVCY) are more likely to be exposed to and transmit HIV and/or TB, they have been excluded as a key population from the investment case for HIV, STIs and TB.

The NACOSA Consultative Forum at the November AGM therefore asked the question:

Should women and children be considered key populations?

Groups of people from NACOSA network organisations, facilitated by staff members, discussed and debated the issue. The feedback from these discussions is summarised below and will be shared with SANAC and other relevant national structures so that the issues raised here can be heard by policy makers.

WOMEN

Due to the current high (and escalating) levels of gender violence, sexual violence and abuse levelled against women, women are at risk and vulnerable. As a result of this risk and vulnerability, women have an increased risk of contracting HIV and other sexually transmitted infections (STIs). For this reason, most groups agreed that women should be seen as a Key Population and that a dedicated programme should be

launched to specifically focus on young women between the ages of 15 – 24 years as a group that is particularly at risk.

Challenges for women

Some of the main issues faced by women were identified by discussion groups and include:

- Poverty and economic vulnerability.
- Rape of young women is not effectively addressed – often the perpetrator pays off the family and in many cases the young women are left pregnant which has far-reaching consequences.
- Church groups do not address HIV and AIDS or issues regarding sex.
- Pregnancy amongst girls in schools is a huge problem and a very high risk for HIV because they are having unprotected sex. As a result, these girls don't always finish school, and become reliant on social grants.
- Inheritance rights are an issue, with many women being in customary marriages that are not legally constituted. When the husband dies the wife and children are financially very vulnerable, especially if the wife does not work.
- Due to both gender and poverty imbalances, women are forced into situations of intergenerational or transactional sex. This puts them at a higher risk for HIV infection as well as transmission.

Combatting high infection levels

The groups suggested interventions and programmes that could combat the high levels of infection in women and young women, in particular. These included:

- General public education and specifically educating men and boys
- Education and training for SAPS and health care workers to improve how rape survivors are treated when reporting incidences of sexual abuse, GBV and rape.
- Supporting girls with education for negotiating safe sex – link this with self-worth and identity.
- Focus on youth out of school – must also reach those that don't study further (the not in education, employment or training or 'NEET' group).
- Interventions where educators at primary and secondary schools are taught how to use the curriculum to change risky sexual behaviour and choices; thinking around gender and identity; and attitudes towards sex, sexuality, sexual orientation and sexual identity.
- Girl-children must be engaged from a young age.
- Social attitudes towards sex and pregnancy where punitive measures are in place for the young women but not young men (or older men).
- Programmes that speak to structural issues of culture, religion, patriarchy, hetero-sexism and hetero-normative gender stereotypes.
- Human rights work with young people so they are aware of their rights and supported to enforce their rights.
- Parenting skills and skills programmes for young people.
- Structural programmes for young women: grants, bursaries, access to info, friendly clinics
- Increased investment in the development of Microbicides to ensure that women have a barrier method that they can use without having to negotiate. Specifically for vulnerable groups like abused women, mentally disabled women, addicted girls, very poor girls and young mothers.
- Grants to address poverty: getting food on tables to support adherence.

Questions to be answered

A question was posed as to how we include women who live on the margins of society, who are in “*conflict with the law or social norms*” such as:

- Transgender women and transsexual women
- Sex workers
- Drug users
- Sexually active teenaged girls and young women.

CHILDREN

Children and young people – particularly those made vulnerable by the death of one or both parents from AIDS – are at the heart of the HIV epidemic in sub-Saharan Africa. While there has been a decline in the number of children living with HIV in South Africa, thanks to the successful prevention of mother-to-child transmission (PMTCT) programme, young people are one of the highest risk groups because of a number of factors including risky sexual behaviour, drug and alcohol use, sexual violence, economic vulnerability and a lack of services tailored to their needs.

As with the discussions on women as a key population, the groups agreed that vulnerable children and young people should be considered a key population. They identified a number of considerations around the area of children, young people and HIV.

