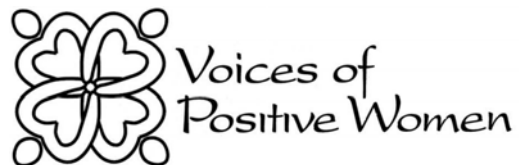


WNZ@AIDS2006

Session Summaries



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PROGRAM SESSION NOTES

Date / Time:	Sunday Aug. 13, 2006
Session Title:	Common Wealth Games: Brought partners from Caribbean and South Africa
# of Participants:	60 people
Media Present?	Public Health – 1 photographer (from City of Toronto)
Rate of audience participation:	
<ul style="list-style-type: none"> ◦ <i>“Lucinda” shows a game (1)</i> ◦ Lucinda’s game: People in a circle, closed eyes and put hands out. Then grab someone who is opposite’s hands. Then twist all around. They move around to go back to a circle. ◦ Lucinda asks: How did they solve the problem of working as a team. Teamwork, communication using body/actions/collaboration. ◦ A Lady shared a storey from Cambodia. ◦ The lesson: to find solution; we have to work together ◦ <i>Christie’s Game (2)</i> ◦ She will make a movement and she will tap a person. He/She will do the movement and so forth. Same movement goes around by everybody until everybody turns around to The Circle. ◦ The move has changed by everybody. ◦ The lesson: to be careful not to pass myths and inaccurate, to make sure that information being passed is accurate and right. ◦ A lade from Cambodia’s game: Moving to calling fruits ◦ Calling organs fruit names - banana for penis, apples for breasts (Cambodian Group) ◦ <i>Clay workshop : game (3)</i> ◦ People created sexual organs and explained how it’s connected to HIV/AIDS ◦ Organs: penis, breasts, buttocks, vaginas, brain ◦ Vaginas are complicated to make ◦ Vagina & penis together ◦ Discussion: Sexual organs, women issue, economics ◦ Social Factors: confidence, being loved (or think they are loved), poverty, economics. ◦ Women’s difficulty of not controlling the condom factor ◦ Why we shame body organs in our culture? ◦ People share their experiences about sex & growing up. One of them started a sexual safety in high school. ◦ Themes: discomfort with words & labelling to come to a level of comfort enough to talk. ◦ Points of Games: Intimate / Interactive games ◦ Communication (fun, Laugh): Physical contacts: Trust (atmosphere where you will not be judged): ◦ Common Wealth Games & Youth agencies from all over the world <p>Closed for CWG</p>	

PROGRAM SESSION NOTES

Date / Time:	Sunday Aug. 13, 2006 1:00pm
Session Title:	HIV Positive Women & Children in the Netherlands
# of Participants:	15 approx
Media Present?	No
Rate of audience participation:	
<ul style="list-style-type: none"> ◦ Best way to support & empower + women is contact with other + women ◦ Objectives of PWW (Positive Women of the World) <ul style="list-style-type: none"> - access to PWW services - empowerment - inform about sexual health, prevention etc - safe place for + Women - foster a feeling of sisterhood & family ◦ Mostly work with undocumented African Women ◦ International multicultural group of all volunteers – importance of peer run programs & peer support ◦ Importance of realizing HIV/AIDS is a human problem not a gay problem or an African problem etc. ◦ Importance of educating Women in a way which works for them (ie print material doesn't work for women who are illiterate) ◦ PWW started in a hospital when mandatory testing for pregnant Women was introduced. 	

PROGRAM SESSION NOTES

Date / Time:	Sunday Aug. 13 2:00pm
Session Title:	Linking Sexual & Reproductive Rights to HIV/AIDS
# of Participants:	12 approx
Media Present?	No
Rate of audience participation:	
<ul style="list-style-type: none">◦ Looking at issue with a youth perspective◦ Requires the involvement of youth in all decision making processes & inclusion of youth opinions and voices.◦ HIV/AIDS affects youth more than before (esp. in developing countries)◦ Women are comprising a disproportionate number of + Women◦ We can't talk about sexual reproductive health & rights with out talking about HIV/AIDS◦ Sexual reproductive health and rights activists often omit HIV/AIDS issues (the opposite happens as well)◦ Need to respect diversity and youth's sexual and reproductive choices	

PROGRAM SESSION NOTES

Date / Time:	Monday Aug. 14, 2006 12:30 – 14:00pm
Session Title:	Pleasure and Protection
# of Participants:	~ 35-40
Media Present?	Yes (AIDS Conf Media) / DIRTYWRAP / documentary for OATN (Ontario AIDS Treatment Network)
Rate of audience participation:	Great dialogue, asking questions, very active

