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Christian Relief and Development Association

Workshop on
Women Empowerment: A Strategy for HIV/AIDS Prevention and Access to Care

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November, 1999
Addis Ababa

Introduction

The Christian Relief and Development Association (CRDA) organized a workshop on "Women Empowerment: A strategy for HIV/AIDS Prevention and Access to Care" which was held on November 2 and 3, 1999 at the Ghion Hotel in Addis Ababa. The objective of the workshop was to explore possible areas of intervention that would empower women by:

- Appreciating the scope and magnitude of the HIV/AIDS problem and identifying the implication of some of the factors on HIV prevention; and
- Identifying workable HIV/AIDS prevention and control strategies that can empower women in the fight against HIV/AIDS.

The workshop was opened by Ato Fekade Tsegaye, Director, Capacity Building Division, CRDA. In his opening address, Ato Fekade noted that HIV/AIDS is growing fast among women and women with the disease have had shorter survival times than men. He said that this is due to "complex psychological and social determinants related to women's role as caretaker of the family, their relative poverty, the inadequate investigation and diagnosis of HIV/AIDS in women, and poor access to satisfactory care and fruits of medical progress. "Ato Fekade expressed the hope that the recommendations of the workshop would be expressions of serious intent and commitment.

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The National HIV/AIDS Policy

Dr. Hailu Negassa
Ministry of Health

The national HIV/AIDS Policy was endorsed by the Council of Ministers in August 1998. The major objective of the Policy is to provide an enabling environment for the prevention and control of HIV/AIDS in the country.

To implement this objective, ten general strategies have been formulated. The Information, Education and Communication (IEC) strategy underscores the need to involve the community at large in HIV/AIDS control efforts, to disseminate HIV/AIDS messages on a continuous basis on all possible media and to encourage people living with HIV/AIDS to educate the public. Another important strategy is HIV testing and screening which should be voluntary and which is encouraged to be undertaken along with counseling. Prohibition of mandatory testing for job recruitment, except for pilots, screening of all donated blood for HIV before transfusion and expansion of testing facilities are included under this strategy. The strategy on HIV/AIDS and human rights is intended to ensure the rights of people living with HIV/AIDS. It also imposes legal action on those who transmit the disease recklessly.

The other strategies include STD prevention and control, sterilization and disinfection, HIV/AIDS surveillance, notification and reporting, medical care and psycho-social support, research development, regional and international relations to facilitate implementation of the policy, and policy implementation and coordination.

With respect to policy implementation, over 25,000 copies of the Policy were printed and most of them were distributed to government, religious and international organizations. However, not much has been done in acquainting different target groups of the community with the essence of this HIV/AIDS Policy. So far, two guidelines have been formulated. One of them is a technical guideline dealing with the HIV/AIDS surveillance system that needs to be developed in order to monitor the trends of the epidemic. The other guideline deals with the provision of HIV testing service by health institutions including the private sector. It determines the level of health institutions and minimum requirements to be fulfilled to provide the service. The other aspect of policy implementation is the formulation of a five-year (2000 - 2004) multi-sectoral HIV/AIDS Federal and Regional plans which have been endorsed by the Office of the Prime Minister.

Regarding coordination, an HIV/AIDS coordinating body, known as HIV/AIDS Prevention and Control Council, will be established soon. The Council will be under the Office of the President of the country and its members will consist of government agencies, NGOs and religious organizations.

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In connection with problems encountered in policy implementation, inadequate policy dissemination and involvement of inadequate number of agencies, lack of laws and regulations were mentioned as the most significant.

Discussion

It was noted that since a policy is in place now, everybody should act in union to curb the AIDS epidemic, which is reported to be spreading at an alarming rate. In implementing the policy, attempts are being made to use the experience of other countries, including that of Uganda. Providing access to information on the disease is considered to be one of the most important means of fighting the spread of HIV/AIDS, since a vast majority of the people know little about the epidemic.

On the question of why only a few agencies are involved in the fight against HIV/AIDS so far, it was stated that this was because the disease was considered primarily a health issue. But, it is now recognized that it is a development issue. For this reason, the approach adopted is multi-sectoral. In this approach, every stakeholder is expected to be actively involved; while the Ministry of Health should play a coordinating role.

In the discussion, it was emphasized to take into account the complexity of the HIV/AIDS problem. The problem involves not only dissemination but also poverty, stigma, change of attitude and behaviour.

2. HIV/AIDS Situational Analysis

2.1 Special Needs of Women of Special Risk Groups
Wz. Almaz Haile Selassie

Wz. Almaz said that although HIV/AIDS is a global helath concern, the region most affected is sub- Saharan Africa, where the prevalence of HIV infection has reached as high as 30% in urban areas of East Africa.

In Ethiopia, according to 1997 figures, it was estimated that there were 2.5 million people infected with HIV and about 400,000 AIDS cases. The prevalence rate of HIV was estimated to be 15-19% in urban centers and 3-7% in rural areas.

