IN A LIFE

LINKING HIV AND SEXUAL AND REPRODUCTIVE HEALTH IN PEOPLE'S LIVES

From choice, a world of possibilities
WHO WE ARE

THE INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF) IS A GLOBAL SERVICE PROVIDER AND AN ADVOCATE OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR ALL. WE ARE A WORLDWIDE MOVEMENT OF NATIONAL ORGANIZATIONS WORKING WITH AND FOR COMMUNITIES AND INDIVIDUALS.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.
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As the leading non-governmental provider of sexual and reproductive health services and advocate of sexual and reproductive rights, the International Planned Parenthood Federation (IPPF) has been at the forefront of efforts to ensure that a comprehensive response to the epidemic are actively involved in the formulation and implementation of programmes and policies that affect their lives and choices. Within IPPF this was emphasized in May 2009 by the formation of IPPF+, a group for all staff and volunteers living with HIV across the federation.

1. Involvement: Critical to the success of any HIV and AIDS initiative is the meaningful involvement of those most vulnerable to infection. Depending on both the region and the country, IPPF ensures that those closest to the epidemic are actively involved in the formulation and implementation of programmes and policies that affect their lives and choices. Within IPPF this was emphasized in May 2009 by the formation of IPPF+, a group for all staff and volunteers living with HIV across the federation.

2. Gender: Increasingly in many parts of the world, the engine of the epidemic is the subordination of women and girls, a form of discrimination with particularly lethal consequences in a world with HIV. The vulnerability of women and girls to HIV infection is intricately linked to their unequal social status. Our comprehensive response to gender issues also includes a commitment to working with men and boys as clients, partners and agents of change through the promotion of gender-transformative programmes and policies that aim to change gender norms and promote relationships between men and women that are fair and just. This applies to both of all sexual orientations and gender identities, and regardless of HIV status.

3. Partnerships: Strategic partnerships with governments, UN agencies and other civil society organizations are a key part of our response. The entry points for linking HIV and sexual and reproductive health are strengthened by forging partnerships and creating robust referral systems. For an effective and sustainable response it is crucial to cement local and national partnerships with other civil society organizations and networks.

4. Capacity Development: Through all its programmes IPPF seeks to strengthen, and expand the HIV competency of our staff, volunteers and partners. From advocating to end the criminalization of HIV transmission to understanding the influence of social marginalization, IPPF is committed to ensuring that - as a learning organization - our response to HIV is informed by the best evidence.
In the brief history of HIV, we have learned that the most significant drivers of the epidemic are ignorance, prejudice and shame; while compassion and justice are still less notable. Addressing and proactively dealing with the stigma and discrimination surrounding HIV requires an unprecedented level of honesty and critical reflection.

Stigma and discrimination against people associated with or living with HIV is often cited as one of the primary hurdles in addressing prevention and care issues, and is a stumbling block to ensuring access to essential services. There is no shortage of rhetoric on the subject of stigma, but it is imperative that we find innovative and personal ways to translate the words into real action that makes a tangible difference to the lives of people most affected.

For those living with and affected by HIV, our advocacy is based on the precept that access=life. Rights are central to our work. We ensure that we provide a supportive workplace environment for people living with HIV and advocate against the criminalization of HIV transmission.

We provide comprehensive sexual health services to men who have sex with men and people who use drugs and ensure that the voices of young women and girls are included in the decision-making processes that affect their lives.

**REDUCING HIV-RELATED STIGMA**

Stigma begins and ends with each one of us. As the triple combination of ignorance, prejudice, and fear creates fertile ground for HIV’s continued spread, so openness, acceptance, and accessible comprehensive sexual and reproductive health and HIV services are the key to its containment.
Emmanuel is 22 years old and is living with HIV. He has a bright spark of enthusiasm when talking about his life. He works as a cook in Yaounde, Cameroon. Accepting both his homosexuality and his HIV positive status in a hostile environment has given him cause for reflection.

‘Cameroon is quite an unforgiving country for homosexuals. There are laws to suppress homosexuality and this is supported by many people in Cameroon. Discrimination runs deep within families. People living with HIV also face a lot of stigma and discrimination – therefore it is terrible if you are a homosexual living with HIV.

When I was a kid I was never into the kind of games ‘real’ boys liked. This really frustrated my parents. As I grew up, I felt more and more attracted to men but realized that I would never be able to freely love a man in Cameroon.

In my teens I met Julio. He was much older than me, and he helped me discover what love is about – what my body and heart were longing for. It was at this time that I think I contracted HIV. I met him secretly so that no one knew, but my family began to suspect. They accused me of ‘not being virile’ or as macho as my friends. I was scared by their questions and harassment. My family seemed to be looking for evidence by searching through my things.

Finally I cracked, and I told them I was gay and HIV positive. This was the beginning of hell. I was brutally rejected by everybody I knew. I was assigned a specific space in our home. I couldn’t mix with others and I was given separate dishes to eat from, a place to cook my food and when I became seriously ill, nobody helped me. Eventually, a neighbour took me to hospital. It was then a gay friend told me about the MESDINE project run by Cameroon National Association for Family Welfare (CAMNAFAW) where I could go to safely meet with others and also receive non-judgemental counselling, support and sexual health information. This was the most important moment of my life! It was like being born again. I’ve met people like me and people totally different from me but who accept me. Nobody judges one another. I have made so many friends and have been given information about how to take care of myself.

The hatred in me has gone. I’m happy with myself, I’ve reconciled my conscience and I’ve even tried to start a dialogue with my parents.’
UNDERSTANDING HIV STIGMA AND DISCRIMINATION

In 2009 Profamilia and RedoviH Y Asolida led a study using the People Living with HIV Stigma Index, to discover the type of stigma and discrimination faced by people living with HIV (PLHIV) in the Dominican Republic. There were a number of interesting results:

Almost one in four respondents reported that their rights as PLHIV have been violated. Most common forms of discrimination were verbal aggression, emotional violence, verbal and physical threats, harassment and exclusion from family activities. One in ten of those interviewed had been refused a job and eight per cent had been refused health services. In general women were more affected by these forms of discrimination than men.

Violence against women living with HIV was extremely common. Thirty-four percent of the women had been pushed, shoved or had something thrown at them, and eleven per cent had been threatened with a weapon.

Thirty per cent of the women and seventeen per cent of men had been advised against having children. Twenty per cent of women had been forcibly sterilized.

The research was an empowering experience for many of those interviewed as well as the interviewers. The interview process helped the interviewees identify experiences of discrimination and violence that they had not realized before. It also enabled the provision of education, counselling and service referrals where necessary.