- Focus on pleasure & protection (both male & female)
- Diversity and various communities
- Discussion on how to best open up discussion on sex and sexuality
- Self esteem, talk in homes, churches, women gatherings, men too, children, parents and other relatives, open communications about, own sexuality, demonstrations & displays using proper words for body parts.
- What kinds of common questions do people ask? Include safety
- Pain? Does it hurt the 1st time?
- Reasons for having sex – pleasure, orgasm, how do you do it circumcised?
- Women’s anatomy : Men’s anatomy – educate each other & ourselves
- How to make condoms more pleasurable
- Dental dam demo (alternative: gloves, saran plastic wrap)
- Alternatives to intercourse (oral, touching, kissing etc)
- Communicating to your partner about sex (emailing, phone, & in the bedroom)

PROGRAM SESSION NOTES

Date / Time:	Monday Aug. 14, 2006 14:00 – 14:30pm
Session Title:	Women’s Initiative for Peer Driven Support & Education
# of Participants:	25-30
Media Present?	No
Rate of audience participation:	Little participation but also short time

- Youth Co AIDS Society / Positive Women’s communities
- Mural Project - + Women (many homeless, mental health, sex trade workers)
- Goal: Articulate their needs
- Harm Reduction

- Started Oct 2005 with Focus Groups
- 1st 40 people
- Then narrowed to Women 15-29 and HIV + Status

- Message: Its okay to be HIV +, can still have family (not a death sentence)
- Focus of Session: Networking
- Best practices & What issues are present in your community
- What to do when women are homeless & have addictions
- Treat Women with dual diagnosis (mental health & addictions)
- Should treat both at same time
- Safe injection site in Vancouver – Nurses: ensure safe shoot up
- Creating safe space for Women

PROGRAM SESSION NOTES

Date / Time:	Monday Aug. 14,2006 10:30am
Session Title:	Access to Care, Treatment
# of Participants:	Started at 19 then became 25
Media Present?	Yes
Rate of audience participation:	High – there were questions
<ul style="list-style-type: none">◦ The main issue addressed in this session was the barriers to access to treatment and information.◦ There were 4 women – one from Namibia, one from Kenya, one from Tanzania, and one other ... they spoke about the barriers women in their communities face and asked the audience for their advice “What can we do?”◦ The barriers were: Stigma – especially for rural women, illiteracy, disabilities outside of HIV. Lack of funding was also addressed, poverty and homelessness◦ The audience suggested bring films to the rural women (women who cannot read)◦ When it was asked whether it was Islamic Law or ignorance that was responsible for so much of the problem – the facilitator said that the problem was traditional beliefs◦ Overall it was a lively presentation with lots of audience participation!	

PROGRAM SESSION NOTES

Date / Time:	Monday Aug 14, 2006
Session Title:	Sex Toys, Pleasure & Health
# of Participants:	Start: ~32 W / 3 M+ 20 more W – ended with 200 or more!!
Media Present?	Yes- after interviewing one of the women – Many cameras
Rate of audience participation:	Some silent – many asked questions. Excellent for venue!
<ul style="list-style-type: none"> ◦ Sex is fun & play – uninhabited, enjoyment, spontaneity, laughter, creative, fun, toys. ◦ Difference between how kids play & how grown ups play ◦ Sensation – massage, different textures of different material – ring + latex glove, et alia – vibrating toys ◦ Myths of self pleasure: “against religion” “If too often, won’t be able to have a pleasure” “not as obvious for us” “ go blind” “hair on palms” “won’t have children” ◦ Benefits: reduce stress, reliable, free, learn about body, sleep without drugs ◦ Oral pleasure: lubricant, not “cheating” to use other parts of body: Fingers, breast, toys – flavoured condoms or dams ◦ Every woman should know how to use condom – put on with mouth ◦ Using dams on women ◦ Don’t brush or floss just before sex ◦ Clitoral & labial stimulation with hands; fraenum on man ◦ Amount of pressure ◦ Oil – egg white – water for lube ◦ Stimulation on vulva – G spot – front wall of vagina ◦ Anal sex – lots of nerves – dental dam/glove/condom – lube & condom ◦ Safety tools: Female condom – figure 8 for insertion ◦ Pleasure for Women – for pleasure after female circumcision – other parts of body; depends on what is left – may have spot or cervix or external anal without penetration ◦ Other toys – veggies, vibrating toys ◦ Female condom for anal sex ◦ How to put condom on uncircumcised man – lube, other shape head of condom 	

PROGRAM SESSION NOTES

Date / Time:	Monday Aug. 14, 2006
Session Title:	The Well Project
# of Participants:	12-15
Media Present?	n/a
Rate of audience participation:	High