FET Colleges

- The age of students being enrolled at FET colleges has gotten younger. Average age of students is between 15 and 25.
- Economic deprivation is a factor. Most students get funding for transport to and from the college as well as a student bursary for fees. In some cases though the students who do not receive transport money, they leave the college area during school hours and engage in transactional activities that place them at risk – they do this for extra money to cover their travel and other expenses.
- In the Eastern Cape students as young as 14 are engaging in the same risky behaviour for economic survival.

Risky behaviour

Many parents are very young and “proper parenting” is not in place. Neglect, poverty, overcrowded houses as well as being exposed to sex at an early age fuels risky behaviour. With social media and access to the internet on phones, children have easy access to pornographic and other materials. This could fuel experimentation at an earlier age.

The issue of substance abuse and how it affects children and youth was raised as substance abuse amongst young people is very high. The fact that there are little or no resources or facilities that support children that are dependent on substances was highlighted. More resources and research on this is needed.

According to the article in the NACOSA *Informer* by Menaka Jayakody, the absence of adult protection and provision leave orphaned children susceptible to abuse and desperation, thereby increasing their vulnerability to HIV infection and perpetuating a cycle of orphanhood and risk.

Cycle of risk

There is a cycle of risk to survive. This behaviour brings children in conflict with the law and society. Better synergy in policies for the best interest of the child is needed.

- There are some policies that are unintentionally increasing the risk of HIV infection. For example, the Department of Health (DoH) to implant Implanon device as a three-year contraceptive is causing young people to be less careful. They are protecting themselves from pregnancy, but not HIV and other STIs.
- With numerous mining companies on the borders of our country, many children are crossing into South Africa. Because they are often here illegally, they cannot access basic services and children are being lost. They are not accessing Department of Education (DoE) services as DoE does not allow illegal immigrants into schools and because they are not South African citizens, they cannot access DoH services either. Lack of education and therefore future employment opportunities often bring these children in conflict with the law and society.
- It was felt that many policies and laws regarding children don't protect them but rather create further power imbalances.
- Services and programmes are not easily accessible for the Orphaned and Vulnerable Children and Youth (OVCY) in very rural areas and informal settlements, which increases their vulnerability.

Breaking the cycle

The cycle of risk is something that must be broken if we are to start to have an impact on new HIV infections in young people. But there is little youth participation when it comes to decision making processes or programme planning. Discussion groups felt that youth will take more ownership for programmes if they are part of the process. Some other recommendations from the discussion groups included:

- Conditional Cash Transfer programmes that provide cash payments to poor households that meet certain behavioural requirements, generally related to children's health care and education should be implemented – it was felt that this might reduce the rate of transactional sex.
- Psycho-Social Support: children should have a sense of belonging and must learn to care for themselves, value themselves and not feel isolated.
- Early childhood development (ECD) teachers should get more training regarding OVC as a key population group.
- Sex education messages should be explicit. Don't beat around the bush. Messages around caring for and valuing themselves should be linked to Sexual Reproductive Health (SRH). Young people should be informed about contraceptives and condoms and medical male circumcision (MMC).
- Sensitise health care workers on how to work with and treat young people who visit health facilities. The attitude of health care workers should be addressed – we need to listen to young people; OVC must see facilities as a safe place.
- Start community parenting forums or street committees – take care of children whose parents are working. Look out for street/vulnerable/wandering children. More awareness of the Eye-on-the-Child initiatives.
- Monitor foster parents! Community care workers can also assist the Department of Social Development with this. Court cases regarding children must be fast-tracked.
- Children with disabilities are even more vulnerable. For example deaf children at clinics don't hear their names called so they sit until clinic closes and are not served. Train health care workers on working with

disabled people in general. Change the manner in which facilities operate, children fall through the cracks when disabled.

- Convict parents who neglect and abuse children.
- More campaigns and awareness on OVC as key population.

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Destiny for Communities

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