The results of the study are an important tool for advocacy, development of public policies and programs. Dulce Almonte, RedoviH’s president said:

“The Stigma Index is a base to fight and demand our rights, to participate in meetings regarding national plans and present proposals, raise our voices regarding the high incidence of stigma and discrimination at the workplace, socially and especially in the health sector.”

All those involved in the study agree that the results achieved constitute invaluable tools to address stigma and discrimination against PLHIV, especially against women. One interviewee summed this up perfectly:

“I really like it that this study was about discrimination, as, being HIV-positive, this I what I have lived with most.”
To better understand the stigma faced by young people around the world, we need to hear their experiences of living with HIV. Fifteen young Russians were given the opportunity to record each other’s video testimonies during a media training workshop in Kazan. Three participants share their feelings about the experience.

Rushana: ‘This experience has really helped me personally. During the workshop I was very anxious about my little brother. My mother died recently and I wanted to adopt him but officially this was not allowed as I am HIV positive. The training provided in the workshop helped me to find strength to move further with his case. I won in court and now my brother lives with us, not in a children’s home. This victory was unprecedented and will help other people living with HIV in Russia to fight against this sort of stigma and discrimination.

The level of trust between us grew each day and by the time we recorded the videos we all felt empowered to talk openly about our lives. I hope that they show other young people living with HIV that we are not along and the problems that we all face are not unique.’

Svetlana, another participant added: ‘I have a small child who is HIV positive like me. However, we were very sick as I cannot get any antiretroviral treatment (ART) for us due to gaps in the supply system. I didn’t know what to do. This training made me stronger and I was confident enough to stand up and fight for my and my child’s rights in court. I won my case which was a great surprise. I hope this will give hope to other people in the same situation as me.’

Daria continued: ‘It was hard to summarize three or four years of life experience in a couple of minutes. I’ve disclosed my status before, but had never talked about how I got HIV as I had been raped. The training helped me to feel I was in a safe, friendly environment full of trust and support. This helped me recognize that the issue of gender based violence should also be addressed.’
Lungile is a 27 year old woman living with HIV. She works for the Family Life Association of Swaziland (FLAS) as an adherence counsellor. Lungile recently joined IPPF, a workplace initiative that has been established for people living with HIV (PLHIV) working and volunteering across the Federation.

‘It all started when I had just finished high school and thought I was old enough for my first relationship. I hooked up with a guy who invited me to a friend’s party that night. Apparently, he had secretly arranged for his friend to leave the two of us together so that we could have sex. Indeed we did, and before I knew it I was pregnant. What was very sad was giving birth to a very sick daughter who died before I knew her HIV status. Because I was sick, my uncle said I should go for HIV counselling and testing. I tested HIV positive and started antiretroviral therapy.

I knew there would be serious changes in my life: from the way I socialized to how I should manage my diet. My uncle, who was openly living with the virus, advised me on many issues. He helped me to break the news to my family – I was surprised by their acceptance and support. I still remember my sister reminding me about taking my tablets.

My uncle encouraged me to get involved supporting other people living with HIV. I managed to get a job at FLAS as a counsellor. I love the work I do and the positive impact it has on people’s lives. For example, I help pregnant women who are positive to accept their status and to think positively about the future. I am a living example of the success of the prevention of mother-to-child transmission programme as I have two HIV negative children. This greatly encourages them.

Joining IPPF+ has enabled me to travel as far as the United Kingdom to share my experiences with other PLHIV. Together, we can advocate for PLHIV to be meaningfully involved in creating an equitable working environment in IPPF free of stigma and discrimination. Through my life, I have learnt that positive living starts with self acceptance. It is only then that you can expect anyone else to accept you. Once you accept yourself, things get better.’

A LIVING EXAMPLE
The Planned Parenthood Association in Thailand (PPAT) began working on HIV projects in 1987 and many of their projects were aimed at reducing the stigma and discrimination faced by people living with HIV. However, these good intentions were not reflected internally as an HIV workplace policy.

Montri Pekanan, the executive director, takes up the story:

'We already had a supportive environment for people living with HIV working and volunteering for PPAT. However this did not go far enough and was not reflected through an HIV workplace policy. In April 2009, in order to show that we practise what we preach, we began to develop an HIV workplace policy to formally adopt into our Constitution.

There are many benefits to adopting an HIV workplace policy. It will ensure that we continue to have a non-stigmatizing work environment with positive attitudes towards people living with HIV and will improve the quality of the services we provide. As part of the policy there will be ongoing training for all staff and volunteers. This will cover HIV prevention and treatment, legal and ethical issues, stigma and discrimination, and how best to support colleagues, family or friends who are living with HIV. The training will help staff and volunteers to provide non-stigmatizing services and to better understand some of the varied needs of people living with HIV. The policy will also mean that we will actively encourage people living with HIV to apply to PPAT positions, to take part in projects and to volunteer for us. This meaningful involvement of people living with HIV will help us to further improve our HIV projects as a result.

The workplace policy was formally adopted in April 2010 and implementation is currently underway. Developing and implementing a workplace policy is another step forward in our response to HIV. It shows that we are a proactive employer with regard to HIV issues and will help us to be a role model for other sexual and reproductive health and HIV organisations in Thailand.'
A JOURNEY OF SELF DISCOVERY

BETWEEN MAY AND SEPTEMBER 2009, 867 PEOPLE LIVING WITH HIV IN THE UK WERE INTERVIEWED BY THEIR PEERS ABOUT EXPERIENCES OF LIVING WITH HIV, STIGMA AND DISCRIMINATION, LIVING POSITIVELY, ACCESSING HEALTH AND OTHER SERVICES. PAMELA WAS ONE OF THE PEER INTERVIEWERS:

‘When I was diagnosed with HIV in 2005 I didn’t know much about it and had no idea how it would impact on my life. I thought that HIV would never happen to me so why should I worry about it?

Since my diagnosis I have worked my way up, realizing that there is life after HIV! In actual fact, I have been so much happier overall since my positive diagnosis. It has helped me to be even more focused on looking after my wellbeing over everything else. I have learnt a lot from listening to other people’s experiences of living with HIV and this was especially true when I got involved in the People Living with HIV Stigma Index research.

The research was done in three main stages; the training on how to be good interviewers, the interviewing process itself, then the data analysis and entry. I have to say that I was most grateful and gratified to be involved in all of these stages as a person living with HIV. For me, to be at the forefront of trying to influence change and policy was something that I never thought would be possible. While doing the interviews someone asked me if it wasn’t boring to live with, work and build a career around HIV. I replied that, while I wasn’t there when the Stigma Index started, I will make it a point to be there when change happens. I will be able to testify that, in the end, I was part of it.