- Research Priorities – Open forum
- Drug labelling, impact of dosage, toxicity & quality of Life
- Sharing of priorities through writing ideas & discussing them openly as a group
- GAPS & controversies – i.e. menstrual abnormalities, female condoms & dental dams
- How to improve quality, the need for female controlled methods of STD prevention and contraception, safe and affections methods.
- Anemia – general blood testing and the natural history of Hep C in HIV + women
- Talk about frustration re: research & refunding the term RESEARCH, Subject
- Talk of terminology, stigma, honest communication with Dr's, researchers
- Women are not only PWA's; getting care Women are comfortable with.
- Sustainability of grass roots movements
- Outdated tools for research
- Impact of exogenous, & endogenous hormones in treatment
- What happens to the research after it's done?
- Overly extended waiting periods to see Dr's

PROGRAM SESSION NOTES

Date / Time:	Tuesday Aug. 15, 2006 4:00 – 5:30pm
Session Title:	Building a Movement (Gender based violence)
# of Participants:	About 50-60
Media Present?	Y
Rate of audience participation:	More than 20 people spoke
<ul style="list-style-type: none"> ◦ Anne (Rwanda) – Intersect – Athena ◦ What needs to be done / requirements to stop gender based violence ◦ HIV/AIDS prevention, cultural approaches ◦ Silence has to be broken, share experience, violence ◦ Working together – Networking on gender based violence ◦ People opposing Women abuse ◦ Put them in the leadership, also @ grassroots level in communication ◦ <u>What excites you to do this work?</u> ◦ Global AIDS Alliance – Washington DC based organization ◦ UN had been at the forefront to respond to violence against women & with Kafi Annea leaving, it'll be difficult, Have a campaign on idea. ◦ Accountability on the money that is going out on this issue. Is it actually going to the women? SRH issues and not just disease prevention issues ◦ Ottawa: Involve women who are affected. They talk about their experiences ◦ Learning about other people's advocacy ◦ Sex perspective - Signs of violence – Caribbean. Youth Kenya. Watchdog property issues. ◦ Seeing pains of women/girls violence by men, police. Lack of resources ◦ <u>Strategies/Brainstorming</u>: Priorities: Problems are not defined. Lack of research, Funding, Accountability, Sharing of experiences/stories, Best practices, Implementation, Policies, Media, Community mobilization. ◦ Responses of Women in S. Africa has been strong ◦ Shanty towns / best practices, documentary ◦ Harwood school of Public Health: share the experiences of Policy Makers, Documentation/Accountability is important, Centralize and make information accessible ◦ In Uganda, there is no policy re: HIV/AIDS ◦ Create an ad hoc Advocacy Committee ◦ There is no coordination among local/national/international levels ◦ <u>How would people like to participate?</u> ◦ A meeting: A campaign – Broad need to document ◦ Global AIDS Alliance took the initiative to share their website for list serve, sharing stories etc ◦ Concentrate on few issues together – Property rights in Uganda, local initiatives at the community level. Build coalitions at the local level ◦ Take Local to Global 	

PROGRAM SESSION NOTES

Date / Time:	Tuesday Aug. 15, 2006 5:30 – 6:15pm
Session Title:	Power of Peers
# of Participants:	30-35
Media Present?	Y
Rate of audience participation:	Ok
<ul style="list-style-type: none"> ◦ HIV university ◦ Retreats Nov 91 – of women living with HIV ◦ <u>Peer Advocates – Latina Women</u> ◦ Role of peer advocates – emotional support to the women ◦ They talk to us about their sadness, loneliness, etc. There is life after being diagnosed. Give them hope, inspiration. ◦ Also provide practical support, document appointments, accompany them to exam room ◦ Help the clients take their medications ◦ Help with disclosure ◦ Teach them to advocate themselves ◦ Teach them to take care of themselves (take time for yourself – believe in self care) ◦ Its hard even to deal with the physicians / social workers / providers ◦ Lotus Project – Training the trainers to help providers ◦ Participating in clinical trials ◦ They had heard about – Syphilis give to Black African American women so they are scared and would not participate in clinical trials ◦ In Sudan – HIV is a Woman’s issue ◦ They have resources – massage, acupuncture (@ no cost) ◦ Besides HIV, Women have other major problems such as: violence, abuse, stigma, disclosure, no care ◦ No monetary support. Their entire support money goes to rent ◦ Depression 	

