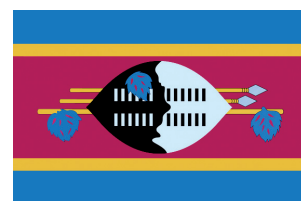


REPORT CARD

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



SWAZILAND



COUNTRY CONTEXT:

Size of population (2004):	1,034,000 ¹
Life expectancy at birth (2000-05):	33 years ²
Percentage of population under 15 years:	41.6% ³
Population living below \$1 a day ⁴ :	69% ⁴
Youth literacy (female rate as % of male rate) ⁵ :	103% ⁵
Median age at first marriage for women (ages 15-49):	Data not available
Median age at first marriage for men (ages 15-49):	Data not available
Median age at first sex among females (ages 15-49) ⁶ :	Data not available
Median age at first sex among males (ages 15-49):	Data not available
Total health expenditure per capita per year:	\$324 ⁶
Contraceptive prevalence rate ^{iv} (2006 - 2007):	50.6% ⁷
Contraceptive prevalence rate (modern methods)	(ages 15-19): 42.8 % ⁸ (ages 20-24): 44.6% ⁹
Total Fertility Rate (2000 - 2005):	4.0 children per woman ¹⁰
Maternal mortality rate per 100,000 live births (2000):	270 ¹¹
Ethnic groups: African 97% European 3% ¹²	
Religions: Zionist 40% Roman Catholic 20% Muslim 10% Anglican Bahai Methodist ¹³	
Languages: English (Official) siSwati ¹⁴	



AIDS CONTEXT:

Adult HIV prevalence (15-49 years):	25.8% ¹⁵
HIV prevalence rate in young females (ages 15-19):	10.2% ¹⁶
(ages 20-24):	38.2% ¹⁷
HIV prevalence rate in young males (ages 15-19):	1.9% ¹⁸
(ages 20-24):	12.3% ¹⁹
HIV prevalence in pregnant women: (Major urban areas)	40.3% ²⁰
HIV prevalence in vulnerable groups: Sex Workers, truckers, MSM, mobile populations: Data not available	
Number of deaths due to AIDS (2005):	16,000 [10,000 - 23,000] ²¹
Estimated number of orphans due to AIDS (0-17 years):	63,000 [45,000 - 77,000] ²²



HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

Swaziland has the highest rate of adult (15-49) HIV infection in the world, with a recent figure at 25.8%.²³ Heterosexual sex is the main transmission route of HIV and the status of women has only recently been amended from that of minors in the national constitution (2006).²⁴ As a result of this, young women and girls are highly vulnerable to HIV infection. The preliminary results of the Swaziland Demographic Health Survey undertaken in 2006/7 show that many more young women than young men are living with HIV. Additional factors which contribute to the challenges facing young women and girls are the legalisation of early marriage²⁵ in the constitution as 'marriage through customary rites', strong traditionalist leadership which maintain that polygamy does not contribute to the transmission of HIV and widespread intergenerational sex.²⁶

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN SWAZILAND.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an advocacy tool. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Swaziland. Its key audiences are national, regional and international policy and decision-makers, and service providers. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Swaziland. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides recommendations for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Swaziland.

The Report Card is the basis of extensive research carried out during 2007 by IPPF, involving both desk research on published data and reports, and in-country research in Swaziland to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Swaziland' (available on request from IPPF).

Provision and access to HIV prevention, treatment, care and support services has, however, increased with the recent adoption of the second National AIDS policy. Women of childbearing age make up the majority of clients at voluntary counselling and testing (VCT) centres.²⁷ Youth centres are now providing young women and girls with information and counselling on HIV, although testing is not yet available. Also, in Swaziland, 93% of pregnant women access antenatal care at some point, which could provide a strong entry point for the prevention of mother to child transmission (PMTCT) services.²⁸ However, these developments are stifled by the need to roll-out access to antiretroviral drugs and the continuing indifferent attitude and non-involvement of men, including young men and boys, in the sexual and reproductive rights and needs of young women.

