RECOMMENDATIONS

Based on this Report Card, a number of programmatic, policy and funding actions could be recommended to enhance HIV prevention for girls and young women in Mozambique. These are that key stakeholders – including government, relevant intergovernmental and non-governmental organizations, and donors – should consider:

1. Review and strengthen Mozambique'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.
2. More aggressively promote and enforce the Family Law, particularly its aspects relating to early marriage, and back it up with other **gender-related legislation**, such as to criminalise all gender-based violence, including spousal rape.
3. Introduce legislation to protect **human rights** within AIDS-related services. Examples include a Law to promote confidentiality within voluntary counseling and testing and to facilitate firm action if discrimination occurs against people living with HIV, especially in health care settings.
4. More effectively **integrate services** for sexual and reproductive health (including antenatal care) and HIV prevention (including voluntary counseling and testing). For example, ensure that, alongside being offered prevention of mother-to-child prophylaxis, a pregnant young woman who tests HIV positive can also access options for future contraception.
5. Expand the depth and breadth of **youth-friendly sexual and reproductive health services** and address the barriers to their use. For example, increase the opening hours of Youth-Friendly Clinics and provide Youth Corners in community settings as well as schools, especially in rural areas.
6. Promote universal access to **antiretroviral therapy,** while also promoting positive prevention. Ensure that girls and young women living with HIV can receive treatment within an environment that not only addresses their HIV status, but recognizes their broader needs relating to their gender, age and social status.
7. Strengthen national protocols about HIV prevention within **educational environments.** For example, ensure that condoms can be distributed in schools and pregnant girls can continue in daytime classes. Also, ensure that teachers receive adequate training and monitoring to implement the HIV and AIDS aspects of the New Curriculum for Basic Education.
8. Strengthen the commitment to women's health, to deal with the health impact of **unsafe abortion** as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Note that any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process.
9. Ensure that HIV prevention programmes continue to move **beyond abstinence-only** approaches and, instead, expand young peoples' access to a wider range of information and commodities, including male and female condoms.
10. Design evidence-based HIV prevention programmes that more specifically address the needs of **girls and young women**, especially those that may be highly vulnerable, such as those involved in transactional sex, in child marriages, prison or detention centers, survivors of gender-based violence and orphans.
11. Implement a comprehensive rights-based approach to universal access to HIV prevention, treatment, care and support for **sex workers**. This includes 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.
12. Design HIV prevention programmes that are specifically tailored to **young and older men** and address their role in supporting HIV prevention for girls and young women**.** In addition, more aggressively promote the **involvement of men** in sexual and reproductive health programmes. Ensure that such efforts involve: building life skills (such as listening skills); examining gender dynamics in sexual relations; promoting positive models of masculinity; and providing opportunities for dialogue with girls and young women.
13. Strengthen HIV and AIDS awareness campaigns that target **parents and community leaders.** Ensure that they reiterate the 'basics' about the epidemic, challenge negative socio-cultural 'norms' (such as multiple and concurrent partnerships) and articulate why girls and young women are vulnerable and need services.
14. Facilitate the active **participation of girls and young women**, including those that are marginalized and those living with HIV, in all aspects of national programming and decision-making relating to HIV and AIDS. Also, build their practical capacity in relevant areas, such as public speaking.

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REPORT CARD
HIV PREVENTION FOR GIRLS AND YOUNG WOMEN

MOZAMBIQUE

COUNTRY CONTEXT:

Size of population	**19.9 million**[1]
Life expectancy at birth	**46.7 years**[2]
Percentage of population under 15 years	**43.1%**[3]
Population below income poverty line of $1 per day	**54.1%**[4]
Female youth literacy rate (% ages 15-24)	**49.2%**[5]
Youth literacy rate (female rate as % of male rate, ages 15-24)[i]	**64%**[6]
Median age at first marriage for women ages 25-49 in 2003	**17.5 years**[7]
Median age at first sex amoung female ages 15-24[ii] **in 2003**	**16.1**[8]
Median age at first sex among males ages 15-24 in 2003	**16.2**[9]
Health expenditure per capita per year	**$50**[10]
Contraceptive prevalence rate[iii]	**11.7%**[11]
Maternal mortality rate per 100,000 live births	**408**[12]
Main ethnic groups » Indigenous groups (Makhuwa, Tsonga, Lomwe, Sena and others) 99.66% | European 0.06% | Euro-Africans 0.2% | Indians 0.08%[13]	
Main religions » Catholic 23.8% | Zionist Christian 17.5% | Muslim 17.8% | other 17.8% | none 23.1%[14]	
Main languages » Emakhuwa 27.7% | Xichanga 12.4% | Cisena 9.3% | Portuguese 8.8% | Elomwe 7.8% | Shona 6.5% | Xitswa 5.9% | Echuwabo 5.7% | other Mozambican languages 32% other foreign languages 0.3% | unspecified 1.3%[15]	

AIDS CONTEXT:

Adult HIV prevalence rate in 2005	**16.2%**[16]
HIV prevalence rate in females (ages 15-24) in 2005	**10.7%**[17]
HIV prevalence rate in males (ages 15-24) in 2005	**3.6%**[18]
Number of deaths due to AIDS in 2005	**110,000**[19]
Estimated number of orphans (0-17 years) in 2005 »	**530,000**[2]

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

Nearly half of Mozambique's population is under 15[21]**, highlighting the need to focus sexual and reproductive health efforts on adolescents and young people who are becoming sexually active. Girls and young women are particularly vulnerable. In 2005, HIV prevalence among females ages 15-24 was 10.7%, compared to 3.6% among males. The multiple factors that increase their vulnerability include: low literacy, school enrolment and low use of contraceptives, particularly condoms ; gender and power inequalities, including sexual and domestic violence ; early marriage in traditional communities; poverty and lack of economic opportunities (which contribute to girls and young women becoming involved in sex work); multiple and concurrent partnerships ; and parental and community disapproval of young people discussing sex and accessing sexual and reproductive health services.**

INTRODUCTION

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

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 Mozambique. 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 Mozambique.** 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 Mozambique.

The Report Card is the basis of extensive research carried out during 2006 by IPPF, involving both desk research on published data and reports, and in-country research in Mozambique to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Mozambique' (available on request from IPPF).

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

KEY POINTS:

- The new Family Law, passed in 2004, raised the **legal age for marriage** to 18 (with parental consent) and 21 (without parental consent). However, despite public awareness campaigns, many girls and young women remain unaware of its existence or misunderstand its contents, and, in some areas, early marriage continues to occur.[26]
- There is no **minimum legal age** for accessing sexual and reproductive health services without parental or partner consent. There is, however, a minimum legal age for undertaking an **HIV test**, which was recently lowered to 16.[27]
- **Abortion** is still illegal in Mozambique. However, the Ministry of Health has issued a decree allowing abortions to be performed in certain hospitals in cases of endangerment of health and contraceptive failure. Moreover a draft law exists which would allow abortion to any woman when specific medical conditions within the health institutions exist (e.g. trained health personnel). This law is currently (July 2006) being discussed nationwide and expected to be presented to Parliament shortly.[28]
- There is no law that defines **domestic violence** as a crime, although a proposal for such a law is being prepared and will require approval. The practice is reported to be widespread – restricting women's ability to prevent unwanted sex, negotiate condom use and protect themselves from HIV infection.[29]
- The law prohibits **rape** outside of marriage, although prosecutions are rare. It does not prohibit spousal rape – which is reported to be widely practiced and accepted.[30]
- **Sex work** is legal, although it is restricted to certain areas and sometimes the subject of police interference.[31]
- Law No. 5/2002 of February 2002 rules for non-discrimination in the workplace against workers or candidates who are living with HIV. Beyond that, there is little **HIV and AIDS-specific legislation**, for example covering areas such as testing. The Government is, however, considering a more comprehensive law being promoted by organizations representing people living with HIV.[32]
- Generally, there is increasing awareness about the **special needs and vulnerabilities** of girls and young women in relation to HIV prevention. However, there is no clear **strategy** for how to comprehensively promote and protect those needs through legal instruments, although the forthcoming Children Act will address some of the critical aspects.[33]