PROGRAM SESSION NOTES

Date / Time:	Tuesday Aug. 15, 2006 6:30 – 8:00pm
Session Title:	Working w/ Youth men’s understanding of Gender & Sexuality
# of Participants:	40
Media Present?	Y
Rate of audience participation:	Huge
<ul style="list-style-type: none"> ◦ Video – Tough Guys / Cruise ◦ Karen Cheng – Toronto Public Health ◦ “Boys would be boys” ◦ “Vagina Monologues” ◦ Politics of Women’s Health – US ◦ “Get them when they’re young” ◦ Homophobia – bullying ◦ Respect each other, teach the youth ◦ Make them feel that they are good people ◦ How to deal with a situation – a 6 yr old wants to go to school with a dress & nail polish on. Respect them and understand them. Parents must understand their gender values. Family support is important. ◦ Address racism, make education more accessible, poverty for both man & woman ◦ Teachers – It’s a concern if there are only male teachers ◦ Everyone in the society plays a role to raising boys to men ◦ People attach the values of social-economic status of people e.g. unemployed young men become more violent; gangs, poverty ◦ Men’s voices are always stronger and heard while women have to make an effort to be heard. ◦ Talk about Heterosexism then talk about homophobia ◦ Kids (4, 5, 6 yr olds) are so open to discuss. ◦ Let the boys express their emotions ◦ Teach everyone – men, women, young & old, boys & girls, to express their feelings ◦ Teach boys that it’s ok to cry. How to deal with a boy who has lost in love. ◦ Anonymity ◦ Allow both boys/girls to be angry, what frustrates them. ◦ What do they do when you are told “You are a boy/man” 	

PROGRAM SESSION NOTES

Date / Time:	Tuesday Aug. 15, 2006 9:30 – 10:45
Session Title:	The Power of Pleasure
# of Participants:	12 participants in exercise & roughly 20 audience members
Media Present?	Yes
Rate of audience participation:	The audience (and participants in the activities) were very engaged and involved

The Pleasure Project

- Eroticize Safer Sex! – working with the porn industry etc
- Learning to talk dirty (an ice breaker) – we started with an exercise where people talked about something we like – to transition to the discussion of sex – and developing a language of pleasure.
- Ice breakers to help people feel comfortable
- The participants were divided into two groups
- Second exercise: drawing out lines of our bodies then marking sites of pleasure and pain. After doing this each group discussed their drawing.
- People were asked about what was comfortable / uncomfortable to talk about
- The audience discussed what can affect people’s comfort – issues of past experience, sexual abuse, talking in front of people you don’t know.
- There were many more insights on the subject of comfort discussing pleasure
- The remainder of the group was spent answering questions from the audience
- The audience was also asked to share examples of when they’ve done exercises like the ones done.
- Cultural comfort was focused on
- The facilitators discussed how the exercise can be modified – made more simple or complex – to bring in other issues
- Handouts were provided

PROGRAM SESSION NOTES

Date / Time:	Tuesday Aug. 15, 2006 8:30am-9:30am
Session Title:	Gender, HIV/AIDS and the Role of the Church in Africa
# of Participants:	8-12 (more trickled in making it 16-25)
Media Present?	No
Rate of audience participation:	There was a lot of audience participation – many questions from many members of the audience
<ul style="list-style-type: none"> ◦ Christian org. “Tear Fund” - The predominant idea was that women’s subordinate position in society Is largely responsible for increasing HIV rates. ◦ Wanted to determine the roll the Evangelical Church plays in the spread of AIDS ◦ They conducted a qualitative research project that looked at gender roles, HIV rates and church values. ◦ They found that women’s social position in society played a roll in the spread of AIDS ◦ They talked about the beliefs that exacerbate the spread of AIDS – Women’s subordination, how mate’s promiscuity is seen as positive, etc. ◦ Tear fund seeks to challenge the church and provide training around gender equality for people in the church. ◦ They found that the church has played an incredible role in the spread of AIDS – by not challenging its deeply held conservative views. ◦ Their thinking (Tear Fund) is that if views regarding gender change then the rates of HIV infection will reduce. 	

PROGRAM SESSION NOTES

Date / Time:	Tuesday Aug. 15, 2006 11:00 – 11:45am
Session Title:	If I Kept it to Myself
# of Participants:	50? – 100?
Media Present?	Yes!!!!
Rate of audience participation:	A lot of active participation

- **The Princess of Norway!**
- Introduction beginning with ED Danielle Layman-Pleet
- The World YWCA compiled the book being launched called “I Kept it to Myself”
- Discussing the idea of the book and its purpose: to encourage leadership among women with HIV and to dispel stigma
- Acknowledged were the women in the book - They stood up for us to acknowledge.
- The princess was presented with a copy of the book after which she made a few comments – of thanks and endorsement
- Questions? For example: One person asked what she as a 13 year old girl could do to support the movement?
- Many more questions were asked and answered
- Many thanks were made
- The importance of this book is that I tells the stories of women who live in situations of great stigma and oppression.

PROGRAM SESSION NOTES

Date / Time:	Tuesday Aug. 15, 2006 12:00pm
Session Title:	Women, Power & Politicians
# of Participants:	4+
Media Present?	Photographers
Rate of audience participation:	Very good
<ul style="list-style-type: none">◦ Round table discussion on how politicians have related to people with HIV/AIDS.◦ The challenge of women to get help from “the system”◦ Botswana – willing to listen. Won’t have the understanding.◦ “We need to start with the community – we are the leaders.” Need to start with the family and neighbours.◦ You need to take the power◦ People need “to come out” and not be ashamed.	