1

PREVENTION COMPONENT 1 LEGAL PROVISION (NATIONAL LAWS, REGULATIONS, ETC)

KEY POINTS:

- The government of Swaziland recognises two types of marriage rites. **Civil marriages rite**, for which **the legal age is 21** for both men and women (**unless parental consent** is given and approval from the minister of justice is sought, in which case **girls aged 16 and boys aged 18 can marry**). The other type of marriage recognised by the government is a **traditional marriage under Swazi law and custom** in which **girls as young as 13** have been known to be married.²⁹ Child marriage, in this form, is still practiced across the country.³⁰ However, **the proposal of making marriage legal to those above the age of 18** is currently being reviewed within the Marriage Act.³¹
- **Abortion is legal only if there is a risk to the life of the woman and/or the foetus.**³²
- There is **no AIDS law** protecting the rights of people living with HIV (PLHIV) in Swaziland although confidentiality is stated in all government policies. Discrimination and equal rights for all are mentioned in the constitution but there is **no specific legislation concerning vulnerable groups.**³³
- According to sexual and reproductive health (SRH) guidelines, the **minimum age for accessing SRH services without parental consent is 16**. In order to **access voluntary counselling and testing (VCT)**³⁴ and **HIV treatment without parental consent**, one needs to be **18 years.**³⁵
- **HIV testing is mandatory for military recruitment** but not for any other groups.³⁶
- **Sex work is illegal** and this is strictly enforced by the police.³⁷
- In 2006 Swaziland adopted a new constitution which **raised women's position in society from that of minors**. However, in practice women are still denied access to credit, land and employment without permission of a male relative due to a **delay in the approval of the revised marriage act**. In July of 2006 it was reported by an NGO that most of the constitutional benefits granted to women will not be realised until other laws have been harmonised.³⁸
- **Rape within marriage is legally not considered an offence** and non-marital rape, although dealt with in common law is **rarely reported** due to stigma, a high acquittal rate and lenient sentences.³⁹ **Domestic violence** against women **can be reported** in the civil or traditional systems and **protection against sexual harassment** is stipulated although it is **not regularly enforced.**⁴⁰
- **Harm reduction** programmes for injecting drug users are **not legal** in Swaziland. The implications of this could be that there is an increase of HIV transmission through needle-sharing.⁴¹

QUOTES AND ISSUES:

- **"Parental consent** is required at the clinic for those under 15 years. However it is sometimes not easy to detect what a person's age is because **clients are not required to bring identity documents.**" (Interview with nurse counsellor)
- **"For women, remaining single means no access to land and therefore women get married. This can compromise their health because of the likelihood of getting infected with HIV [within marriage]."** (Interview with nurse counsellor)
- "In some cases **parental consent** is required but in other cases it is not. It **depends on which service provider** you go to because some of them don't enforce the need for parental consent [to access HIV and SRH services]." (Focus group discussion with young men, young women, girls and boys aged 14 – 25, rural area)
- **"There has been a lot of debate in the country where HIV positive people are saying, the Law should criminalise rape or sexual violence but not HIV because other people were calling for stiffer sentences against rapists who are HIV positive."** (Interview with Programme Officer, Intergovernmental Organisation)
- **"The minority status of women in the marriage act** perpetuates the problem of female subordination and women find it difficult to negotiate safe sex with partners." (Interview with Management, Family Planning Association)
- **"There should be stiffer penalties for sexual offences and other abuse against girls and young women."** (Interview with peer educator)
- "In order to address the situation of HIV prevention for girls and young women the government needs to **abolish polygamy** and make it mandatory that each man has one wife." (Interview with counsellor, AIDS support centre)
- **"The process of reviewing different laws to address different aspects of women's lives has been started and once enacted into law, these will to a large extent address issue around strengthening women's positions in HIV prevention."** (Interview with Programme Officer, Intergovernmental Organisation)
- **"A review of the age of consent for HIV treatment** (which is 18) is needed, because some girls need this service before they reach 18 years if they know that they have been exposed. This age of consent discourages girls from taking an HIV test and the necessary precautions." (Interview with Programme Officer in SRH and HIV, Intergovernmental Organisation)

2

PREVENTION COMPONENT 2 POLICY PROVISION (NATIONAL POLICIES, PROTOCOLS, GUIDELINES, ETC)

KEY POINTS:

- The Second National Multisectoral HIV and AIDS Strategic Plan 2006 – 2008 covers the continuum of **prevention, treatment, care and support** and also deals with mitigating the impact of HIV/AIDS and management of the national response.⁴²
- Although the National Strategic Plan on HIV and AIDS does not reference girls and young women specifically, it does state that all **planning and activities are sensitive to gender, age and disability.**⁴³ In addition to this, the **Swaziland National Emergency Response Council on HIV/AIDS** (NERCHA) states that the national priority has been to **focus on youth.**⁴⁴
- **Confidentiality** is listed as a **strategic issue** under prevention in the National Strategic Plan on HIV and AIDS. It is to be enforced in voluntary counselling and testing (VCT) services and to help strengthen the **reduction of stigma and discrimination** in both health facilities and communities.⁴⁵
- There is currently **no policy on prevention of mother to child transmission (PMTCT)** although national guidelines for undertaking PMTCT are available.⁴⁶
- **Limited HIV/AIDS based life skills education** at both the primary and secondary level is available through the national curriculum. Many teachers and schools do not receive training nor administration support for HIV activities. The process of integrating issues at pre-school and at tertiary levels is on-going.⁴⁷
- The National Strategic plan on HIV and AIDS includes the strengthening of national capacity to provide country wide and community based **quality and confidential HIV testing and counselling services.**⁴⁸
- The current and ongoing **Demographic and Health Survey of Swaziland**⁴⁹ is **disaggregating key data for Swaziland by age and sex**, whereas previously only the sentinel surveillance report disaggregated data by age and as the sample focused on only women, did not give much detail about the epidemic.⁵⁰
- The **National Health Policy** has been revised to **include HIV and AIDS, antiretroviral (ARV) drugs remain free** in public health facilities.⁵¹

QUOTES AND ISSUES:

- "There is an overarching HIV/AIDS policy which stipulates that **services for HIV prevention** have to be **accessible to young people**. As such antenatal care for those who are pregnant as well as condoms and [voluntary counselling and testing] VCT services are available to all girls and young women who come to visit the clinic." (Interview with nurse counsellor)
- **"AIDS education clubs in most schools in the community have died a natural death, even though they used to exist in the past. Teachers do not seem to be motivated to assist pupils to form and sustain these activities."** (Focus group discussion with young men, young women, girls and boys aged 14 – 25, rural area)
- "Apart from the youth policy, neither the HIV, gender, nor sexual and reproductive health policy disaggregate groups by age and therefore **do not target young women and girls**. On top of this, most of these policy documents are weak and the challenge is maybe the issue of capacity to strengthen these documents and to make them applicable." (Interview with Programme Officer, Intergovernmental Organisation)
- **"A number of policies are under review, such as the youth policy and the reproductive health strategy and they are trying to integrate HIV prevention with issues such as job creation by looking at vulnerability and how it is increased by poverty."** (Interview with Management, Family Planning Association)
- "It is government policy to **make available and accessible, both male and female condoms** as well as information on their proper use. However, increases in HIV infection does not seem to tally with availability as people continue to be infected." (Interview with counsellor, AIDS support centre)
- **"Sex education for young people in Swaziland is very shallow. Young people have never been exposed to sex education resulting in young people having problems when they have to take decisions pertaining to sex."** (Interview with peer educator)
- **"More HIV education** is needed in all communities to address the issue of fear. There is fear of testing as people believe HIV/AIDS is linked to promiscuity and don't understand that you can get infected through other ways." (Focus group discussion with girls and young women aged 16 – 24, rural area)
- **"The Government should make policies that will empower girls and young women not to depend on men and instead be independent. There should be equal opportunities in the workplace."** (Interview with nurse counsellor)

KEY POINTS:

- There are currently **38 voluntary counselling and testing (VCT) sites in Swaziland**.⁵² By September 2005, 95,000 people had accessed VCT services that year.⁵³
- **154 health facilities** (both clinics and hospitals) provide **sexual and reproductive health (SRH) services**.⁵⁴
- **5,100,000 condoms** were available in the country in 2003. Divided by the number of people aged 15-49 at that time, this is **11.9 per person per year** highlighting the need for increased availability.⁵⁵
- There is a **national database of sexual and reproductive health (SRH) and HIV services**. Although information is not specifically for young people, it does contain information about services for young people.⁵⁶
- There are about **34 facilities** which offer **prevention of mother to child transmission (PMTCT)** services in the country. These are general health facilities which have integrated PMTCT as part of their maternal child health (MCH) services. PMTCT only comes as part of regular MCH services in Swaziland.⁵⁷
- There is only one youth **non governmental organisation (NGO)** called SADAT implement a programme on Habit forming drugs including **injecting drug users (IDUs)**.⁵⁸
- In 2005 there were **17 points** (mainly private health facilities) where **antiretroviral (ARV) drugs** could be accessed.⁵⁹ An increase from 1 public health facility offering ARVs in 2005, to 12 sites in 2007 with 4 in rural areas.⁶⁰
- In 2004 **only 13%** of mothers who underwent a **survey about prevention of mother to child transmission (PMTCT)** received health talks about PMTCT.⁶¹
- **93% of women in Swaziland access antenatal** care at least one time.⁶²
- In 2004, with support from the Global Fund through the National Emergency Response Council on HIV/AIDS (NERCHA), the **Swaziland National Youth Council established 16 youth centres in rural sites to provide life skills (including HIV prevention education)**.⁶³ The Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (AMICAALL) has also established 4 youth centres in urban areas mainly for out of school youth.⁶⁴
- There are a number of other organisations that provide HIV prevention and treatment services for youth. **The Ministry of Health and Social Welfare** incorporated youth-friendly services in addressing reproductive health issues.⁶⁵
- **12,345 people accessed antiretroviral drugs (ARVs)** in the first quarter of 2007, this was raised to **12,501** in the second quarter.⁶⁶
- There is a **coordinating body for people living with HIV (PLHIV)** named Swaziland Network of people living with HIV and AIDS (SWANNEPHA). A number of organisations are affiliated to this body but **coordination between** these organisations, community based organisations, faith-based **organisations** and the government **is weak in home-based care and other services**.⁶⁷
- The Swaziland National Youth Council is currently implementing a **behaviour change and communication (BCC) programme for young people through drama**. This is a national project funded by a number of partners.⁶⁸
- There is a **strong rural/urban divide** in availability of services, with hospital facilities being mostly urban-based.⁶⁹

QUOTES AND ISSUES:

- "If [voluntary counselling and testing] VCT was nearer, boys would also see the need to undergo a test. At the moment the local clinic has information on HIV prevention, condoms, treatment for sexually transmitted infections [STIs] but you have to **travel** to a mission clinic 15km away for VCT or the hospital, which is 35km away." (Focus group discussion with girls and young women aged 16 – 24, rural area)
- "**Condoms are now widely available in a number of outlets in the country. These include clinics, hospitals, shops, pharmacies, drinking places (pubs/bars), youth centres, public toilets and from designated people within communities e.g. rural health motivators and peer educators. Although there has been a rise in the number of female condoms recently, these still fall far too short of male condoms.**" (Interview with Programme Officer, Intergovernmental Organisation)
- "**Prevention of mother to child transmission (PMTCT)** is lagging behind. Although this service is available in hospitals, clinics are not designated PMTCT centres and have to refer patients. **Follow ups are also limited and the referral system is very weak.**" (Interview with Management, Family Planning Association)
- "**Condoms are available to youth in urban areas. Youth in rural areas do not have easy access because there are no restaurants, bars, public toilets where condoms are placed as is the case in towns.**" (Interview with Peer Counsellor)
- "There is enough information for all young people including boys and young men on HIV prevention services. However, **boys are not cooperative when partners discuss HIV/AIDS prevention.**" (Focus group discussion with girls and young women aged 16 – 24, rural area)
- "**There is a serious lack of coordination of services between different organizations providing services. There is a need for a survey to identify gaps and provide the necessary services.**" (Interview with Programme Officer, Intergovernmental Organisation)
- "There is need for the **expansion of services** so that areas without health facilities are provided with HIV prevention outreach services. There is also a need to **integrate all services** e.g. PMTCT, VCT, antiretroviral (ARV) therapy should be available in all the health centres." (Interview with Programme Officer, Intergovernmental Organisation)

KEY POINTS:

- In reality there are multiple **social, logistical and financial barriers** to girls and young women accessing services in Swaziland, including:
 - **Judgemental attitudes** of families, community members and health workers.
 - **Lack of privacy and confidentiality.**
 - **Peer pressure and lack of information** about prevention methods.
 - Traditional norms of **gender inequality.**
 - **Stigma** associated with HIV and AIDS can make people reluctant to visit voluntary counselling and testing (VCT) centres.
 - **Location, inequitable distribution and distance** between services.
 - **Opening hours** of services is not always conducive to young women and girls' timetable.
 - **Client waiting times.**
- Many of these barriers particularly affect girls and young women living in rural areas.⁷⁰
- **Voluntary counselling and testing (VCT) services are free and accessible to women and men**, the majority of clients at these services being **women of childbearing age, including pregnant women**. The men that access these services tend to be those with chronic illness, sexually transmitted infections (STIs) or men in the army.⁷¹
- **All antiretroviral therapy (ART)** has been accessible **free** of charge since 2003.⁷²
- Nurses and other key health workers receive **training** on providing services to different types of clientele, including **youth friendly services, which address stigma and discrimination**.⁷³ However anecdotal evidence shows that this training is **not always effective**.⁷⁴
- The Ministry of Health and Social Welfare has a health education component which provides **television and radio programmes on prevention of HIV/AIDS** on a weekly basis which are **accessible to the general public**, including girls and young women.⁷⁵
- **Youth centres** run by the National HIV and AIDS Response Council have allowed **more young people to access information and communication services**. However, often young people are required to travel long distances in order to access these services, as only four facilities are situated in rural areas, with 16 in urban areas.⁷⁶ Unfortunately only information and condoms are available.
- **Sexually transmitted infection (STI) treatment and counselling and condoms** are all **free** in public health facilities.⁷⁸