Major risk factors for HIV transmission include sex with multiple partners, commercial sex, extra marital sex, infected blood and blood products, mother to child infection during gestation, sexual violence like rape and abduction and harmful traditional practices like blood letting (female genital mutilataion).

There are a number of factors that put women more at risk. Biological factors such as pregnancy and childbirth make women susceptible to HIV infection. Since women are economically dependent on their husbands or partners, they cannot challenge unsafe sex practices. Women are also usually poorer due to inaccessibility to resources and opportunities as a result of gender imbalance.

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Thus, women become more vulnerable mainly because of poverty. Lack of information and services to family planning as well as rape and abduction are additional factors that increase the risk for women to be infected with HIV.

The paper identified the following as women of risk groups:

- Commercial sex workers and street girls
- Female adolescents out of school
- Female adolescents of high school and universities
- Pregnant women and women with children
- Women living in rural and disadvantaged urban areas

Regarding the socio - economic impact of AIDS, loss of the productive labour force, a huge burden on the health service and family breakdown are given as the most significant.

To remedy the situation, change of attitude, particularly with respect to commercial sex workers, introduction of peer-group education to create awareness, provision of skill training for gainful employment and sensitizing HIV positive women regarding the implications of pregnancy and child rearing are, among others, the recommendations proposed.

2.2 Child Prostitution and HIV/AIDS
Sr. Dehne Mengiste

The paper states that rapid urbanization and extreme poverty have led to child prostitution in Ethiopia. It notes that Ethiopia is reported to have the second highest number of AIDS orphans in Africa. Since most of these orphans are poor, they become prostitutes to satisfy their basic needs. Wrongly convinced that sex with children, particularly virgin girls, is safe, clients take greater risk and do not wear condoms thus, subjecting the children to the hazardous consequences.

A number of other factors also contribute to child prostitution. One of these factors is the family environment in underprivileged social groups. The parent-child relationship in a poverty-stricken family usually results in aggressiveness and violence. Under this condition, children tend to leave the home and end up in prostitution.

Another contributing factor to child prostitution is migration. Due to man-made and natural calamities, families migrate from their homes to far away places. In such places, the children can turn to undesirable activities such as prostitution, because they have no marketable skills to earn their living.

Other reasons include family breakdowns due to death or divorce of parents, harmful traditional practices such as early marriage, sexual abuse at home and sex tourism.

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The immediate consequences of child prostitution are health hazards, including infection with STDs and HIV/AIDS. This leads to the destruction of a productive labour force with grave impacts on the development of the country.

To curb child prostitution and its damaging consequences, it is recommended to create access to employment, expand civic education at schools, undertake general awareness creation campaigns to change the attitude of the public, take legal action against middlemen in child prostitution and undertake more research in the area of child prostitution.

2.3 The Prevention of Mother-to-Child Transmission of HIV/AIDS in Ethiopia

Dr. Abonesh Haile Mariam

Dr. Abonesh said that there are 150,000 children in Ethiopia who are currently HIV positive and the risk of mother to child transmission of the virus is 25-35 percent. Prenatal or mother-to-child transmission accounts for 90 percent of HIV positive cases in childhood. This accounts for 25 percent of all new HIV cases.

In general, it is said that women often become infected more than men with HIV because of biological and socio - cultural factors. For biological reasons, it is said that male to female transmission of HIV is two to three times higher than female to male transmission. Moreover, the HIV virus is known to have more affinity for some cells in the female reproductive system. Gender inequality also deprives women of their human rights, including control over their own bodies. Since women have little access to education and employment, many use their sex as a means of survival. Harmful traditional practices are additional risk factors for women.

There are three modes for the transmission of HIV/AIDS from mother to child. The highest transmission takes place at the time of labour and delivery, which is about 65 percent. Transmission in the uterus is about 23 percent; while breast-feeding takes 12 percent. The risk of transmitting the disease is not the same in every woman. It depends on her general health, nutritional status and whether she practices safe sex during her pregnancy.

There are two basic strategies to prevent the transmission of HIV/AIDS from mother to child. The primary prevention strategy, which applies to all individuals, has the following components:

- Abstinence from sex before marriage and faithfulness to one partner
- Using condoms, including female condoms
- Controlling STDs
- Blood screening

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The second strategy is for pregnant women who are HIV positive. This strategy has the following elements.

- Termination of pregnancy, where it is permitted, and family planning services
- Behavioral intervention (practicing safe sex)
- Therapeutic intervention
  - Anti-retroviral
  - Vitamin A and nutritional supplements
  - Treatment of STDs
- Obstetrical intervention
  - Avoidance of invasive procedures
  - Birth canal cleaning
  - Elective cesarean section
- Modification of infant feeding
  - Replacement feedings
  - Avoidance of breast-feeding
  - Early cessation of breast-feeding
- Counseling and family planning services to avoid future pregnancy.