PROGRAM SESSION NOTES

Date / Time:	Tuesday Aug. 15, 2006 12:00pm – 1:30pm
Session Title:	Women, Power and Politics
# of Participants:	5
Media Present?	Photographer
Rate of audience participation:	Excellent
<ul style="list-style-type: none">◦ Themes in the presentations and discussions focussed on the important reciprocal roles of civil society and politicians and policy makers in moving policy issues forward.◦ Participants discussed the importance of empowerment, training for HIV positive Women to move advocacy forward◦ The need for men to get involved & support Women’s rights.	

PROGRAM SESSION NOTES

Date / Time:	Wednesday Aug. 16, 2006 11:15am
Session Title:	STOP AIDS NOW / “Tell Us What You Know”
# of Participants:	27
Media Present?	Yes
Rate of audience participation:	Discussion – full participation

- Organization STOP AIDS NOW based in Netherlands, working in Kenya & Indonesia
- Women & their vulnerabilities – prevention projections
- “Gender Transformation” – How do you do this?
- How do you get at core issues? Talk to children about sexuality, about positive relationships, practising negotiations, role playing
- Dialogue
- Men need to be involved in the fight for women’s rights
- Need to promote gender equality / equipped to fight AIDS
- Men need to mobilize themselves & model change with young boys
- Talk to boys and a young age
- Talk to parents – sex education
- Gender needs to be about men & women
- Create a new save space

PROGRAM SESSION NOTES

Date / Time:	Wednesday Aug. 16, 2006 9:30
Session Title:	Violence Against Women + HIV/AIDS
# of Participants:	30
Media Present?	Yes
Rate of audience participation:	Good discussion / lots of comments & participation
<ul style="list-style-type: none"> ◦ HIV + Women – taking back power ◦ Women become thrown out of community when HIV + discovered ◦ Need reproductive rights & rights to express positive sexuality ◦ Safe & healthy life! ◦ Discussion – women face violence & rise. Re: sex -> no negotiation skills ◦ Moral values underline sexuality: dirty, etc – this perspective shames Women + Women sexuality – risk and violence. ◦ Sex programs linked to reproduction / risks / etc – not about sexuality needs etc ◦ Need to talk to young people ◦ Don't have a good dialogue about positive sex – it's linked to violence/ negativity ◦ Need to bring in discussion of issues of power – inequalities of + Women in positions of subordination – man is decision maker ◦ Gender based violence – need to engage boys & men in discussions but so many women can't yet talk to men & boys ◦ The Church's complicit in Women's risk ◦ Need safe spaces for women & girls to strategize and build skills ◦ Women over the world need to commit to working through partnerships ◦ Women the world over face issues of violence and inability to negotiate safer sex ◦ Discrimination and violence among women ◦ Lack of public policies / rights ◦ Women are doubly / triply marginalized (HIV + / Sex workers) ◦ Issues of poverty ◦ (Kenya Women) We have to demand our partners to use condoms ◦ Rape in marriage ◦ WHO recognizes violence against women is a public health issue 	

PROGRAM SESSION NOTES

Date / Time:	Wednesday Aug. 16, 2006 4:00 – 6:30pm
Session Title:	Building a Movement: Bringing in Indigenous and Aboriginal Voices
# of Participants:	?
Media Present?	No
Rate of audience participation:	Women 26 (+ and -)
<ul style="list-style-type: none">◦ Smudge with water (sage & cedar)◦ Talking circle (what it is – how it's done)◦ Situation of aboriginal people in Canada◦ 4th world conditions◦ 46% of new infections in Canada are aboriginal◦ Personal stories from women from many countries – some HIV +, some medical Doctors, some from ASOs, some just interested.◦ Sorrow, pain, hope, desire to make change, ended with a beautiful prayer	

PROGRAM SESSION NOTES

Date / Time:	Wednesday Aug. 16, 2006
Session Title:	Positive Women Theatre Troup
# of Participants:	14 – 26 – 30
Media Present?	No
Rate of audience participation:	Question and Answer period after play
<ul style="list-style-type: none">◦ Discrimination – drug side effects◦ Sex trade worker / difficulty negotiating safer sex◦ Medical treatment / patriarchal society◦ Recovery◦ Disclosure to best friend / grief◦ Advocacy (job loss)◦ Pregnancy◦ Empowerment◦ The play included all of the issues and more	

