

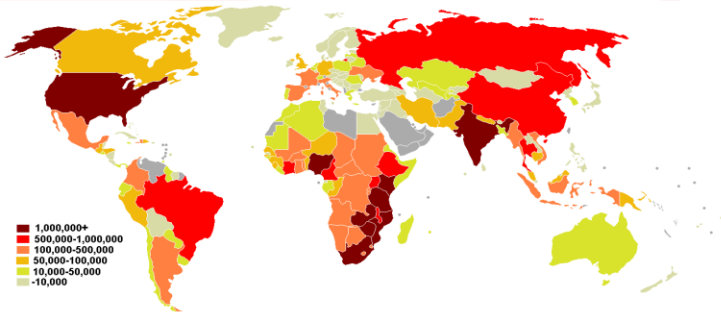
Women, Girls and HIV



EVE for Life

The Global Situation

- At the end of 2009, 32.8 million people were living with HIV
- 2.5 million are children
- 2.6 million new infections in 2009.
- 1.8 million deaths
- Sub Saharan Africa - most affected region with 68% (22.5m) of total cases worldwide
- Adult prevalence in Sub Saharan Africa is 5.0%
- No. of new infections – 1.8
- No. of deaths 1.3 million



Overview



- 52% of all people living with HIV worldwide are women and girls.
- In sub-Saharan Africa, 60% of people living with HIV are women.
- In the Caribbean, 50% of people living with HIV are women

Overview



- Young women aged 15–24 years are as much as eight times more likely than men to be HIV positive.
- In Southern Africa prevalence among young women aged 15–24 years is on average about three times higher than among men of the same age.

Overview



- In Jamaica, adolescent girls aged 10 – 19 years old are three times more likely to be infected
- Young women aged 20 – 29 are one and half times more likely to be infected

Why are women at risk

- Gender-based violence: Up to 70% of women experience violence in their lifetime.
- Country studies indicate that the risk of HIV among women who have experienced violence may be up to three times higher than among those who have not.



Why are women at risk

- Women, fearing or experiencing violence, are less likely to negotiate for safe sex, go for HIV testing, share their HIV status and access treatment.
- Forced sex increases the risk of HIV transmission due to tears and lacerations.



Why are women at risk

- In South Africa a woman is raped every minute
- In Jamaica, 20 per cent of young women report being forced at first sex



Why are women at risk

- Societal Factors: In some countries men are encouraged to have more than one sexual partner and it is common for older men to have sexual relations with much younger women.
- *- In some settings, this contributes to a three times higher infection rate among young women (15-24 years) compared to young men*



Why are women at risk

- Education: Lack of education can prevent women from accessing HIV information and services
- - *Worldwide, only 38% of young women have accurate, comprehensive knowledge of HIV.*



Why are women at risk

- Lack of education affects millions of women and girls hindering their economic security
 - *Two thirds of the 110 million of children not in school are girls.*
 - *Of the world's 875 million illiterate adults, two thirds are women*



Why are women at risk

- Illiterate women are four times more likely to believe there is no way to prevent HIV infection.
- Studies in Africa and the Caribbean, show that girls with higher levels of education tend to delay first sexual experience and are more likely to insist that their partner use a condom.