Being part of the IPPF UK Stigma Index research team was one of my proudest moments as I was able to connect and reconnect with different people. More than that was listening to people’s experiences. It just spurred me on to want to do even more to reduce the stigma and discrimination of people living with HIV. The journey continues…’
A full range of choices to protect themselves from infection or decrease the chances of transmission. Dual protection against HIV and sexually transmitted infections (STI) and unintended pregnancy helps individuals and couples to enjoy healthy sexual and reproductive lives.

With HIV, including providing fertility options for HIV-positive women; bespoke counselling for people in sero-discordant relationships; and addressing the dreams and desires of young people living with HIV.

While there is currently no ‘magic bullet’ for preventing HIV, and in the absence of a vaccine and microbicide, a combination approach which includes condoms, counselling, skills development and access to microfinance plays a pivotal role.

In 2009, IPPF distributed 152,397,194 condoms and provided over 1 million pre and post test counselling sessions.

PROVIDING PREVENTION SERVICES

HIV can be prevented. There is nothing inevitable about the course that an HIV epidemic takes if governments and other organizations act with decisive action based on national HIV trends.

Everyone – irrespective of HIV status, gender and sexual practices – has their own prevention needs and faces barriers to those needs. Integrating HIV prevention efforts within sexual and reproductive health services gives people access to a full range of choices to protect themselves from infection or decrease the chances of transmission.

Addressing the sexual and reproductive health needs of a diverse group of people living with HIV is a burgeoning issue. Many of IPPF’s prevention efforts have been reoriented to ensure they meet the wide ranging needs of people living with HIV, including providing fertility options for HIV-positive women; bespoke counselling for people in sero-discordant relationships; and addressing the dreams and desires of young people living with HIV.

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Organizations such as the Egyptian Family Planning Association (EFPA) are reaching out to young people. EFPA provides the sexual health and family planning services that young Egyptians are often unable or too scared to ask for:

I didn’t want to ask directly so I asked on ‘behalf of a friend’. When he finished answering the questions, he smiled and said “Tell your friend to come to the youth friendly corner at the clinic where he can ask questions and receive counselling and testing for HIV if he wants to. It is done in privacy and total confidentiality.”

After agonizing about it, I took the decision to visit the clinic.

When I arrived I saw the young peer educator from the seminar there. I told him that my friend wanted more information, but he refuses to come himself. We went to the information corner together. It was easy to talk to him and I suddenly forgot that I was asking these questions on behalf of my friend. I confided in him about all the unsafe sexual behaviours I’d practised. He told me about what I could do to find out my HIV status. At the end of the meeting I decided to have an HIV test. I was very scared until I had the post-test counselling.

When I received the test results, they were negative. I was very relieved but also very glad that I had been tested as I understand a lot more about HIV. I now know about the risk of unprotected sex and have decided to always protect myself in future. I’ve also told all my friends about the EFPA clinic. It is a place where you can confidentially talk about your sex life get some good advice and services.’

As a young man in Egypt I had never discussed HIV. After attending a seminar about it, I suddenly realized that my past sexual behaviour may have put me at risk. I desperately wanted to know my HIV status but at the same time I was afraid.

Some friends told me about a youth seminar that EFPA was holding at my school. They said it would be fun, so I decided to go.

At the seminar EFPA gave us information on HIV prevention and transmission. I didn’t know anything about HIV and was terrified because I hadn’t thought about it before and I’d had unprotected sex. Immediately after the session I decided to ask one of the young peer educators some questions because I was very anxious and needed answers.
Nukhure lives in Kohima, Nagaland. She is a middle-aged woman living with HIV who was divorced by her husband. Her prospects in early life were seriously limited because her family was living in poverty. She had to drop out of school when she was 15 years old to marry a man who already had a wife and family, because her parents could not afford to look after her. This is her story:

‘I didn’t know much about HIV, even though I have been positive for a number of years. When some outreach workers from the Family Planning Association of India (FPAI) clinic came to see me I was in a bad way. My health was very poor. I had stopped taking my antiretroviral medicines because I had run out and was too ill to travel to the antiretroviral centre to get more.

I was admitted to an isolation ward at the Naga Hospital. While I was recovering, the medical staff helped me to understand my condition. They helped me to think more positively about my condition and taught me what I could do to help myself. When I was discharged from hospital I spent ten days at the Naga Mother’s Association, a community care centre, where I regained my strength.

Today I am much better and I’m living positively with HIV. I now understand the importance of keeping up with my antiretroviral medicines and I visit the FPAI clinic if I have any related health problems. I also attend support group meetings.

While I’m at the drop-in centre I see some of the work the FPAI staff do to reduce stigma and discrimination around HIV, especially as lots of people living with HIV here are also injecting drug users. The staff at the drop-in centre work hard to build relationships within the community and to help injecting drug users and people living with HIV to become more involved in our neighbourhood.

Now I know how to manage my HIV and how to look after my sexual health. The next step for me is to learning a skill to help me to get a job. A regular income will make a real difference to my life.’
Outside a faded apartment in the capital Lilongwe stands Violet. She has traded sex for money since 2006. But now she is not selling sex; instead she is selling hairdressing services. Violet recounts her story:

‘Sometimes I cry myself to sleep when I look back at my life. I never thought I’d measure a successful day at work by the number of men I had entertained in bed. I entered the sex trade at the age of 22 after losing both parents. I have five younger siblings to look after. I needed to work to provide for them, but there was nothing I was trained to do so I began to have sex for money.

As a young sex worker life was difficult. I was beaten by clients, robbed of money by older sex workers, had clients who refused to pay and was arrested by the police a number of times. All this for barely $3 a day.

Then I was given a life-changing chance by the Family Planning Association of Malawi (FPAM) – to learn a skill. I was given a choice to learn about catering, tailoring, hairdressing or mushroom farming. I opted for hairdressing. When I finished my training I was lent some money to start up my own hairdressing salon in a market. It’s called ‘Tithandizane’ which means ‘Let’s help each other’.

I now make enough money to support myself and my siblings. When I was a sex worker, I had no guarantee about clients, and many days I returned with nothing. Now, I go home everyday with money in my pocket.