PROGRAM SESSION NOTES

Date / Time:	Wednesday Aug. 16, 2006 8:30-9:15
Session Title:	AIDS; Security & Challenges in Wives of Uniformed Personnel
# of Participants:	20
Media Present?	No
Rate of audience participation:	None
<ul style="list-style-type: none"> ◦ No security for so many Women in the world – Women in India ◦ Vulnerability to wife of soldiers – illiterate, lack of choices, no economic independence, single parenthood (husband’s away), lack of social form. ◦ Girls get married at a very early age, early teens ◦ Have to look after in laws & children (family hierarchies) – vulnerable in family ◦ No information on health, particularly on HIV (taboo) ◦ These Women are totally dependent on Women’s salaries ◦ When husband dies, widow becomes an “untouchable” – driven out of home – onto the street ◦ Must raise a family at a young age (17-18-19) and husband is away at post (military) ◦ Can’t take anything for granted (water etc) – walk miles for water & rations ◦ Live on \$100 / month ◦ No choices ◦ Myth of virginal sex = cure of AIDS ◦ No medical benefits / no right to ARV treatment ◦ Women are abducted to “settle scores” – and raped because she’s alone and trafficking ◦ Whole society affected by AIDS ◦ Women need property and inheritance rights ◦ Religion plays very big role in India ◦ Need disclosure policy for men in army – men don’t tell wives HIV status 	

PROGRAM SESSION NOTES

Date / Time:	Thursday Aug. 17, 2006 10:30
Session Title:	Gender Based Violence: Be Careful What you Wish For
# of Participants:	~35 mid-cycle; est. 50 in all
Media Present?	No
Rate of audience participation:	Good. 4-5 comments / questions – many took reports
<ul style="list-style-type: none"> ◦ GBV a basic human rights violation += a risk for HIV ◦ “Show us the Money” – copies of the report – want HIV programs to integrate antiviolenace work. ◦ Donors need to give money for this + specifically for anti violence work. ◦ Overall, too little money. ◦ Has been a little improvement in HIV funds; for women ◦ 2004, \$6.1 billion for HIV - \$69 billion for dev’t – only \$400,000 for gender related action. ◦ 5 major <u>public</u> HIV/AIDS – World Bank global fund, Dfid, Et Alia. This was big process – “needle in haystack”. <ol style="list-style-type: none"> 1. Significant advance in 5 yrs at Policy Rhetoric level. 2. Programming level – shrinks, though varies from agency to agency 3. Funding at country level and program funding – it seems to disappear! Hard to find \$ details. 4. Progress has happened in all 5 – especially gender specific indictors & info. 5. Not a specific category for funding – if call for proposals goes out, excludes violence against women, if not there – needs to be a lint item – needs to be a reporting item. ◦ Recommend – make priority & specifics about violence against women at all levels-include line + report + evaluations. ◦ Want LINKS to women’s organizations – not just tagged on as “decoration” ◦ Who gets the money? ◦ Accountability – user friendly guidelines & guidance. ◦ Gender sensitive efforts – take lots of aspects including right to pleasure, sex, etc ◦ Q: Which was worst? ◦ A: Worked to NOT make that comparison – in each case, advances & gaps – too hard to compare as different. ◦ US Policy on GBV – What is happening on ground “CHANGE” works on accountability – looks specifically at ground. ◦ GBV, HIV, Gender equity are areas of focus. ◦ PEPFAR included gender violence amendment. ◦ Mapped across agencies – labor, etc where gender violence an issue... where a policy would help. ◦ Be careful what wish for ...got victory ... but gov’t can USE this for very different purposes than <u>intention</u>. 	

Session Title: Gender Based Violence: Be Careful What you Wish For – Cont'd

- GBV “solution” in US Today that “Save for marriage, teach men to respect women via faith based funding increases.”
- First, no info in 2 yrs PEPFAR.
- Demanded: got report of 300 organizations on GBV!! - looked at what means.
- Abstinence based getting \$ huge amounts!! No accountability. This is NOT GBV work!!
- Reinforces oppression of women – woman as provoker of anger, seducer.
- We need to be extremely clear and loud about what we want and how real antiviolence work is measured.
- \$55 Million does not exist (that Barbara Bush said was new money for antiviolence & got lots of attention)
- Nambia woman – HIV positive + violence – agrees issues with funders had to explain to funder who wanted just to build a shelter, went from funder to funder.
- From GBV to HIV as well as other way.
- UNAIDS needs to supply skills, capacity to women’s groups such as Haiti; Guatemala – ACTION AIDS – supported women with HIV
- Try to build bridges with antiviolence & anti HIV
- Research: LINK GROUPS – HIV & ANTIVIOLENCE – how to get support for this?
- Looked at PEPFAR – “203 projects that addressed GBV” Asked which projects? Never got answer!!
- We accept too much what donors say & don’t ask What? Why? Where?
- Different investigator project!!!!
- Rights based & justice based!!
- Who is getting money on ground – global fund – recipients get it & put out RFP & give to subgroups – info not available.
- Question: Low reporting rates on violence against women – criminal justice systems make it unsafe to report. Has anyone looked at dangers in policing connection to religious right institutions?
- Don’t be depressed – be energized by working together to document what’s happening in real time.
- Prostitution serving agencies – Where you had trust builders – now PEPFAR asks reporting on STW – which scatters STW & destroys trust.
- Vietnam – Research agency & HIV agency & GBV hotline – looked at records – made links, collaboration & new research