QUOTES AND ISSUES:

- "My boyfriend and father of my child left me when I disclosed my HIV positive status. He was **not interested in knowing his own status** even though it was possible that he was also HIV positive. He just refused to go for an HIV test. Others (like my current boyfriend) however understand and accept your status and agree to use condoms." (Focus group discussion with young women aged 20 – 25 from a 'People Living with HIV and AIDS support network', urban area)
- "**Personnel from some clinics and some non governmental organisations (NGOs) make yearly visits to provide [voluntary counselling and testing] VCT services to school children, however the only return with the results the following year when some of those tested have already left school and therefore, they never know the results.**" (Focus group discussion with young women, young men, boys and girls aged 14 – 25, rural area)
- "**The Youth Centre [National Response Initiative] should facilitate the provision of this service [VCT] even if service providers such as nurses or NGOs come once a month, as this would encourage more young people to know their HIV status and to take the necessary prevention precautions.**" (Focus group discussion with young women, young men, boys and girls aged 14 – 25, rural area)
- "**The role played by young men and boys [in helping girls and young women to access services] is not visible. There is no evidence that they are supporting and ensuring that women are protected from HIV.**" (Interview with Management, Family Planning Association)
- "The **clinic is far from the community** and there is a forest where you pass and the possibility of being raped is very real." (Focus group discussion with girls and young women aged 16 – 24, rural area)
- "**The Youth Centre is supposed to provide services to a number of communities some of which are very far. It therefore only benefits those who live nearby.**" (Focus group discussion with girls and young women aged 16 – 24, rural area)
- "**ART [Antiretroviral therapy] is accessible in major hospitals for all groups. The major challenges relate to the long queues to access services otherwise government's commitment is evident.**" (Interview with Management, Family Planning Association)

KEY POINTS:

- The Kingdom of Swaziland **ratified the Convention on the Rights of the Child (CRC) in 1985 and acceded to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 2004.**⁷⁹
- The Kingdom of Swaziland **has not yet signed the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.**⁸⁰
- The **Swaziland Youth United Against AIDS, the Swaziland National Youth Council and the Family Life Association of Swaziland and Government all promote the HIV prevention and sexual and reproductive health (SRH) needs of young people, including young women and girls** (and those living with HIV/AIDS) within their programmes.⁸¹
- The **International Community of Women Living with AIDS promotes HIV prevention and SRH needs for women** by running advocacy training courses.⁸²
- A few girls and young women speak in meetings and newspapers about being HIV positive, but the **majority only openly speak about being HIV positive in their support groups** and not in the public domain.⁸³
- Although the strategic plan provides for the **greater participation of people living with HIV/AIDS (GIPA),** the mobilisation of PLHIV has been a challenge. However SWANNEPHA, a PLHIV network was set up to ensure greater GIPA and participated in the development of a recently funded Global Fund project which addresses the needs and rights of people living with HIV (PLHIV).⁸⁴
- There are **youth committees** in all constituencies (Tikhundla) and a **national youth forum** where young people spent one week discussing development issues pertaining to them has been held. However, there is no systematic way to incorporate youth participation on HIV/AIDS issues.⁸⁵

QUOTES AND ISSUES:

- **“Young people need to be more organized** in order to be encouraged **to get involved and participate in HIV prevention** in their communities so that they can help each other.” (Focus group discussion with girls and young women aged 16 – 24, rural area)
- **“None of the conventions are applied in the country as the rights of the child and those of girls and women are not respected despite the fact that both International Conventions have been ratified. Discrimination against girls and women is still widespread.”** (Interview with nurse counsellor)
- **“The level of participation** by young people in HIV prevention decisions **can be said to be non-existent.** There is token representation because even though some representatives may be selected, in most cases they do not consult or report back to their peers what goes on in some of these workshops or where they are supposed to represent the youth.” (Focus group discussion with young women, young men, boys and girls aged 14 – 25, rural area)
- **“There is no forum for girls and young women to discuss issues related to their protection against HIV and AIDS. This also goes for boys and young men as there are no girls/boys networks. Even though there is a young person’s representative at the CCM [Country Coordination Mechanism for the Global Fund] level, the question is, to what extent does she/he consult with young people?”** (Interview with Programme Officer, Intergovernmental Organisation)
- **“Swaziland has ratified [Convention on the Elimination of all Forms of Discrimination against Women] CEDAW and what remains is that it has to be domesticated. There are also efforts to apply the Convention on the Rights of the Child where government is trying to fulfil the concept of Education For All by providing school bursaries for orphans and other vulnerable children and these include girls.”** (Interview with Programme Officer, Intergovernmental Organisation)
- **“The Youth Centre is the one project that brings together young people to talk about HIV prevention. However, it is difficult to motivate most young people to come to the centre because of long distances, lack of interest and understanding of the importance of the Youth Centre.”** (Focus group discussion with girls and young women aged 16 – 24, rural area)


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RECOMMENDATIONS



Based on this Report Card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for girls and young women in Swaziland. Key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider the following actions:

LEGAL PROVISION

1. Review and amend the constitution in terms of the recognition of **polygamous marriage** and **repeal marriage legislation** which legalises early marriage 'under law and custom'. Ensure that **the marriage of girls under 18 is illegal**.
2. Quicken the process of **legislative harmonisation** with the 2006 amended constitution, **recognising the rights of women as equal to those of men**, and allowing them access to land and employment. Ensure that the **new constitution and new legislation is thoroughly disseminated** throughout the country.
3. **Strengthen enforcement, particularly sentences for non-marital rape** so that survivors are encouraged to come forward. **Review and amend legislation on marital rape** to be in line with the constitution's recognition of **women as equal to men**.
4. **Review the current legislation on the age of consent for HIV testing and treatment** to ensure it respects the equal rights of those under 18 and protects them from HIV infection in light of the reality of the epidemic.

POLICY PROVISION

5. Design and implement a **comprehensive skills-based sexuality education programme** that incorporates gender and youth issues and is targeted toward HIV/AIDS prevention and ensure that **teachers** have the necessary **training and capacity** to teach this programme.
6. **Promote universal access to antiretroviral therapy (ART)** and ensure that a comprehensive policy which **promotes access to prevention of mother to child transmission (PMTCT)** is developed.
7. Review and strengthen Swaziland's action in the light of the aspects of the **Political Declaration on HIV/AIDS** from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.

AVAILABILITY OF SERVICES

8. Implement a **comprehensive rights-based approach** to the **needs of sex workers**, including **addressing the economic, social and gender-based** reasons for entry into sex work, providing health and social services to sex workers and providing opportunities for sex workers to **find alternatives to sex work** for those who choose to do so.
9. Ensure **integration of all HIV prevention, treatment, care and support** services into all health services **at the health clinic** level so that services and effective referrals are more widely available, especially to those in **rural communities**.
10. **Greatly increase availability of male condoms** in particular **in rural areas** by provision of condoms at all health clinics and in other major public sites and ensure that the **provision of affordable female condoms is increased** across the country.

ACCESSIBILITY OF SERVICES

11. **Increase provision of youth centres and provide HIV testing in youth centres** so that youth, particularly young women and girls to whom HIV prevention information and counselling is currently available are also able to access testing.
12. Build on current **training for health workers** which incorporates **youth-friendly** components that **effectively address both the skills and attitudes of staff**. **Implement monitoring systems** that ensure that all key health workers are providing a **non-discriminatory service**.
13. **Develop information education and communication (IEC) materials that are targeted towards men**, including young men and boys, and use them to **advocate** for sexual and reproductive health **in places where men gather** in order to encourage men to become more responsible for their sexual health and to test for HIV.

PARTICIPATION AND RIGHTS

14. **Involve young women and girls**, including those living with HIV, in the Global Fund country coordinating mechanism.
15. **Increase the involvement of young people, including young people living with HIV (YPLHIV)** in the development of national prevention strategies and policies both as a modality of stigma reduction, and to ensure that the **national response** to HIV is more **rights-based**.

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