To implement intervention strategies, there are opportunities such as positive government policies on health and women, and increased awareness creation and advocacy. At the same time, there are challenges such as poverty and ignorance, the low status of women and competing priorities to HIV/AIDS such as the higher prevalence of communicable diseases, including malaria, tuberculosis, and other common maternal child problems.

It is recommended, among others, to strengthen the existing programmes and services for prevention and care of affected individuals, improve the information system, strengthen the health system, undertake resource mobilization and promote operational research.

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Discussion

Commenting on child prostitution, it was noted that other countries have mobilized commercial sex workers and educated them to fight for their rights. In this connection, the experience of Society for Women in AIDS (SWIA) was mentioned. SWIA organized commercial sex workers and trained them to fight against AIDS. This includes training to use condoms and counsel AIDS patients.

On the question of rich tourists promoting child prostitution, it was disclosed that some tourists pay large amounts of money in dollars for virgin girls in Addis Ababa.

With respect to compulsory sex and family life education, it was noted that it should be given right from lower grades upto universities. This is necessary since girls failing in elementary schools resort to child prostitution. It was also argued

that the society should be made more aware and prepared to fight malpractices, such as rape and abduction, to prevent the spread of HIV/AIDS.

On the issue of why the HIV/AIDS Policy does not mention providing anti-retroviral, it was stated that there are other numerous diseases that should be cured and prevented. For this reason, the Government is unable to import this expensive drug.

Regarding the termination of pregnancy in HIV positive women, it was argued that cultural factors will inhibit women, particularly rural women, from implementing their decision even if they are given the chance to choose.

3. The Role of Voluntary Testing and Counseling in HIV/AIDS Prevention Among Women

Dr. Tekeste Kebede

Dr. Tekeste said that HIV tests may be performed for the following purposes:

- Diagnose HIV infection in people who have certain opportunistic infection or people without symptoms of AIDS;
- Ensure that blood supplies, organs or tissues for transplant are not infected;
- Carryout research; and
- Comply with certain regulations (e.g. immigration control).

Counseling and voluntary HIV testing for single women ensure freedom from fears of having HIV or help make choices about preventing future HIV infection. Potential mothers and fathers can make use of it to weigh up the risks and advantages of pregnancy, make choices about contraception and about preventing future HIV infections.

Counseling a pregnant woman following a negative test can help her understand and maintain safe behavior to avoid future infection and breast-feed her infant for better health. Counseling a pregnant woman following a positive test can help her decide whether to:

- Choose to terminate her pregnancy if safe, legal and resources are available;
- Understand infant feeding options; and
- Make choices about sexual behavior and future fertility.

The following four key elements should be part of any HIV testing and counseling programme:

1. The testing must be part of a comprehensive counseling programme which should include information about HIV/AIDS as well as pre and post-test counseling.

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2. The decision to take the test must be entirely the choice of the individual.
3. The test results must be confidential.
4. Testing facilities and procedures must be technically sound.

Widespread availability and use of counseling and voluntary testing in a community can:

- Reduce fear, ignorance and stigma surrounding HIV; and
- Stimulate response of the community in support of safer sexual behavior.

Factors that influence the development of counseling and testing include:

- The social awareness and tolerance of HIV infection and disease;
- Political awareness and tolerance of HIV infection and disease (political commitment); and
- The availability of staff trained in and motivated to learn about counseling.

Discussion

On availability of centralized information on HIV/AIDS, it was stated that no organization has complete information. However, bits and pieces can be gathered from a number of organizations. The Ministry of Health provides some information and CRDA has a database on HIV/AIDS.

Most of the discussion centered on testing and its facilities. Mandatory testing is not encouraged, because people refuse to undertake it. At the same time, compelling people to undertake mandatory testing is violating their human rights. However, some embassies require it for granting visas. Regarding testing without one's knowledge, it was noted that parents have the right to know about the health status of their child.

For better utilization of voluntary testing and counseling, creating widespread awareness and expanding facilities were suggested. At present, testing is provided free of charge by public hospitals. However, the service is available only to the sick. Although there is reported to be a lot of demand for voluntary testing, it is not provided due to limited resources. It was noted that the private sector and NGOs might alleviate some of the pressure in this respect.

4. Implication of Socio - Cultural, Psychological, Economic and Geographical Factors on HIV Prevention and Care in the Ethiopian Context

Dr. Roman Hein

Dr. Hein uses the laws of Ethiopia, including the 1995 constitution and the Civil Code, the economic structure, social and cultural practices to examine issues related to women empowerment.

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According to the Constitution of the Federal Democratic Republic of Ethiopia, the equality of women with men is guaranteed. The 1994 Census in the country puts the women population at 49.68 percent and that of men at 50.32. Hence, by the Constitution and numbers, women are empowered.