PROGRAM SESSION NOTES

Date / Time:	Thursday Aug. 17, 2006 3:00pm
Session Title:	Choices for Women
# of Participants:	40 + attendants
Media Present?	Few video cameras
Rate of audience participation:	Discussion questions – high participation
<ul style="list-style-type: none"> ◦ Why we need female controlled methods ◦ We need a spectrum of methods and interventions. Ex. Vaccines, male circumcision, condom, basic care... ◦ Look at preventative vaccines (female condom, anti-retroviral treatment) ◦ HIV vaccines – 70 vaccines tested ◦ All proven safe – growing consensus in the silence community that a vaccine is possible. ◦ Disappointing human responses in humans ◦ Why do Women & girls need a vaccine? ◦ Potential long term solution ◦ Women isolated & controlled ◦ Could be vaccinated before the onset of sexual activity ◦ Advocacy – women need to know they have choices ◦ Cervical barriers & diaphragms used with spermicide ◦ Cervix may have receptors for HIV – site for infection ◦ By covering the cervix, not getting pregnant, diaphragm covers urethra ◦ Female controlled, safe, studied as potential HIV prevention method. ◦ Microbicides – reduce transmission of HIV/AIDS – not yet ◦ Need them to be easily accessible, cheap, safe, do not have to let your partner know ◦ www.globalcampaign.org ◦ Female condom – women’s health advocate <ul style="list-style-type: none"> → Reduce HIV in more than 90% → Reduce pregnancy & STDs → Stronger than male latex condoms → Produces heat – more pleasure → Can put it in before hand ◦ Problem: <ul style="list-style-type: none"> → too \$ → inaccessible → need to spread the word ◦ www.preventionnow.net ◦ NEXT STEPS: <ul style="list-style-type: none"> → Vaccine, Microbicides, cervical barriers, female condoms 	

→ Collaboration

PROGRAM SESSION NOTES

Date / Time:	Thursday Aug. 17, 2006 12:15pm
Session Title:	Invisible Lives
# of Participants:	n/a
Media Present?	n/a
Rate of audience participation:	n/a

- *Aboriginal people in Australia*
- Represented in prison systems
- Lot of people come in through drug related crimes
- Many contract HIV in prison, Hep C as well
- IDU & Harm Reduction training developed for service providers & front line Aboriginal service providers.
- Alcohol a main issue & alcohol induced violence major issue.
- No needle exchange programs – a barrier to harm reduction
- Have developed strategies for involving Elders in HIV prevention strategies
- Other groups of invisible women – older women living with HIV
- Partly as a result of stigma & have difficulty sharing with their families
- We need to think of ourselves as women, not as drug users, old women, young women, sex workers etc
- We need to make all our sisters visible
- ICW presenting a paper called “Silent Voices” – a project for injecting drug users & alcohol users who are HIV + women
- Broad range of ethnic groups represented – wide range of experiences
- To collect info: lack of awareness around HIV among service providers, train service providers
- HIVseros
- Disclosure a problem with partners, family, children & wider community
- Discussed barriers to services for drug-using HIV + women who are also discriminated against by other positive women
- Double stigma & double discrimination – HIV & within Australian indigenous communities.
- Aboriginal women are over represented in HIV cases
- Many infected through injection drug use
- Needle exchange services – not wanted in many Aboriginal communities
- These women are also marginalized in the community & under-use services because they don’t want to be identified
- Experience discrimination in mainstream services
- Racism etc a problem



PROGRAM SESSION NOTES

Date / Time:	Friday Aug. 18, 2006 10:30-11:30am
Session Title:	Closing Session
# of Participants:	4
Media Present?	No
Rate of audience participation:	Everyone contributed

- *Review of the week*; accomplishments of the week and looking forward to Mexico.
- Participation & accountability
- Liked the WNZ because of its openness (which the rest of the conference lacked. More comfortable (we need this in Mexico)
- Idea: being able to bring lunches
- Relationship building activities
- More suggestions for Mexico:
- Translations issues
- How to keep people engaged
- Contacts: who to work with
- YWCA conference in Nairobi (suggestions for)
- These events are the only places we can network.
- Financial support – based on present accomplishments – it should be easier to get funding
- What each person can do.
- Connections made at this conference
- Working with each other – what is the nature of the relationship
- Partnerships between Athena & ICW Etc
- A lot of discussion about working together and collaborating
- Need more male involvement
- Deconstructing masculinity
- Gender based violence