Before I became involved with FPAM’s project, I knew little about sexually transmitted infections, family planning or HIV. But part of my training was also about how to look after my sexual health. FPAM’s clinic provides a number of sexual health services for sex workers, such as pregnancy tests, STI treatment, voluntary counselling and HIV testing. There are also free condoms! I am now a peer educator for the project. I help other sex workers and let them know about this clinic where they can receive healthcare from people who will not judge them. They too have the opportunity to learn some new livelihood skills, giving them the chance to earn money in other ways than selling sex.’
WE’VE
GOT TALENT!

THE ASSOCIATION MAROCaine DE
PLANIFICATION FAMILIALE (AMPF) ORGANIZED
A FIVE-DAY FESTIVAL OF MUSIC, THEATRE
AND ART ON A SCALE RARELY SEEN BY
MOROCCO’S YOUNG PEOPLE. THE EIGHTH
NATIONAL FESTIVAL OF CREATIVITY OF
YOUNG PEOPLE – IN AGADIR – HAD THE
THEME OF HIV PREVENTION AND SEXUAL AND
REPRODUCTIVE HEALTH. GHIZLANE NOUAMI
FROM AMPF DESCRIBES THE EVENT:

The 2009 National Festival of Creativity of Young People was organized by and dedicated to youth. Over 350 participants from all over Morocco came to show off their artistic talents. Youth clubs and youth theatre groups performed in front of a panel of judges. They demonstrated their feelings, broke taboos, and talked about changing attitudes by giving young people a voice to talk about issues relating to HIV prevention and SRH.

The closing session was attended by government policy makers, non-governmental representatives and United Nations representatives. It gave the performers a chance to advocate for their SRH rights and the sexual health issues facing their generation at the same time as demonstrating their artistic talents. Naima, one of the performers reflected:

“This festival is a place where I am not stigmatized or discriminated against. I can talk about the problems of my generation. Since coming here, I feel more responsible: I’m concerned about the problems people of my age face.”

Away from the bright lights and drama of the festival, a Youth Forum was set up: a space for reflection and discussion. This gave the young participants an opportunity to 1 their perceptions of social and community issues around sexual health and HIV. Giving young people a safe arena to talk candidly about their hopes and fears was a great way to learn about what really affects young people in Morocco today. One of the Forum participants, Aziz, commented:

“The Forum is a space to meet and exchange experiences. We got the chance to meet young people from all regions of Morocco. The topic that interests me most is sexual rights. The friendly centre which offers services for adolescents is great, I hope more centres like this will open throughout Morocco – we need them!”

“The thing that most struck me about the festival was the creativity of young people. They wanted a relevant means of informing others about sexual health and HIV prevention. This National Forum gave them the perfect platform and their performances were an inspiration to us all.”
Fatima is a sex worker who has become involved with a peer education group set up in Quetta, Pakistan, to increase HIV prevention and care among sex workers.

‘I nearly quit on my first day as a peer educator because a pack of dogs was set on me! I’d been to a brothel and the owner refused to let me talk to her sex workers. I can earn up to 30,000 rupees ($350) a night as a sex worker. Being mauled by dogs for 4,000 rupees ($47) per month as a peer educator hardly seemed worth it. I’m so glad I didn’t quit because I later helped save a woman’s life.

My manager came with me the next day. She reassured the owner, Auntie, that nobody planned to change her girls’ attitude towards sex work and that we were concerned only about their health and safety.

My eyes fell on a frail woman sitting in a corner in agony. The emptiness in her eyes made me wonder what she might have been going through. I tried talking to her, but was stopped. Before leaving, I scribbled and hid my telephone number under the sofa, making sure the hollow-eyed woman noticed.

Her name was Zeba, and she called me the same night. Sounding petrified, she whispered that she needed medical attention and help. The next morning my manager and I visited Auntie, armed with ‘gifts’ including medicines and condoms. She was happy for us to distribute these among the girls.

We told them about the ‘Drop-in Centre’ run by Rahnuma Family Planning Association Pakistan where free medical check-ups are conducted by doctors. We reassured everyone that the medical attention provided was non-judgemental and stigma-free, and Auntie finally gave her girls permission to visit.

Zeba needed medicines for sexually transmitted infections and post abortion care. After she was stabilized, she shared her story. She was a mother – though her three children lived with their grandmother in Gujranwala village. She came to Quetta five years ago to work in a toy factory, but soon found herself sold by the factory owner to Auntie. Unfortunately, Auntie discovered Zeba talking to us, and Zeba disappeared without a trace.

I later found Zeba at the Drop-in Centre. Her time with us had given her confidence to stand up for herself. She had more than 18 clients a day, but before meeting me she only got a minor percentage, but now she felt better and had the courage to negotiate a better deal.

I am still a sex worker, but my work as a peer educator has given me a great sense of achievement.’
A 44 year old grandmother, Frida, heads the Women’s Association in Kageyo in the eastern province of Rwanda. She, and her whole community have recently returned from Tanzania after spending 14 years there as refugees after the Rwandan genocide. Frida says:

‘If it wasn’t for the Association Rwandaise pour le Bien-Etre Familial (ARBEF), we women would still be in the dark hole we have been in our entire lives. Being beaten by our husbands was part of our custom. In fact, it was even believed to be a sign that they cared, but now we know better.

I have seven children and four grandchildren and before ARBEF came to our community I had never heard of HIV nor family planning. When I was approached by a peer educator I was very reluctant to listen at first as I felt I would be going against my beliefs.

The peer educator talked about diseases that kill our kin. We always thought that we were victims of witchcraft when we got a sexually transmitted infection. We had never heard of HIV or AIDS. We used to think that cow’s milk could curse anyone. Now we know that most of our sisters and brothers died through ignorance.

Armed with this information, I realized that I had a lot to gain by changing my attitude. Therefore I wanted to convince my husband to also become involved. His peers had tried talking to him several times. But it was only when he started noticing the positive changes in his friends’ lives as a result of challenging the harmful beliefs and practices the community had followed that he too changed. To my delight, he began to follow the advice of the peer educators too. We both began to regularly attend the community education sessions and encouraged our children to do the same.

I am very grateful for the knowledge I have gained through the peer educators trained by ARBEF. Now we always have the strength to work hard, confident that we can afford our children’s needs as we no longer worry about unplanned pregnancies and know about HIV prevention. Without this project we would still be trapped in the dire situation we were in before returning to Rwanda.’
People living with HIV are central to IPPF as staff, volunteers, clients and partners.
INTEGRATING HIV TREATMENT, CARE AND SUPPORT SERVICES INTO A SEXUAL AND REPRODUCTIVE HEALTH SETTING DELIVERS A NUMBER OF MAJOR BENEFITS TO BOTH CLIENTS AND SERVICE PROVIDERS. IT OPTIMIZES THE USE OF AN EXISTING HEALTH INFRASTRUCTURE – AN ESPECIALLY

DIFFERENT SERVICES UNDER ONE ROOF OR THROUGH A ROBUST REFERAL SYSTEM REDUCES THE TIME, MONEY AND EFFORT CLIENTS HAVE TO SPEND SEEKING HEALTHCARE.