However, women have no secure occupation for income and are less educated than men. What is more, the Ethiopian society is highly traditional. Tradition dictates inequality, which is characterized in most cases by male dominance. Hence, the social status of women is lower than that of men. Dr. Hein also quotes articles from the Civil Code, which favour male dominance. Hence, she concludes, "Ethiopia is a predominantly patriarchal society". She said, "This is a key to all other factors that interplay in the causation and consequences of HIV transmission and the need for women empowerment as a strategy in its prevention and care."

Customary laws and practices also work against women. According to some customs, a widow is inherited by her brother-in-law. Polygamy is also the accepted practice in some areas.

Generally, women are subordinate socially and economically. Although the Constitution guarantees equal rights, it is not yet translated into laws. Hence, women should be empowered economically, socially and legally to be able to protect themselves from HIV/AIDS.

5. The Dynamic Interaction of Economics, Gender Inequality and Power Relationship, and Their Impact on HIV Prevention in Ethiopia

Wz. Almaz Eshete

Sexual behavior is said to be the biggest risk factor for HIV/AIDS transmission in Ethiopia. Female HIV/AIDS infection rates are now equal to or higher than those of men in many regions, despite much lower rates for women than men at the beginning of the epidemic.

Experts on HIV/AIDS say that the best protection against AIDS is mutual faithful sexual relationship. But, this becomes a reality only when individuals involved in the relationship are on equal footing. Since women, in many cases, do not have this equality due to their subordinate social and economic position, they become victimized.

According to the United Nations, globally, women perform 67 percent of the world's working hours, but, earn only 10 percent of the world's income. They also own less than one percent of the world's property and constitute two-thirds of the world's illiterate.

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In Ethiopia, women perform 30 to 40 percent of the agricultural labour. But, they have limited access to productive resources. It is said that female-headed households account for 50 percent of the landless population. Women also make 53 percent of the rural-urban migrants thus, exposing themselves to various types of vulnerability. Their political participation is also very low.

These data indicate the subordinate economic and low-status positions of women. This could force them in times of difficulties to sell sex thus risking infection with HIV/AIDS.

Wz. Almaz said, in general, women in all societies have played a supportive and subservient role in enhancing men's progress and achievements. Thus, their role has been more relational than promotional. She said that women's empowerment can be achieved when this role is reversed and women start to develop self-esteem.

When women become empowered economically, socially and legally, they protect themselves from HIV/AIDS and stop being transmitters of the disease. To empower women, NGOs and other concerned organizations should lobby for the implementation of the National Policy on HIV/AIDS, especially the points that make reference to women, undertake poverty alleviation and gender equality activities as long-term solutions in the prevention and care of HIV/AIDS, and explore the role of commercial sex in HIV epidemic and identify the best options for preventing such exploitation of women and children.

Discussion

During the discussion, it was emphasized to design and provide appropriate self-assertive training for women in order to help them realize their potentials to empower themselves. Another point that was stressed concerned reaching rural women at grassroots level. Participants suggested the designing and implementation of strategies to raise the awareness of the target group on the dangers and spread of HIV/AIDS and the need to empower women to contain this epidemic. It was generally stressed that awareness creation at all levels should be an important task to curb the spread of HIV/AIDS along with the implementation of the National Policy, with particular reference to the sections that specifically deal with women concerns.

With respect to harmful traditional practices, it was noted that constant efforts should be made to get rid of them. Particular reference was made to make intervention in the practice of inheritance of a widow by her brother-in-law, as it has a direct relation with the transmission of HIV/AIDS.

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6. HIV Prevention Projects and Their Impacts on Women

6.1 Government Projects on HIV/AIDS Prevention

Dr. Hailu Negassa

Dr. Hailu said that the AIDS Control Programme in Ethiopia started in 1987 with the establishment of a task force to assess the situation. Based on the findings of the task force, the AIDS Control Department was established under the Ministry of Health and short and mid-term plans were prepared. The short-term plan which started in 1987 lasted only for a few months. This was followed by two mid-term plans, the first from 1988 - 1989 and the second from 1992 - 1996. During the two mid-term plans, the following achievements were made:

- Establishment and expansion of HIV screening laboratory facilities;
- Initiation and expansion of HIV/AIDS surveillance system. Several surveillance studies were undertaken to monitor the trend of the epidemic.
- Establishment of HIV/AIDS counseling service as a result of which several professionals were trained;
- Strengthening of the prevention and control of sexually transmitted diseases; and
- Awareness creation was undertaken using IEC materials such as leaflets, posters, etc.

The mid-term plans had some limitations. The first limitation was that HIV/AIDS was considered only a health issue and control strategies and activities were all health-oriented. Socio - economic impacts were not seriously anticipated. It was also only the Ministry of Health that was responsible for the prevention and control activities, although the Ministry of Education and a few NGOs participated. Most of the activities were centralized and the programme was donor-dependent financially.

