

Different Backgrounds, Same Strength

By Mbonisi Zikhali

Women can be of the same strength, yet their different backgrounds could clearly set them apart. Women from the developed and developing worlds, although similar in their resilience, willpower and grace, are separated by such glaring facts as economic status, infection rate and life expectancy.

The need to rediscover the sheer power of women working together has never been as evident as in the face of HIV and AIDS. The need to learn what other women are doing to change their circumstances, the challenges they have faced and the victories they have scored seems the only way to deal with an epidemic which often makes women, even in the developed world, vulnerable.

Lois Chingandu from the Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS), Veronica Ngwerume from SEKE Rural Home-Based Care in Zimbabwe, Monique Fong of Healing our Nations in Halifax and Meskerem Tebeje from Voices of Positive Women (VOPW) in Toronto are all incredible women who were brought together by Oxfam Canada's Linkages Project to meet and share their insights and knowledge around gender and HIV and AIDS.

The Linkages Project is a testimony to how the face of HIV and AIDS has revealed itself as female and how both the developed and developing world possess unique approaches to dealing with the epidemic that are adaptable to both environments.

SAfAIDS and SEKE shared with their Canadian counterparts their experience operating an innovative dialogue series that incorporated theatre presentations to help break down cultural practices that were fueling the spread of HIV.

"Changing the River's Flow" focuses on community dialogues and how these can be used to address harmful cultural practices. In Zimbabwe, that includes the concept of "inheriting" a widow, a cultural practice that sees widowed women taken as wives by their brothers-in-law.

In light of some of the work that VOPW does to assist HIV positive women living in Canada but coming from other cultures, the two southern African organizations felt that an understanding of cultural practices and the systems and structures at play in increasing women's vulnerability to HIV and AIDS would be beneficial.

Some Canadian women also face marginalization based on rights, socio economic status, sexual orientation, geographic and social isolation, as well as immigration status, all of which can contribute to growing infection rates, as well as a lack in meaningful support, care and treatment.

"This linkages project has been a real experience both personally and for my work as well," said Lois Chingandu. While she travels often for official SAfAIDS work, it's mostly to attend large meetings. "While you learn a lot from large conferences, you miss out on the small nuances and intimate connections with people. Therefore you learn, but only to a certain point."

Coming here and focusing on a very small component, getting to meet people and talking to other programmers was what she calls “an experience of growth” in terms of knowledge and emotional support.

She praised the freedoms that allow Canadian women to express their views and said she hopes to see the same kind of representation of women in Zimbabwe’s constitutional processes.

“Now in Zimbabwe we have an opportunity in the sense that we are talking about a new constitution,” she said. “We have a chance to get the voices of people living with HIV, particularly women, in the constitution-making process. We want it (constitution) to reflect and be sensitive about the fact that the bulk of the people are living with HIV, and women are the most affected.”

“One of the things that has really surprised me,” she observed, “is that there seems to be more similarities than differences.” Although Zimbabwe and Canada are separated by distance, different economies, context and cultures, when it comes to HIV and how people live with the virus, there are many similarities. She cited that people who live with HIV and AIDS in the developing world struggle with issues of stigma, disclosure and gender. Even in Canada, in places where organizations such as Voices for Positive Women work, minority communities are dealing with the very same issues.

However, Lois was particularly impressed to find so much access to treatment and medicines in Canada, saying that if developing countries had similar access to treatment and resources they would, to a large extent, manage to make a positive difference for women. “It energizes us to go back and really work hard in these areas to lobby our governments to ensure access.”

Of the 33 million people living with HIV, nearly two-thirds of them are found in Southern Africa. Canada, by comparison, has relatively small numbers but Meskerem Tebeje said the country’s 58,000 infections doesn’t fully reflect how the infection rate for women is rising. The infection rate of women “shows no signs of abating,” she said.

Veronica Ngwerume, like Lois, also concurs that a notable difference in Canada is the ample assistance that goes into women's programs and women in general. "There is somewhere to go where their problems can be addressed," she said. "Women back home don't have such support."

She marvelled at how women's rights are respected more in Canada than they are in Zimbabwe.

"Back home", she added with a forced smile, "we have to depend on men to be leaders". She commented that although the government was experimenting with a quota system (where they say that in every four people there should be one woman), that exists in theory and has not yet been implemented on a wider scale."

When she visited Women’s Health in Women’s Hands in Toronto, she was struck by the diversity and abundance of resources in responding to women’s needs and HIV and AIDS. Women’s Health In Women’s Hands (WHIWH) Community Health Centre provides primary healthcare to women of colour from the Caribbean, African, Latin American and South Asian communities in Metropolitan Toronto and surrounding municipalities.

The second phase of the Linkages program will take place in the new year, with Canadians traveling to South Africa to learn about documenting and disseminating information about HIV. The exchange aims to introduce VOPW to some of Southern Africa's best practices in women's rights, gender and HIV and AIDS. "We are so excited about the potential that they are going to come and visit us in Southern Africa" Lois said. "What we learnt is that the people they are targeting here, most of them are Africans."

Visiting Africa will allow her Canadian counterparts to design culturally appropriate interventions for their Canadian clients. Lois stressed that some of the African people living in Canada were still practicing their culture.

"The advantage for them is that they are going to come back to Canada where there are unlimited resources. They can then combine culturally sensitive products with resources," Lois said.