IN 2009, OVER 80% OF IPPF MEMBER ASSOCIATIONS HAD STRATEGIES TO REACH PEOPLE PARTICULARLY VULNERABLE TO HIV INFECTION. BY 2009, 65% OF ELIGIBLE IPPF MEMBER ASSOCIATIONS HAD BECOME ACTIVELY INVOLVED IN GLOBAL FUND FOR AIDS, TUBERCULOSIS AND MALARIA PROCESSES. IPPF MEMBER ASSOCIATIONS HAVE BROUGHT ACCESS TO TREATMENT, CARE AND SUPPORT INTO THE LIVES OF WOMEN, MEN AND YOUNG PEOPLE. WHETHER THROUGH INNOVATIVE STRATEGIES TO PROVIDE ANTIRETROVIRAL TREATMENT, REFERAL MECHANISMS FOR RURAL CLIENTS, OR MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS AND OPPORTUNISTIC ILLNESSES, IPPF GIVES INDIVIDUALS ACCESS TO THE COMPREHENSIVE AND LINKED HIV TREATMENT AND CARE SERVICES THEY NEED TO HAVE HEALTHY SEXUAL AND REPRODUCTIVE LIVES.

AN ALL-ENCOMPASSING APPROACH TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS REQUIRES LINKING HIV PREVENTION AND CARE IN A SEAMLESS CONTINUUM.

EXPANDING TREATMENT, CARE AND SUPPORT

A VALUABLE APPROACH IN RESOURCE-POOR SETTIGNGS, OFFERING TREATMENT AND CARE THROUGH SEXUAL AND REPRODUCTIVE HEALTH CLINICS ALSO ACTS AS A WAY TO REDUCE STIGMA. A ‘ONE STOP APPROACH’ WHERE CLIENTS ARE ABLE TO ACCESS

IN 2009, OVER 80% OF IPPF MEMBER ASSOCIATIONS HAD STRATEGIES TO REACH PEOPLE PARTICULARLY VULNERABLE TO HIV INFECTION. BY 2009, 65% OF ELIGIBLE IPPF MEMBER ASSOCIATIONS HAD BECOME ACTIVELY INVOLVED IN GLOBAL FUND FOR AIDS, TUBERCULOSIS AND MALARIA PROCESSES. IPPF MEMBER ASSOCIATIONS HAVE BROUGHT ACCESS TO TREATMENT, CARE AND SUPPORT INTO THE LIVES OF WOMEN, MEN AND YOUNG PEOPLE. WHETHER THROUGH INNOVATIVE STRATEGIES TO PROVIDE ANTIRETROVIRAL TREATMENT, REFERAL MECHANISMS FOR RURAL CLIENTS, OR MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS AND OPPORTUNISTIC ILLNESSES, IPPF GIVES INDIVIDUALS ACCESS TO THE COMPREHENSIVE AND LINKED HIV TREATMENT AND CARE SERVICES THEY NEED TO HAVE HEALTHY SEXUAL AND REPRODUCTIVE LIVES.

A DIFFERENT SERVICES UNDER ONE ROOF OR THROUGH A ROBUST REFERAL SYSTEM REDUCES THE TIME, MONEY AND EFFORT CLIENTS HAVE TO SPEND SEEKING HEALTHCARE.

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AN ALL-ENCOMPASSING APPROACH TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS REQUIRES LINKING HIV PREVENTION AND CARE IN A SEAMLESS CONTINUUM.

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In a clothing factory in southern Tehran, Yalda, a 19 year-old girl, earns a living folding and packing clothes eight hours a day. The last four years have been a roller coaster for her, as she explains:

‘My name Yalda means ‘the longest night of the year’. I think it reflects my past, which has been long and dark. I lost my mother at the age of seven and had to take on a mother’s role, while raising my younger sister.

At 15, I committed a sin under Islamic law. I lost my virginity to my boyfriend Mohammad, who had promised to marry me. My father is very conservative and religious, so could not accept this. I was left with no option but to run away with Mohammed.

My life quickly spun out of control. It all started with my first cigarette. That cigarette became the gateway to a life of addiction. The first time I got high I had no idea what to expect, but once it hit and I started feeling the tingle I couldn’t help but smile. For the first time I was able to escape my life. I moved on to drugs to numb the pain, shut down my brain and get through the day. Mohammad and I felt free. We shared needles for drugs, and enjoyed sex with no fear of sexually transmitted infections.

Things changed when the drug addiction set in. Mohammad wanted to sell me to fund his daily fix. Scared and heartbroken I ran away. I was 17 years old, with no money or place to stay. I turned to sex work to survive but I was often raped, beaten and had nowhere to sleep but the park.

An outreach team associated with the Family Planning Association of the Islamic Republic of Iran (FPAIIRI) approached me one night. I registered at their clinic and saw their gynaecologist. After receiving some counselling I decided to test for sexually transmitted infections and HIV. The HIV test result was positive.

The staff at FPAIIRI were very supportive. They gave me free condoms and information on safer sex practices. I learnt about contraceptives, preventing sexually transmitted, and life skills development. They also helped me access methadone therapy and offered me vocational training to find work. These free services helped me back on my feet. I first decided to become a peer educator to help other girls and then I retrained and took a job at the clothing factory.’
LISTENING, RESPONDING AND UNDERSTANDING

THE PEOPLE WHO RELY ON THE REPRODUCTIVE HEALTH ASSOCIATION CAMBODIA (RHAC) HEALTH CENTRE IN CHIPHOU ARE DIVERSE AND HAVE VARYING NEEDS. THREE PEOPLE SHARE THEIR EXPERIENCES OF THE HOME-BASED CARE PROGRAMME.

Khun Set, a 26 year old woman who works in a casino explains:

‘I know about this clinic because I have friends who are RHAC’s peer educators in the casino where I work. I come here for antenatal care check-ups, but I know I can access other services like having an HIV test if I want. The staff here are so friendly and it is near my work. It’s a great place to get sexual and reproductive health services and counselling at an affordable price.’