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PROGRAM SESSION NOTES

Date / Time:	Friday Aug. 18, 2006 1:15pm
Session Title:	Women & Girls in HIV in Canada
# of Participants:	About 50-75 / 4 speakers (Louise Binder et al)
Media Present?	Yes
Rate of audience participation:	

- *Louise Binder – priority of research*
 - Children support for positive women is also lacking
 - Stigma and discrimination
 - Ethically done research
 - Coordinated Research Agenda – Marginalized women are not covered
- *Linda – on Preventions / Education of HIV/AIDS*
- Prevention Strategies – with government support
 - Maintainable campaign to end violence against women
 - To protect / support Aboriginal women

PROGRAM SESSION NOTES

Date / Time:	Friday Aug. 18, 2006 2:00 – 3:15pm
Session Title:	Lived Realities of Inuit Women
# of Participants:	35-50
Media Present?	Yes
Rate of audience participation:	

- *Realities of an Inuit woman in an urban setting*
- A skit about a 17yr old Inuit girl who becomes alcoholic & drug user
- These women need specific cultural programs
- Native Friendship Centre
- Stories about sufferings of homeless Inuit Women, cold, frost bite, TB, HIV/AIDS
- Sharing booze bottles (not knowing the risks when someone has an open sore)
- Language is a big barrier

PROGRAM SESSION NOTES

Date / Time:	Friday Aug. 18, 2006 14:00 – 14:45
Session Title:	Celebrating Women in Research
# of Participants:	n/a
Media Present?	n/a
Rate of audience participation:	n/a

- *The prize - \$3,000 – International AIDS Society & International Coalition for Research on Women*
- Prize – woman under age 36, non OECD country & accepted for abstract session.
- Congratulations to all the applicants – they were all wonderful
- Penelope Campbell – winner of first prize – Jamaica
- Challenges they as women face, doing the kind of work they do with young women and HIV.
- Women researchers – challenges in Jamaica
 - Difficult to reach goals and sex workers
 - Need to be accompanied at night – community violence
- *Meahan Maguire – Mumbai India*
- Working on ethical issues & construction of ethical committee for gay & transgendered community.
- Difficult to make links with researchers (international)
- Part of purpose to develop Community Based Research (CBR) resource and protect these people who are victims of discrimination
- Developed IRB – 4 studies – international & local funding to address HIV and sexual dynamics of this community.
- *Jamaica:* 1 in 5 Jamaican girls – reported forced sex first time.
- Age mixing & power dynamics & reliance on men puts young girls at risk
- Promoting condom use is difficult
- Focus on building self-esteem & negotiating skills with these girls.
- Need for more creative strategies in disseminating research with young people and vulnerable populations.
- Need for researchers to address the needs of communities studied and ensuring their access to drugs, bio-medical research.
- *Challenges for research participants engaging girls / sex workers*
 - Sex workers are migrants. Women only work 6 weeks in club. Have to be fresh & mobile.
 - Difficult to do follow up & longitudinal studies etc
 - They are open and willing to talk: do in-depth interviews

Session Title: Celebrating Women in Research Cont'd

- *Girls:*

- Issues to do with peer pressure – bear this in mind when you are doing focus groups
- Need to take this into account – focus groups difficult
- Less formal interviews work best

- *India – Aparna Shotri*

- Senior Research officers – Research Institute
- Work safe sex practices adopted by descendant couples Kana, India
- Not a lot of research
- Safer sex practices – interviewed 314 couples
- Discussed the results of this research also on vaginal Microbicides
- Women are coming for research & are willing to participate
- We made an effort to get women
- Most of the research – clinical trials – 80% men
- Women – sensitive issues
- Gender sensitivity, gender training needed for most researchers – to take better account of women's lives & social realities
- Focus on other research on female-controlled options

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PROGRAM SESSION NOTES

Date / Time:	Friday Aug. 18, 2006 9:00am – 10:30am
Session Title:	Resiliency and collaboration
# of Participants:	12 and several observers
Media Present?	No
Rate of audience participation:	Very good – a lot of interest

AIDS Bereavement Project of Ontario

- The impact of grief and loss
- *The Resiliency Map*
- Watching our Breath
- Communal Bereavement work as opposed to private work i.e.: with a therapist
- The Resiliency Map was created by Métis women as part of a masters degree project.
- It is used for storytelling.
- How do you juggle loss and hope?
- We discussed each part of the map – self, motivation, relational etc (see attached)
- Being authentic and transparent when working with/interacting with others.
- Each person talked from a place on the map about their experience of the conference
- Closed with another breathing exercise