Around 1992 - 93, the AIDS Control Department in the Ministry of Health was downsized and more responsibilities were given to regional health bureaux. This was followed by the establishment of UNAIDS around 1995 as a joint venture of UN agencies against HIV/AIDS. UNAIDS advocates for an expanded response to the epidemic, which calls for a multi-sectoral approach.

By June 1998, all the regions formulated their five-year (2000 -2004) multi-sectoral plans with the help of UNAIDS. This was followed by a similar exercise at the federal level. The federal plan has two parts. One of them aims at facilitating the implementation of regional plans; while the other deals with organizations that have plans of national scope but not represented at the regional level.

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One anticipated problem of this expanded response is coordination. To cope with this problem, a "National HIV/AIDS Prevention and Control Council" is being established. Another problem is scarcity of funds, which is being tackled by a donor-mapping exercise to identify potential sources for funding.

6.2 NGOs' Projects on HIV/AIDS Prevention

Sr. Fikirte Belete

Sr. Fikirte said that the strategy to target women alone in the fight against HIV/AIDS has not been successful. To be successful, men have also to be equally sensitized. For this reason, the Integrated Service for AIDS Prevention and Social Support Organization (ISAPSO) is implementing a programme in Wereda 6, Zone 1, Addis Ababa, that involves family members, including men.

The programme has a target population of 3,600 wives and single women or household heads and 30,000 community members.

The major objectives of the programme are to:

- Bring attitude and behavior change of the target group for safer sex practice,
- Encourage discussion about HIV/AIDS/STDs and healthy life development among housewives, single women and their family members/friends, and
- Create clubs among peer educators to discuss HIV/AIDS prevention strategies and healthy life development with the target population.

The strategies used include:

- Forming AIDS/STDs prevention and intervention teams consisting of relevant people from Wereda and Kebele Administration and Woreda and Zonal Health Departments,
- Identifying and orienting activity coordinators from the project Kebeles,
- Selecting and training peer group educators from the target group,
- Developing/adopting appropriate educational materials on HIV/AIDS/STDs,
- Strengthening anti-AIDS clubs at schools, and
- Coordinating availability and accessibility of condoms.

Achievements made so far include:

- Training of 34 peer group educators from the target group,
- Forming of an association by the peer group educators to support chronically sick people,
- Sensitizing about 5000 people out of which nearly 4000 are female, and
- Distribution of about 1,500 leaflets on STDs prevention.

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It was noted that community members have started discussing HIV/AIDS with their family members, particularly with children, husbands and sexual partners. This is believed to contribute a great deal towards the prevention of the spread of the epidemic.

Discussion

On the involvement of NGOs in the designing of the five - year strategic plan to fight HIV/AIDS, it was reported that only a few participated. However, they can be involved in the implementation of the plan and are encouraged to do so. There are regions under-served by NGOs such as the Amhara Region, where only two NGOs work on HIV/AIDS; while there are a lot in Addis Ababa. It was suggested that NGOs can play a useful role in the promotion of the female condom and in the area of preventing prenatal transmission of HIV/AIDS.

Regarding the motivation of women, who are usually busy, to be involved in peer group education, it was stated that the kebeles selected those who are less busy. HIV victims have also been involved in sensitizing the community about the epidemic. The programme is also said to be cost-effective, because it addresses all family members.

With respect to health education at schools, it was stated that the Ministry of Health cannot handle this responsibility all by itself. The new approach in this regard is to involve the Ministry of Education and to work through the anti - AIDS clubs established in schools.

8. Possible Strategies for HIV/AIDS Prevention among Women

8.1 Empowering Women in the Fight against HIV/AIDS
Wz. Elizabeth Mekonnen

Wz. Elizabeth said that women's vulnerability to HIV/AIDS can be broadly divided into three categories, namely, biological, socio - cultural and economic.

It is well recognized that physiologically, women are more susceptible to HIV infection during heterosexual intercourse than men. It is also said that the risk of being infected with HIV during unprotected sex is as much as two to four times higher for women than men. Cultural expectations of sexual orientations are closely related to norms of appropriate male and female behavior. Girls are socialized to leave the initiative and decision making in sex to males. For this reason, women are not in a position to force their male partners to wear condoms during intercourse. Rape and abduction further increase chances for women to be infected with HIV/AIDS. What is more, poverty is another factor that increases the vulnerability of women. Women's access to and control over resources are generally more limited than men. As a result, exchanging sexual favors for material support to meet basic needs for themselves and their children has become a survival strategy for women, thus, risking their lives with HIV/AIDS.

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In order to reverse this vulnerability of women, the approach that might be adopted should involve socio - cultural, economic and political measures. Policies at all levels should be re-shaped to focus on gender and power relations. In this relationship, the gender perspectives need to include men and masculinity. Since men possess a lot of power in all spheres of life, their positive participation in empowering women will contribute a great deal to the wellbeing of both men and women. Since women's rights are also human rights, the question of gender equality should be promoted from this perspective.