Suos Chantha, a 40 year old widow who is living with HIV, comments:

‘A couple of years ago I was in a very bad way – my health was very poor. Luckily I met someone who works for the RHAC clinic and they enrolled me into their home-based care programme. They gave me money to travel to the clinic regularly to receive treatment for opportunistic infections as well as antiretroviral treatment. I was also given food supplements like rice, canned fish and cooking oil. As well as all this, the RHAC gave me a home care kit, which included basic medical supplies and some condoms. The home-based care programme also supplied some capital for income generation. They lent me 120,000 Riel (USD $28) and now I run a small tailoring shop with my niece. I no longer need any food or financial support. I am very happy because now I am healthy and I can earn money to support myself and my family.’

Sophean, a 38 year old man says:

‘I am HIV-positive, but my wife isn’t. I always use condom when I have sex with her. My wife and I were taught how to use a condom properly. The home-based care team offer condoms and we can also get them from the health centre where monthly meeting are held. There are two reasons why I always use a condom: to prevent pregnancy and to prevent the transmission of HIV to my wife.’
AREGASH IS 50 YEARS OLD. A MOTHER TO EIGHT CHILDREN, SHE WAS WIDOWED SIX YEARS AGO. TWO YEARS AGO SHE WAS SO ILL IT WAS A STRUGGLE TO EVEN GET OUT OF BED. THE STAFF FROM THE FAMILY GUIDANCE ASSOCIATION OF ETHIOPIA (FGAE) BEGAN VISITING HER AT HOME AS PART OF A HOME-BASED CARE PROJECT. THIS CHANGED HER LIFE. ABEBECH TAKES UP THE STORY:

‘I was seriously ill two years after my husband’s death. I was bed-ridden with no one to help me. That was until someone from FGAE came to my house to assess me. Not only did they give me food and nursing care, but also counselling to take an HIV test. Though it was very hard, I eventually decided to go for the test. I was shocked to find I was HIV positive.

It was so difficult at first, but thanks to FGAE I had proper counselling to help me live positively with the virus. With support to keep taking my medication, over six months my health improved tremendously.

When I was fit for work again I started to worry about how I was going to look after my children and pay their school fees. Luckily the support from FGAE did not stop one I got better. They helped me to feed myself and my children, and gave me guidance on how I could use the 250 square metre plot of land I owned to grow vegetables to give me an income. With their support I began growing vegetables such as cabbage, Swiss chard, carrot, tomato and beetroot. Farming like this was virtually unheard of for a housewife like me. However, I started growing good produce that not only helped to feed my family, but also gave me an income. Above all, it gave me the confidence I needed to succeed and rely on my own efforts. In two years I was able to save up ETB 3,600 (USD $327). When a large road was built through my neighbourhood I lost my garden. But thanks to the lessons I learned from the project, I used my savings to buy some retail premises. I’m happy to say I can now support my family. My hopelessness has been turned into hope, self determination and success. Thanks to FGAE and to God, I’m now an optimistic and hopeful woman.’
MARRYING INTO HIV

AMITA6 is a 31-year-old outreach worker for the Family Planning Association of India’s Comprehensive HIV and AIDS Management Project in Madurai, India. On the steps of the village’s community hall, her laughter and the vibrant colours she wears suggest little of the challenges Amita has overcome.

‘I was sixteen when I married. Sex with my husband was both physically and emotionally painful. He had sores all over his genitals and I soon got an itchy rash. He told me he only married me to have children and he would continue his relationships with other women. I am sure he knew he was HIV-positive before he married me. With no idea about sexual and reproductive health matters, I asked my neighbour what I should do about the pain and itching. She suggested cleaning myself with rice water and soap and said girls sometimes got this the first time they have sex.

After having our second child, my husband became very sick. He was bed-ridden with diarrhoea and couldn’t work. His mouth was ulcerated and his muscles had wasted away. His uncle took him to a private hospital to find out what was wrong. The doctor told my husband’s uncle that he was HIV-positive and then the entire village found out. My in-laws blamed me. People stood away from me, I wasn’t even allowed to touch the village tap. At school my child was made to sit and eat separately. Worst of all the village men said my husband would die soon and they would be able to have sex with me. The whole village thought they would get infected with HIV and eventually we were driven out. I wanted to die.

After some time, we returned to the village. Things had calmed down a little and people had a bit more understanding of HIV. I decided to help increase this understanding and to support people living with HIV by becoming an outreach worker for the Family Planning Association of India. I feel strong now. Due to treatment, my husband is fit and working again. I feel proud that I took care of him and saved his life. I don’t want other people to ever have to experience that I did – therefore I use my outreach work to provide the help that I was never got when I was a young married woman.’
In Nairobi West, two community health workers visit the Mitumba slum two or three times each week. They regularly visit clients to provide food supplements, counselling, free medication, basic items such as clothes and education on basic hygiene, HIV, family planning and sexual and reproductive health. Here is Nelson’s story:

‘I was having a real tough time. My wife, Neema is HIV-positive, and I am HIV-negative. When I first found out about Neema’s status, I jumped to conclusions. I thought she must be a sex worker. Even her family, when they found out she was sick, abandoned her. I was seriously considering a divorce when I met the community health workers from Family Health Options Kenya (FHOK). They gave me and Neema some counselling, some food and supported her in adhering to her medication.

When Neema found out her status she was afraid her friends would desert her like her family had. But after some counselling, she began to understand HIV better and realised that, with medicine, it can be managed and she can live a normal life. The community health workers gave Neema confidence and encouraged her to visit a local psycho-social support group made up of other women living with HIV. When she first went she was very surprised. Not only did a number of her friends also attend, but many looked so well she couldn’t believe they were positive. Through the group Neema now realises that she isn’t the only one living with HIV. The group supports her and boosts her when she feels low.

As well as helping Neema and I stick together, FHOK has helped me to start a business with a loan of 1,000 shillings (USD $13). Our lives have quite literally been changed – physically, medically and spiritually. We receive great support from the community health workers. They ask us how we are feeling and how things are going. They support us and provide condoms to keep us healthy. I now love Neema more than ever – and we are able to bring up our children in a happy home.
‘Our biggest problem in Sudan is knowing how to give people living with HIV a decent life. Our priority is finding support for people living with HIV that allows them to live positively and access the medical services they need. The situation in Sudan is very difficult. Many people living with HIV do not want to go to government health facilities as they often have a harrowing experience as the following examples show:

“I had a cut in my hand, so I went to the emergency unit at my local hospital. When I was seen by the doctor, he was about to seal my wound when I realised that he was not wearing gloves. When I told him to put gloves on, he looked surprised and asked me why? I told him I was HIV-positive. He told me to wait where I was and that he would be back shortly. He never came back but left me bleeding in the treatment room so I bandaged myself and left.”