Jamaica Situation



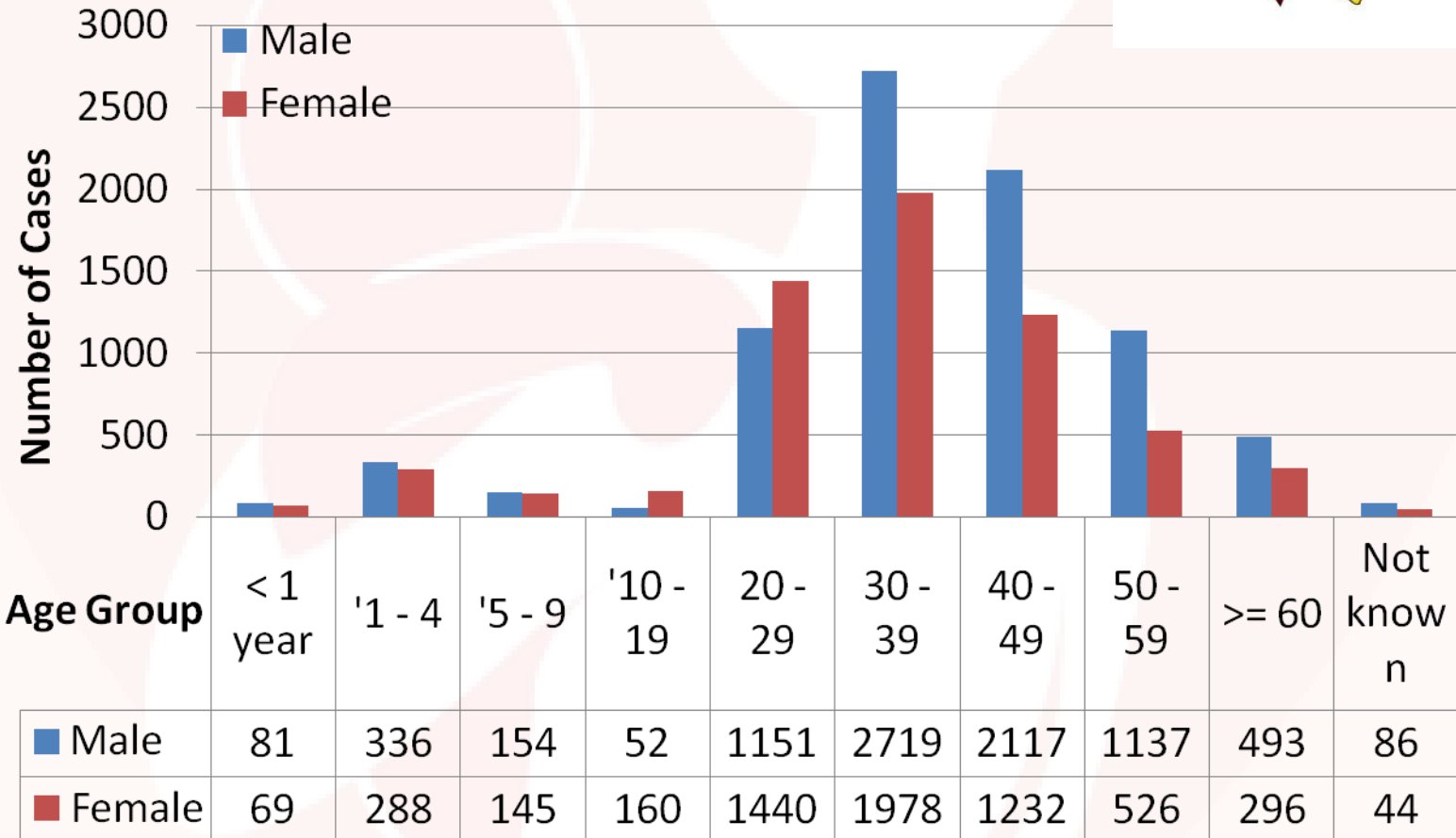
- Adult HIV prevalence – 1.7%
- Number of PLHIV – 32,000
 - 50% are unaware of their HIV status
- Newly HIV infected – 2,100 each year
 - nearly 6 new HIV infections each day
- Male to female ratio 1.2:1

Jamaica Situation



- Since the late 1990s, data from the Jamaica National HIV/STI Programme indicate an upward and disproportionate trend in the number of women and girls aged 10 -29 years old being infected with HIV.

AIDS Cases by Age and Sex 1982 - 2009



Jamaica Situation



- The 2008 Knowledge Attitude Behaviour and Practice Survey also indicated that 15.9 per cent of girls and 56.6 per cent of boys 15 to 24 have had sexual intercourse before the age of 15.

Jamaica Situation



- Various surveys, newspaper articles, NGO reports and anecdotal evidence also point to another trend where women appear to bear the brunt of care in households.
- A 2002 Rapid Assessment of Orphans and other Children Living in Households Affected by HIV and AIDS - majority of the caregivers in the households were single women – some being grandparents.

Jamaica Situation



- This was corroborated in an unpublished research done in 2010 on the Situational Assessment of Orphans and Children made vulnerable by HIV and AIDS in Jamaica.
- Both the 2002 and 2010 Assessments point to situations of severe poverty within these households, where women and children go hungry for days, children attend school irregularly and generally limited social support from government.

Jamaica Situation



- Up to 2008, there were no organisations that were targeting women specifically in an attempt to deal with women-specific issues in HIV prevention, care and support.
- Programmes that were youth specific were not addressing the obvious issue of the disproportionate trend in infections among teenage and young women.