To improve women's subordinate position in the family and public life, systematic efforts should be made to provide them with access to basic social services, including education and health. Systematic and constant efforts should also be exerted to discard harmful traditional practices such as rape, abduction, genital mutilation and early marriage. To empower women economically, access to and control over productive resources must be guaranteed. Women need also be trained to acquire vocational skills and should be supported to be involved in income-generating activities in order to guarantee their economic independence. In order to attain political empowerment, women must have access to position of influence and decision making. In this connection, women should be organized and establish advocacy groups to fight for their rights.

8.2 Female Controlled Barriers and Chemical Methods

Dr. Lukman Yusuf

Dr. Lukman said that several methods reduce the risk of HIV and other sexually transmitted infections (STIs). For best results, condoms should be used in combination with spermicides.

Vaginal barrier methods include:

- Diaphragm,
- Cervical cap,
- Contraceptive sponge and
- Female condom;

while chemical methods consist of:

- Foams,
- Gels,
- Films,
- Cream,
- Jelly and
- Suppositories.

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Barriers block entrance of sperm into the urine cavity. They are easily available and well suited to community-based distribution. They are also safe and have low local side - effects.

Chemical methods inactivate and kill sperms. They form a barrier over the cervix, are irritant and damage mucous. They are lethal to a number of STIs and HIV.

Dr. Lukman said that clients have the right to choose whether to use contraception or not. They are also entitled among others, to information, choice of methods, safety, privacy and confidentiality.

The disadvantages of contraception include skin irritation, bladder and rectal pain and abnormal vaginal discharge. The devices have also to be cleaned and sterilized. In the case of diaphragm, it requires trained personnel to refit it.

While these are some of the disadvantages, contraception, in addition to reducing the risk of HIV and other sexually transmitted infections, contributes towards maintaining the health of women. It prevents unplanned/unwanted pregnancies ectopic pregnancy, tubal infertility and genital cancer, among others.

Discussion

On the use of contraception, it was noted that so far, only the male condoms have been promoted. Now, it is time to promote the female condom, despite some difficulties in using it such as the fact that it is expensive and has allergic reactions. Cleaning and re-using it is also another problem. What is more, it has to be culturally acceptable. For these reasons, it was pointed out that an acceptability study should be undertaken before putting the female condom in use.

With respect to empowering rural women, it was stated that most women have land, but they do not have the control over the produce. To alleviate this problem, it was suggested to employ all means to make rural women assertive so that they will be able to fight for their rights.

Regarding income-generating activities as a means to bring about economic empowerment, it was pointed that such activities did not really empower women in many African countries. To really empower women, the activities should be a little bit more capital intensive, such as food processing.

Noting that empowerment is a process having different levels and indicators, it was stressed to empower women with life skills, confidence and self-respect. Participants underlined that women turn out to be good managers, as they gain experience in this area since early childhood in managing the home.

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9. Group Work Presentation/Recommendations

After papers were presented and discussed, participants divided themselves into four groups and examined major issues raised at the workshop. At the end of their discussion, the groups presented the following reports/recommendations, which were adopted by the plenary.

9.1 Report of Group I

Primary Prevention Measures of HIV/AIDS for all People

The Group recommended a combination of:

- Abstinence from sex before marriage,
- One-to-one sexual relationship,
- Condom use, including female condoms,
- Control of STDs and
- Blood screening.

Prevention Measures of HIV/AIDS for Pregnant Women

With respect to this, the following were recommended:

- Voluntary counseling and testing,
- Strengthening health services for regular antenatal care, provision of treatment for opportunistic disease and STD control and
- Coordination of NGO activities to develop pilot programmes on voluntary counseling and testing, alternatives for feeding enfants and elective cesarean section.

The Group recommended that these suggestions be included for prevention of prenatal transmission in the guideline to be issued by the Ministry of Health for implementing the National Policy on HIV/AIDS.

9.2 Report of Group II

The Role of NGOs in General

- Creating awareness to empower women,
- Undertaking advocacy activities to promote the rights of women,
- Undertaking need assessment survey to have an appreciation of the problem of women empowerment and HIV/AIDS on the bases of which information, education and communication (IEC) activities should be carried out and

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- Networking with government and private organizations as well as with other NGOs to empower women to fight AIDS. CRDA was recommended to play a coordinating role in this activity.

The Role of NGOs in Addressing Grassroots Problems

- Bring attitude change in Socio-cultural practices to fight against harmful traditional practices such as abduction and female genital mutilation;
- Empower women economically through income-generating activities by establishing credit associations and revolving funds;
- Promote women involvement in leadership positions by providing them with training in management and other basic skills;
- Raise the knowledge of women by providing family education and adult literacy programmes; and
- Provide care, love and support to those sick with HIV/AIDS. This will also prevent the affected people from recklessly transmitting the disease out of frustration.