“People living with HIV cannot bear the public hospital. This is because the doctors there refuse to deal with us. I will always go to the HIV clinic if I can, to avoid being stigmatized by the doctors and nurses in the public hospital.”

Through the Sudan Family Planning Association, we have been able to open a centre where people living with HIV can receive stigma-free HIV treatment, care and support services such as voluntary counselling and testing, prevention of mother-to-child transmission, antiretroviral therapy and treatment for sexually transmitted infections and opportunistic infections. There is also counselling and psychosocial support available for people living with HIV as well as home care visits. We do all this so people living with HIV can live a normal, decent life and have access to the support, treatment and care they both require and need.’
Linking Sexual and Reproductive Health and HIV

The 2006 review of the United Nations General Assembly Special Session on HIV/AIDS in New York clearly highlighted the need to strengthen the policy and programmatic linkages between HIV and sexual and reproductive health.

In 2015, progress towards attaining the Millennium Development Goals (MDGs) will be assessed. The recent announcement that HIV was the leading cause of death in women of reproductive age and contributing significantly to maternal mortality reverberated throughout the reproductive health and HIV communities. It was a wake-up call that the health-related MDGs 4, 5, and 6 are inter-connected. Clearly, the universal access targets for reproductive health and for HIV prevention, treatment, care and support are joint targets.

The first international commitment to articulate the fundamental elements of linkages and to enshrine human rights as the cornerstone of this joint response, upholding human rights, is intrinsic to the linkages agenda, in particular the human rights of people living with HIV, key populations, and women and girls.

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And together, they will contribute to -- and cannot be achieved without -- attaining MDGs 5, gender equality and empowerment of women.

The 2004 New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health was probably the most compelling argument for sexual and reproductive health and HIV linkages is that it makes 'people sense'. Health systems need to meet people where they are. IPPF member associations are using a variety of advocacy approaches, building capacity and forging partnerships to bring information and services into people's lives. In this way we ensure that the intrinsic links between HIV and sexual and reproductive health become a tangible reality.

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The Lesbian, Gay, Bisexual and Transgender (LGBT) Community Centre is the first of its kind in Bogotá, Colombia. It was brought about by two NGOs (Proamilia and Colombia Diversa) and a disco, Theatrón. Together they promote and defend lesbian, gay, bisexual and transgender rights. This is Clara’s story:

‘I am a transsexual. Initially I was so apprehensive about coming to the LGBT Community Centre for the first time. I contacted them many times to find out about what they did and I even tried to visit twice. Both times I could not pluck up the courage to go in and returned home. It was daunting, and I was scared I wouldn’t be accepted for what I am. I am a woman trapped in a man’s body and I didn’t think the people at the Centre would understand me. Luckily I was wrong.

When I finally managed to visit the Community Centre, it was to my great relief that everyone treated me with respect, and I felt well supported by the staff. I was able to access many services such as counselling about my own feelings being a transgender woman. I am now receiving therapy to help me to understand my own identity.

Even though I look like a man, after visiting the Community Centre several times, people started calling me by my female name. It was a hard personal challenge to make that first move to come, but now there is no looking back. Everyone here has been so respectful, I can’t express how much that means.

I now visit the community centre regularly. There are loads of things to do here such as tuition in other languages and social activities such as yoga, games and movies. I now work as a volunteer at the Centre. I am an artist and enjoy sharing my knowledge and skills with the other people who come to the Centre.’
Men Matter

Rahmad has been working in the construction industry since he was 17 years old, a job with short term contracts which require men to work far from home and away from the company of their wives. He says for these men, there are few more important things after receiving their weekly wages than seeking pleasure.

‘I am 31 years old, a husband and father of two children. I work as a steel concrete labourer for one of the construction companies that are developing the Tanjung Priok Access Road.

I’m lucky because I can go home everyday as I’ve rented a small house near the project site. But for men who live far from their families, to relieve stress they will look for sex workers, male or female. Their wages are about $3–5 a day, but they’ll happily pay $5–20 to have sex. If they are not having sex, they’re getting drunk.

Although most of us have heard from the media about gonorrhoea, syphilis and HIV, and that they can be transmitted through sexual intercourse without a condom, most don’t pay any attention. I… no, my friends buy antibiotics or herbs if they feel uncomfortable or feel pain around their genitals. Do we visit the doctor? No way, it would be shameful. Sometimes I feel guilty that men don’t care about the risk to our wives.

One day my foreman asked me and some friends to attend a discussion during our lunchtime. At first we objected but he insisted that we join the other workers. At first, I could not believe it! A young man from the Indonesian Planned Parenthood Association (IPPA) was speaking frankly about sex. He explained what a sexual transmitted disease (STI) is and all about HIV and how it can be transmitted. He also distributed a leaflet with information on STIs and HIV, and the address and telephone number of his organization. Not only did he visit us regularly, but so did his colleagues. Over time, many workers considered these educators as friends. They helped us to understand about STIs and HIV and have encouraged us to use a condom when having sex. We were also allowed to use their mobile health services to have genital examinations and blood tests.

I now see some of my colleagues trying to look for condoms on pay day, although they are still ashamed to ask for them! How long should this programme should continue? I suppose for as long as men work far from home.’
Sutka is home to the largest Roma community in Macedonia. People living in this neighbourhood are in the lowest social and health demographic in Macedonia. In 2007 after health reforms left around 8000 Roma women of reproductive age without access to a gynaecologist, the Health Education and Research Association (HERA) opened the sakam da Znam Centre. Juksele, a 26 year old housewife, remembers the first time she heard about the Centre.

‘We were left without a single gynaecologist. When I heard of free gynaecology services at the new HERA Centre I thought I’d go for advice regarding family planning. I was surprised at how fast I was seen and how friendly the gynaecologist was. I was used to waiting for services, to get only a receipt or a referral. My opinions and needs were never taken into consideration. Here I had the chance to understand different methods of birth control, like condoms, pills or an intrauterine device. Best of all, I was given the opportunity to choose the method I wanted.

During subsequent visits I found out about other services relating to my sexual and reproductive health. The doctor told me that, if I wanted too, I could take a test for sexually transmitted infections (STIs) including HIV. Again there was a process of counselling before any tests were taken. Before the counselling, I didn’t know that HIV could also be transmitted from mother-to-child. I just thought it was only a sexually transmitted infection.