EVE for Life

Context and Background



- And one glaring issue that was certainly not addressed was that if so many young girls were becoming infected, chances are a number of them were also getting pregnant.
- This in itself leads to other issues such as limited skills, interrupted education, poverty etc.



EVE for Life

Enter Eve for Life

- 📌 **EVE For Life** was founded in 2008 and was based on the experiences highlighted earlier. Women and children were also increasingly seeking psychosocial support and skills to help them to live normal healthy lives.



EVE for Life

Intervention with HIV+ adolescent mothers

- In 2010, EVE for pioneered a programme with HIV+ adolescent and young mothers.
- The programme entitled “I am Alive” is built on the principle that HIV is an acquired infection and not who you are.
- Women are taught first to appreciate the fact that they are ‘alive’ and that they are entitled to live healthy, happy and prosperous lives.



EVE for Life

- 15 women currently in programme
- Diagnosed zero to three years
- Users of public health services



EVE for Life

Demographics

- ❑ 100% are school drop outs
- ❑ 47% are low literate
- ❑ 20% functionally illiterate
- ❑ 67% exposed to secondary level education
- ❑ 33% exposed to primary level education



EVE for Life



- Participants have quizzes and worksheets read to them



EVE for Life

Demographics

- ❑ Age range – 17 to 22 years
- ❑ 21 children collectively
- ❑ 47% - Inner – city
- ❑ 33% - Rural
- ❑ 20% - Urban (outside inner city)
- ❑ 87% unemployed



EVE for Life

Demographics

- Partners
- Married (1); Single (13); Co-habiting (1)
- 87% in a visiting relationship
- 33% - disclosed HIV status to partner
- 27% - partner HIV positive
- 20% - partner HIV negative
- 63% - unaware of partners status



EVE for Life

Demographics

Sexual Activity

- All sexually active (at least once monthly)

Contraceptive Use

- All are currently on contraceptive
- 33% reports history of sexual abuse



EVE for Life

- Monthly Support Group meetings
- One-on-one counselling with clinical psychologist



Programme Monthly sensitisation



EVE for Life

- ✓ Self Discovery
- ✓ Women & HIV
- ✓ Triggers and Barriers
- ✓ Nutrition and the me
- ✓ Family planning
- ✓ Communication & problem solving
- ✓ Safer sex & condom skills
- ✓ Adherence
- ✓ Disclosure to partners
- ✓ OB/GYN Issues
- ✓ Co infections



EVE for Life

Nursery Corner





Monthly Support group

EVE for Life

- Led by a 'Life Coach'
- Life Coach – more empowered HIV positive woman
- Mentors three to four clients





EVE for Life

- Women are highly motivated
- Display initiative towards learning and support
- Peer relationship and leadership skills developed
- Increased self confidence: Women no longer cry about being teased because of their status



EVE for Life

- Improved relationship with family and community – women who taxis refused to transport are now being transported
- Improved reading skills: Work with Life coaches paying off
- Improved child care skills: 100% improvement in nutrition and physical care of children



EVE for Life

- Greater advocacy to improve treatment and care service: Not willing to accept mediocre treatment from health care providers. They ask questions that need to be asked
- Increased condom use and improved negotiation skills: No new pregnancies or STIs since start of programme
- Increased knowledge about STIs including HIV



EVE for Life

Challenges

- Low reading comprehension skills presented some difficulties.
- Free or reasonable priced space for meetings
- Lack of funds to assist clients with domestic needs
- No funding support for babies
- The need to provide parallel training for interested spouses or other support



EVE for Life

Lessons Learnt

- ❖ Adolescent girls are contracting infection from older men
- ❖ Positive adolescent mothers lack accurate information to take care of their sexual and reproductive health
- ❖ Positive adolescent mothers lack knowledge on what their rights are in relation to sex, sterilisation and access to prevention and treatment information



EVE for Life

Lessons Learnt

- ❖ If women are given the tools to protect themselves their risk taking behavior will be reduced
- ❖ Stigma and discrimination in the public health sector still high.



EVE for Life

Next Steps

- Income Generating programme for women
- Provision of funds to return to school
- Facilitation of community service
- Family centered programming



EVE for Life

Contact Information

E-Mail :


 evejamaica@gmail.com


 info@eveforlife.org


Web site:

 www.eveforlife.org

Phone :

 876-632-1838 (landline)

 876-816-1365 (mobile)

 876-342-6107 (mobile)

Thank you

EVE for Life

Care, Commitment, Creativity

www.eveforlife.org

Email: info@eveforlife.org