The Role of the Private Sector

- Provide education, counseling and STDs treatment in private clinics;
- Disseminate information on HIV/AIDS in private newspapers;
- Provide employment opportunities to high school dropouts;
- Provide updated information on HIV/AIDS and professional ethics to medical professionals; and
- Provide medical equipment to be used in the diagnosis and treatment of HIV/AIDS and STDs, respectively.

9.3 Report of Group III

In recommending the need for research and a central information system on HIV/AIDS, the Group said that the concerns of research should be:

- Mother-to-child transmission of HIV/AIDS ,
- Child birth
- Breast-feeding,
- Violence against women,
- Socio-demographic characteristics and
- Cultural traits in undertaking promotional activities (e.g. female condom).

In implementing the formation of a central information system, the Group recommended the focal point to be a strong NGO. It noted that the establishment of such a system requires good leadership and political commitment. The role NGOs could play for the realization of this system include,

- availing resources
- providing training, and
- conducting research to make more data available.

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9.4 Report of Group IV

With respect to legal and policy issues, the Group recommended:

- Compulsory elementary education for all;
- Family life education, so that women will be equipped to understand the laws and health issues that affect lives;
- The translation of the constitution and policies into laws. Among these are included laws allowing women equal access to property as men and legalization of abortion for HIV positive pregnant women. The last point was said to be a controversial issue. Since AIDS is considered to be like any other disease, it was argued that a special treatment should not be given to it. It was noted that abortion is only allowed for medical reasons;
- The revision of customary laws which are contrary to the constitution of Ethiopia. This measure will make illegal harmful traditional practices such as genital mutilation and wife inheritance;
- the raising of the marriage age for women from 15 to 18; and
- the representation of women in family arbitration tribunals.

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Concluding Remarks
Ato Fekade Tsegaye,
Director, Capacity Building Division, CRDA

In his concluding remarks, Ato Fekade said that the workshop has succeeded in having its target participants since all primary stakeholders, including WHO, UNFPA and NGOs were involved in the deliberations. He urged participants to follow implementation of the recommendations of the workshop in their respective organizations.

With respect to CRDA, he said that the HIV/AIDS Working Group and the Secretariat itself would seriously follow-up implementation of the recommendations.

He expressed his gratitude to the resource persons for sharing their knowledge and experience, the participants for their active role and the CRDA Training Department for organizing the workshop.

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Annex I

AAU-CRDA, Dr. Lukman Yusuf
Agency for Co-operation and Research in Development, Wz. Hiwot Belay
Action Aid Ethiopia Dr. Eyerusalem Kebede
Action Aid Ethiopia, Wz. Helen Amde Michael
AFCON, Wz. Almaz Haile Sellassie
AMREF, Dr. Roma Hein
Afar Pastorialist Development Association, Ato Ayele Getachew
Baptist Mission Ethiopia, Mr. ED. MASON
Baptist Mission Ethiopia, Mr. John Lawrence
CARE - Ethiopia, Ato Worku Beyecha
CARE-Ethiopia, Ms. Nora Barker
CARE-Ethiopia, Ato Solomon Tesfaye
Christian Children Fund - USA, Dr. Yared Mekonnen
Christian Children Fund Canada, Ato Gebriel Galantis
Christian Children Fund Canada, Ato Belete Shiferaw
Canadian Physicians for Aid and Relief, Wz. Manyahilshal Mekonnen
Dorcas Aid Internationa, Wz. Tsehai Gebre Sellasie
Ethiopian Evangelical Church Mekane Yesus, Wz. Etsegenet Hailu
EOC-DICAC, Wz. Kidist Belete
EOC-DICAC, Wz. Wimensh B. S,
Ethiopian Aid, Ato Birhane Assefa
Ethiopian Youth League, Ato Assegid Moges
Ethiopian Youth League, Wz. Elizabeth Assefa
EWLA, Wz. Hassabkefay Gera
Goh Family Welfare Development Association, Wz. Almaz Mulugeta
IHA-UDP, Wz. Simret Desta
IOM, Wz. Ruth Paulos
Jerusalem Association Children's Home, Ato Yonas Baye
Kalehiwot Church, Ato Shiferaw Legesse
Kale Heywet Church Development Programme, Dr. Alemayehu Haile Gebriel
Kangaroo Child & Youth Development Society, Ato Ayalew Legesse
Medical Missionary of Mary, Ato Abebe Dantamu
Medical Missionary of Mary, Sr. Dehne Mengste
Medical Missionary of Mary, Ato Samuel Lijalem
Medical Missionary of Mary, Wz. Tenagne Alemu
Ministry of Health, Wz. Amsale Yilma
Ministry of Health/ AIDS, Dr. Hailu Negassa
Ministry of Labor and Social Affairs, Wz. Yehewalawork Eshete
Medico Social Development Assistance for Ethiopia, Dr. Iyasu Haileselassie
Norwegian Church Aid, Ato Belete Tefera
Ogaden Welfare Society, Ato Mekonnen Abebe
Organization for African Union, Dr. Grace Kaliningogo
Organization for African Union, Dr. M. Mobarek
Organization for African Union, Ms. Judith Onana
Organization for African Union, Ms. Yetunde Teriba
Organization for Social Services of AIDS in Ethiopia, Ato Ibrahim Yusuf
Organization for Social Services of AIDS in Ethiopia, Ato Teshome Admassu
OXFAM GB, Dr. Yetnayet Asfaw
Plan International, Wz. Genet Abay
Progynist, Wz. Mulumebet Goshu
Radda Barnen, Ato Kassa Rorissa
Redd Barna, Wz. Almaz Worku
SOS Infants Ethiopia, Wz. Senait Mekonnen