I was so happy with my visits to the Centre that I wanted everyone to know about it so I told all my friends. Since then I’ve heard that many have started going there too. The best thing about the Centre is that they offer is a wide range of services. You can go for help with things like medical insurance, advice on family planning, or have an HIV test, all under one roof.’
Nepal faces an increasing HIV prevalence among the most at-risk populations such as people who use drugs, men who have sex with men, and migrant workers. The Family Planning Association of Nepal (FPAN) are working particularly with this group. An estimated 46 per cent of HIV cases have been registered among the seasonal and long term labour migrants. Juna explains:

‘My husband works away from home for a lot of the year. Most of the villages in the far western districts of Nepal, like mine, do not have male members in the family. There is no way of making money here so almost all of them have migrated out of Nepal to earn money to sustain their families.

The next time my husband is home I want him to visit a nearby voluntary counselling and testing centre in Baitadi. Recently one of the other women in the village came to see me. She had been trained as a peer educator by FPAN. She told me all about HIV, sexually transmitted infections (STIs) and voluntary counselling and testing. I knew the HIV was a problem here as many people are sick but I did not realise that I or my husband were particularly at risk.

I am now very keen for my husband to come home. He has been away, working, for a long time. HIV here is on the rise and it is very worrying. The peer educators are really good at explaining how to protect ourselves from HIV and other STIs. I just want to make sure my husband, if he does have HIV or another STI, gets the chance to go to Baitadi with me.’
INPARRES also sought to engage young people who were interested in football. Young fans from two of the most popular football teams in the country, Universitario de Deportes and Alianza Lima were encouraged to design banners with messages about the prevention of HIV. They took these to a highly anticipated match in Peru between the two teams. It was then arranged for the two groups to meet their footballing heroes after the game.

The strategy was a great success. The young people were very focused on the task in hand and subsequently realised the importance of using condoms to prevent the transmission of STIs and HIV. This was reflected in the banner messages which read ‘AIDS has no club’ for Alianza Lima’s banner and ‘If you love yourself use a condom’ on Universitario de Deportes’ banner. Both were shown in the soccer match, not only did the people at the stadium see the banners but also thousands of TV viewers watching the match at home too!
Life begins at forty five

When it was her turn, Dilini went into the consulting room with her daughter at the Family Planning Association of Sri Lanka clinic and spoke to a health worker. When it came to discovering the cause for her delayed menstruation the doctors were about to tell Dilini something she wasn’t prepared to hear.

‘Sometimes I wonder who I am. I’m just a number among thousands of displaced people. I’m just a face among 135,000 other women. My current address is a camp in Chettikulum for internally displaced people because my home ceased to exist due to the war. My daughter stands in the line. I know she’s pregnant. I can see the signs. To be honest, I don’t know if it’s a blessing or a curse – to be bringing a baby into our world. Anyway that is one worry I don’t have to deal with. It is her life, her responsibility to bear along with her husband. But what will the doctors say about me? I’ve had no period for three months now. Maybe it is menopause. After all I am 45. I didn’t want to hear the words that tumbled out of the doctor’s mouth after he had examined me. Pregnant? No! Please not that, I refuse to accept it.

At first I was truly determined to commit suicide. I couldn’t face the stigma of being a pregnant older woman. However, a ‘befriender’ from the clinic helped me handle the emotional trauma I was struggling with. ‘Befriender’ is an insufficient word. It doesn’t really explain my journey through misery and madness to where I am today. All I could think of at the time was, I was about to become a grandmother – how can I also carry a baby myself? How will I raise that child? Where will we go?

Things are different now. After hours of conversations, tears, advice, the making and remaking of decisions I realized that suicide wasn’t the answer. I also had a full medical check-up and took the opportunity to test for HIV. I was negative which was a relief but I did hear that they had some drugs which could have prevented me passing HIV onto my baby if I had been positive. These days I come to the clinic with my daughter. We are being cared for. What will our future be? I don’t really know the answer to that. All I know is that I have moved on from where I was and for now, that is enough.’
For more information about practically linking sexual and reproductive health and HIV at the policy, systems and service delivery levels visit www.ippf.org/en/what-we-do/aids+and+hiv
1. IPPF Global Indicators 2009

2. IPPF Global Indicators 2009

3. Name changed to protect confidentiality

4. Name changed to protect confidentiality

5. IPPF Global Indicators 2009

6. Name changed to protect confidentiality

7. Name changed to protect confidentiality

8. UNFPA & UNAIDS (June 2004) New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health

9. Name changed to protect confidentiality

### Acronyms

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<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>AMPF</td>
<td>Association Marocaine de Planification Familiale (Morocco)</td>
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<td>ARBEF</td>
<td>Association Rwandaise pour le Bien-Etre Familial (Rwanda)</td>
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<td>ART</td>
<td>Antiretroviral therapy</td>
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<td>CAMNAFAW</td>
<td>Cameroon National Association for Family Welfare</td>
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<td>EFPA</td>
<td>Egyptian Family Planning Association</td>
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<td>Family Guidance Association of Ethiopia</td>
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<td>Family Health Options Kenya</td>
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<td>Family Life Association of Swaziland</td>
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<td>FPAN</td>
<td>Family Planning Association of Nepal</td>
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<td>HERA</td>
<td>Health Education and Research Association</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>INPPARRES</td>
<td>Instituto Peruano de Paternidad Responsable (Peru)</td>
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<td>IPPA</td>
<td>Indonesian Planned Parenthood Association</td>
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<td>IPPF</td>
<td>International Planned Parenthood Federation</td>
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<td>LGBT</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>PLHIV</td>
<td>People living with HIV</td>
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<td>PPAT</td>
<td>Planned Parenthood Association of Thailand</td>
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<td>RHAC</td>
<td>Reproductive Health Association of Cambodia</td>
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<td>SRH</td>
<td>Sexual and reproductive health</td>
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<td>STIs</td>
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In a Life

Linking HIV and Sexual and Reproductive Health in People’s Lives

Sex, love and intimacy play an important part in what it means to be human. Whether for pleasure and/or procreation; whether straight, gay or bisexual; and irrespective of gender or HIV status making informed choices about our sexual and reproductive lives helps shape our dreams and desires. Linking sexual and reproductive health and HIV recognizes the vital role that sexuality plays in people’s lives.

The following real-life stories reflect IPPF’s core values in linking sexual and reproductive health and HIV: evidence-informed programming, a recognition of vulnerability and the full protection of rights. In a Life highlights how our work – shaped and pioneered by the efforts of thousands of committed staff, volunteers and partners – is having a real impact in the lives of people the world over.