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UNDP, Ms. Barbara Torgglor
UNDP, Ms. Emuand Tapid
UNFPA CST, Dr. Deji Popoola
UNFPA, Ms. Nina Strom
UNFPA, Ms. Violet K.
UNFPA/CST, Ato Mulugeta Ersum
World Health Organization, Dr. Abonesh Haile Mariam
World Vision Ethiopia, Ato Solomon Dagnachew
Yehiwot Tesfa, Ato Bilisie Begna
Christian Relief and Development Association, Ato Fekade Tsegaye
Christian Relief and Development Association, Wz. Rahel Bekele
Christian Relief and Development Association, Ato Daniel Desta
Christian Relief and Development Association, Wz. Genet Girma

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Annex II

CHRISTIAN RELIEF AND DEVELOPMENT ASSOCIATION
WORKSHOP ON
"WOMEN EMPOWRMENT: A STRATEGY FOR HIV/AIDS PREVENTION AND ACCESS TO CARE"
NOVEMBER 2 AND 3, 1999 GHION HOTEL

DAY ONE

8:30 - 9:00	Registration	
9:00 - 9:15	Welcoming Address	CRDA
CHAIRPERSON:	**Ato Haile Wibneh**	
9:15 - 10:00	The National HIV/AIDS Policy	Dr. Hailu Negassa
10:00 - 10:30	**COFFEE BREAK**	
THEME:	**HIV/AIDS SITUATIONAL ANALYSIS**	
10:30 - 11:00	Special Needs of Women of Special Risk Groups	Wzo. Almaz H/Selassie
11:00 - 11:30	Child Prostitution and HIV	Sr. Dehne Mengiste
11:30 - 12:00	Pre-natal Transmission of HIV	Dr. Abonesh H/Mariam
12:00 - 12:45	DISCUSSION	
12:45 - 2:00	LUNCH	
CHAIRPERSON:	**Dr. Lukman Yusuf**	
2:00 - 2:30	The Role of Voluntary Testing and Counseling in HIV/AIDS Prevention among Women	Dr. Tekeste Kebede
2:30 - 3:00	DISCUSSIIN	
3:00 - 3:30	COFFEE	
3:30 - 4:30	Implication of Socio- Cultural, Psychological, Economic and Geographical Factors on HIV Prevention and Care from the Ethiopian Context	Dr. Roman Hein
4:00 - 4:30	The Dynamic Interaction of Economics, Gender Inequality, and Power Relationship and their Impact on HIV Prevention in Ethiopia	Wzo. Almaz Eshete
4:30 - 5:00	DISCUSSION	

DAY TWO

	CHAIRPERSON: **Ato Assefa Cherinet**	
THEME:	HIV PREVENTION PROJECTS AND THEIR IMPACT ON WOMEN	
9:00 - 9:30	Government Projects on HIV/AIDS Prevention	Dr. Hailu Negassa

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9:30 - 10:00	NGO's Projects on HIV/AIDS Prevention	Dr. Hailu Negassa
9:30 - 10:00	NGO's Projects on HIV/AIDS Prevention	Sr. Fikirte Belete
10:00 - 10:30	DISCUSSION	
10:30 - 11:00	COFFEE BREAK	

CHAIRPERSON: Dr. Eyerusalem Kebede

THEME: POSSIBLE STRATEGIES FOR HIV PREVENTION AMONG WOMEN

11:00 - 11:30	Empowering Women in the Fight against HIV/AIDS	Wzo. Elizabeth Mekonnen
11:30 - 12:00	Female Controlled Barriers and Chemical Methods	Dr. Lukman Yusuf
12:00 - 12:30	DISCUSSION	
12:30 - 1:30	LUNCH	

CHAIRPERSON: Ato Fekade Tsegaye

1:30 - 3:00	GROUP WORK
3:00 - 3:30	COFFEE
3:30 - 4:15	GROUP PRESENTATION
4:15 - 4:45	DISCUSSION AND RECOMMENDATION
4:45 - 5:00	CLOSING

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