QUOTES AND ISSUES:

- "**Early marriage** contributes to the spread of HIV – as girls' bodies are not yet fully developed and extra-marital relationships are more likely." (Focus group discussion, 15-19 year olds, Maputo)
- *"This is not the time to be a **superman**. It is not the time to have three, four, five, six women."* (Focus group discussion, 15-19 year olds, Maputo)
- "When the **husband** wants to have sex, his wife cannot refuse, she must have sex with him." (Focus group discussion, 20-24 year olds, Maputo)
- *"Many women are infected by their husbands who, even knowing their status, choose not to **disclose** it to them and don't want to use a condom."* (Interview, Nurse, national NGO)
- "Many parents, especially **fathers**, still prohibit their daughters from using sexual and reproductive health services – arguing that they are too young to think about sex." (Interview, Nurse, national NGO)
- *"Most girls and boys think that the husband or boyfriend has the **right** to beat his partner. This affects women's ability to negotiate in all senses."* (Interview, Country Representative, international NGO)
- "Many girls don't go to the hospital and prefer to have an **abortion** under extremely risky conditions - because they know it is not something legal." (Interview, Nurse, national NGO)
- *"There is a need for legal instruments so that **sex workers** can receive medical and legal assistance."* (Interview, Programme Officer, United Nations agency)
- "There is a need for laws that clearly state **women's rights**, including to education, health care and employment." (Interview, Technical Adviser, international donor agency)

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

KEY POINTS:

- The National Strategic AIDS Plan 2005-2009 addresses the full **continuum of HIV/AIDS strategies**. It has seven priority areas: prevention; advocacy; stigma and discrimination; treatment; mitigation; research; and coordination of the national response.[34]
- The National Strategic AIDS Plan recognizes how **gender inequalities** increase women's vulnerability and commits to measures such as promoting their access to legal instruments to fight sexual violence. It also emphasizes reducing HIV infection among **15-24 year olds**, with measures such as improving condom distribution and providing free treatment for sexually transmitted infections.[35]
- The National Strategic AIDS Plan refers to the specific HIV prevention **needs of marginalized groups**, including young people, sex workers, drug users, truck drivers and prisoners, as well as people living with HIV.[36]
- The National Strategic AIDS Plan emphasizes people's **right to confidentiality** in relation to all information about their health status. However, it acknowledges that confidentiality is not always respected in practice, particularly within voluntary counseling and testing services.[37]
- The national **protocol for antenatal care** promotes an optional HIV test for all pregnant women and the provision of prevention of mother-to-child- transmission services. Meanwhile, the national policy on prevention of mother-to-child-transmission promotes comprehensive attention to sexual and reproductive health. In practice, however, many of these services are 'disjointed' and access to comprehensive support is far from universal.[38]
- The New Curriculum for Basic Education, introduced in 2004, includes **HIV/AIDS as part of the curriculum** on poverty reduction. However, girls and young people report receiving little education about sex and relationships from teachers and, instead, gain it from the peer activists and Youth Corners that are active in many schools.[39]
- Key data (such as that cited by the Demographic Health Survey, UNAIDS and WHO) is **disaggregated by both age and gender**. This enables a specific analysis of how the AIDS-related context – and the impacts on girls and young women – are changing.[40]
- The Government recently approved a new **multicultural HIV communication strategy**, which seeks to define priority national HIV communication objectives. Its activities include a national HIV campaign focused on adolescents and young people.[41]

QUOTES AND ISSUES:

- "**Politicians** should include messages about AIDS in their speeches. TV programmes should send the message that there is still hope even if a person is HIV positive." (Focus group discussion, 15-19 year olds, Maputo)
- *"People must know that HIV and AIDS is a serious disease, but is like any other disease. There is no justification for **discrimination**."* (Focus group discussion, 15-19 year olds, Maputo)
- "Many **couples** come to see us. One of them gets tested and the result is positive, but the partner never finds out the truth - as some people lie to their partner and we have to respect confidentiality… It is difficult." (Interview, Nurse, national NGO)
- *"What girls and young women learn in **school** is from activists from Geração Biz…. There isn't a specific class about sexual and reproductive health… The schools don't teach about these issues and parents don't talk about them."* (Focus group discussion, 20-24 years, Maputo)
- "We have managed to introduce sexual and reproductive health issues in the new **curriculum**. However, teachers still need training to teach the new curriculum." (Interview, Programme Officer, United Nations agency)
- *"The pronouncement by the Ministry of Education - which states that, if a girl attending day classes gets **pregnant**, she must be transferred to night classes contributes to increasing women's vulnerability to infection."* (Interview, Programme Officer, United Nations agency)
- "There is a need for clear protocols to promote more access to **abortion** services." (Interview, Country Representative, international NGO)
- *"The policies in general are not the problem, but their **implementation**."* (Interview, Technical Adviser, international donor agency)

3» PREVENTION COMPONENT 3
AVAILABILITY OF SERVICES (NUMBER OF PROGRAMMES, SCALE, RANGE, ETC)

KEY POINTS:

- There are 133 **sexual and reproductive health outlets and 30 voluntary counselling and testing sites**.[42]
- The key sources of sexual and reproductive health and HIV prevention **services for young people**, especially in urban areas, are: Gabinete de Aconselhamento e Testagem Voluntária (GATV) in health facilities; Cantos de Aconselhamento – or Youth Corners - in schools; and Serviços Amigos dos Adolescentes e Jovens (SAAJs) – or Youth-Friendly Clinics - in health facilities or NGOs. They provide a variety of generic services, such as counseling and information about sexually transmitted infections. These services often do not respond to the specific needs of young women and girls, or those already living with HIV.[43]
- Male **condoms** are available in some health facilities and through social marketing outlets, but do not tend to be widely used by young people. There is limited availability of female condoms and the prices are considered high by users.[44]
- Services for **prevention of mother-to-child transmission** are available at 74 government and NGO outlets. However, by September 2005, only 6.7% of HIV positive pregnant women were actually receiving ARV/T.[45]
- In 2005, 34 health facilities provided **antiretroviral (ARV) therapy**. About equal numbers of males and females with advanced HIV infection were accessing the drugs, but fewer young people than adults were receiving them (3.2% compared to 8.6%).[46]
- Some **HIV prevention programmes** for young people are paying increasing, sometimes almost exclusive, attention to abstinence-orientated approaches. Others focus on information, education and communication about AIDS as a disease, rather than addressing issues of vulnerability. However, several key stakeholders (such as UNICEF, UNFPA and the Ministry of Youth and Sports, Education and Health) promote broader multisectoral strategies that, for example, incorporate life skills, gender-sensitivity and condom promotion.[47]
- There are almost no HIV prevention projects for **girls and young women**, apart from a few focused on sex workers and orphans.[48]
- **Young and middle-aged men** are seen as key to HIV prevention for girls and young women. However, there are few services that specifically target them or programmes that build their social skills and gender sensitivity.[49]
- There are some groups, such as Kuyakana, that provide **positive prevention**[iv] and other services for women who are living with HIV. There are few, if any, services that focus on girls or young women who are HIV positive.[50]
- A lack of **human resources** continues to pose challenges to the capacity of the national health system. The province of Maputo has had the largest share of HIV/AIDS resources, outside which the provision of services is far more limited.[51]

QUOTES AND ISSUES:

- **"Boys**?! They know [where the services are]… but they are not interested in getting information." (Focus group discussion, 15-19 year olds, Maputo)
- *"Most girls still don't accept **condoms**. They are worried about unwanted pregnancies and not about HIV and AIDS. That's why we have so many girls that come for the emergency pill."* (Interview, Nurse, national NGO)
- "There is a need for on-going **information** campaigns about HIV and AIDS and prevention services, because many people still don't know they exist." (Focus group discussion, 15-19 year olds, Maputo)
- *"If **parents** received information, they would understand their daughters' need for HIV prevention services … The young women could then use the services more openly without having to lie to their parents about where they go and to hide their condoms."* (Focus group discussion, 20-24 year olds, Maputo)
- "The health care system is designed for women and not for **men**. The hours the services are open is an example. Only private clinics see patients after five pm." (Interview, Programme Officer, United Nations agency)
- *"The absence of services designed for **men** tends to create conflict among couples because, if the woman receives information about HIV and AIDS prevention and decides to change and the man does not, then he can't see the need for a change."* (Interview, Country Representative, international NGO)
- "Antiretrovirals are available, including for pregnant women through the program for prevention of mother-to-child transmission. However, some women do not accept the service because of fear of their husbands." (Interview, nurse, national NGO)
- *"When **ARVs** were experimentally introduced in two SAAJs [youth friendly clinics], the number of boys and young men visiting the youth clinics increased."* (Interview, Programme Officer, United Nations agency)
- "There are not enough **condoms** and it seems that the government has, in a way, been influenced by external pressure. The result of this is the focus on abstinence that we see in many initiatives." (Interview, Country Representative, international NGO)

4» PREVENTION COMPONENT 4
ACCESSIBILITY OF SERVICES (LOCATION, USER-FRIENDLINESS, AFFORDABILITY, ETC)

KEY POINTS:

- There are many **social, practical and financial barriers** to girls and young women accessing HIV prevention services. They include:
  - Staff that are judgemental and not youth - friendly.
  - Inconvenient opening hours and having to wait a long time to be seen.
  - Cost of treatment.
  - Cultural norms (conceptions about health and disease, expectations that males make decisions about sexual relations and use of health facilities).
  - Labelling people by their medical condition.
  - Distance to services, especially in rural areas and if transport costs are involved.
  - General lack of information about what services are available, where and for what cost.[52]
- **Voluntary counselling** and testing is available for free for girls and young women under 24 years at the youth-friendly GATVs and SAAJs.[53]
- About equal numbers of young women and men are **accessing HIV testing services**. Generally, however, more girls than boys access the youth-friendly sexual and reproductive health services, due to this issue being seen as the responsibility of women alone.[54]
- Counselling and 'on-site' treatment for **sexually transmitted infections** are free at the youth- friendly services, but prescription medicines have to be paid for. **Condoms** are available for free at the services and at a reduced price at social marketing outlets.[55]
- **Antiretrovirals** are free, although they are not available for everyone that needs them. Some girls and young women also experience barriers to their access, such as stigma.[56]
- Issues relating to young people are included in the **training of key health care workers** at sexual and reproductive health clinics. However, in practice, some girls and young women experience negative attitudes, especially from older staff.[57]
- The youth-friendly sexual and reproductive health services place high **emphasis on confidentiality**. However, some girls and young women experience lack of privacy and breaches of confidentiality.[58]
- In theory, the youth-friendly sexual and reproductive health services are equally open to all girls and young women, including those that are living with HIV. However, in reality, they can be **less accessible to some groups** – such as single mothers that work and girls that are in-school – due to practical issues such as their opening hours.[59]

QUOTES AND ISSUES:

- "One young woman went to a Gabinete de Aconselhamento e Testagem Voluntária [health facility]. She asked the **nurse** for condoms and was asked what she needed them for. It was very uncomfortable and she never went back there." (Focus group discussion, 20-24 year olds, Maputo)
- *"The **staff** call out: "People with sexually transmitted infections come to this side"… and the women won't go because they don't want others to know that they have a sexually transmitted infection."* (Interview, Nurse, national NGO)
- "The nurses and counsellors must inspire trust and be friendly to youth. Some nurses limit themselves to giving information and do not care about the way they do it." (Focus group discussion, 15-19 year olds, Maputo)
- *"Young people fear the reactions of **parents** if they use HIV prevention services – so most prefer to go to a different neighbourhood."* (Focus group discussion, 15-19 year olds, Maputo)
- "If my **father** tells me that it is good to use these services, I will want to go there." (Focus group discussion, 15-19 year olds, Maputo)
- *"If a girl or boy is HIV positive and wants to access **antiretrovirals**, she/he has to go to the same place as older people."* (Focus group discussion, 15-19 year olds, Maputo)
- "Some services can only see twelve people a day. People **wait** 2 to 4 hours and then the doctor leaves without seeing them, just because it is time to close." (Focus group discussion, 20-24 year olds, Maputo)
- *"When we have a **physician** only twice a week, things get complicated."* (Interview, Programme Officer, United Nations agency)
- "We need **mobile units** [for testing], so that we can access those people that can't come to us." (Interview, Counsellor, NGO/government clinic)
- *"It is a combination of **factors** that prevent access to services. The influence of each of them varies from girl to girl."* (Interview, Programme Officer, United Nations agency)

5» PREVENTION COMPONENT 5
PARTICIPATION AND RIGHTS (HUMAN RIGHTS, REPRESENTATION, ADVOCACY, PARTICIPATION IN DECISION-MAKING, ETC)

KEY POINTS:

- Mozambique ratified the **Convention on the Rights of the Child** on 26 April 1994 and acceded to the **Convention on the Elimination of All Forms of Discrimination Against Women** on 16 April 1997 and also the **African Protocol for Women's Rights** in 2005. Progress on some areas, such as children's rights, is considered to be positive, although, in general, the application of international commitments and rights-based approaches is considered to be very varied.[60]
- The **Board of the National AIDS Council** does not include someone to specifically represent the interests of girls and young women. However, it does include representatives of the: Ministry of Youth and Sports; Ministry of Women and Social Protection; Association of People Living with HIV; Mozambican Association For Family Development; and Organization of Mozambican Women.[61]
- The National Strategic AIDS Plan for 2005-2009 was developed through a **participatory process**, although the involvement of youth groups, including girls and young women, was not extensive.[62]
- Overall, the **active participation of girls and young women**, particularly those from **marginalized groups**, remains low in national action on HIV and AIDS. However, a gender and AIDS programme has been launched to address the feminization of the HIV epidemic, and research on this issue is being undertaken by NGOs. Various agencies, such as UNFPA and the International Women's Coalition (Mozambique), are also engaged in initiatives to promote gender-based involvement.[63]
- Community-based HIV prevention activities tend to target the general public. There are few that specifically encourage joint dialogue among **girls/boys or young women/young men**.[64]
- The main **network of people living with HIV** is open to all positive people, including girls and young women. Most programmes tend to provide services 'for' people living HIV, but some are facilitating skills building and encouraging participation.[65]
- An increasing number of girls and young women living with HIV are 'breaking the silence' and **speaking openly about their HIV status**, for example at conferences.[66]

QUOTES AND ISSUES:

- "I don't think they [**international commitments**] are applied. We are consumers of information that comes from outside and is never put into practice." (Interview, Counsellor, NGO / government voluntary counseling and testing centre)
- *"The National AIDS Plan reflects **human rights.** What is needed is how to make it operational."* (Interview, Technical Adviser, international donor agency)
- "Initiatives need to be **rights-based**… and promote initiatives for women's advancement at all levels. Programs need to treat women in a comprehensive way, instead of only seeing them as mothers." (Interview, Country Representative, international NGO)
- *"Prevention strategies treat HIV positive people as if they were **guilty** of being infected."* (Interview, Country Representative, international NGO)
- "**Involvement** is low. There are some attempts to involve more girls and young women, but, because they are not prepared, their contributions are weak." (Interview, Programme Officer, United Nations agency)
- *"Girls and young women have been **involved** in some major initiatives, such as the Geração Biz Programme, the Presidential Initiative and the preparation of the UNGASS +5 report. The youth group always attends those events. The issue is who and how they participate. Even when they attend, girls and young women tend to participate less."* (Interview, Technical Adviser, international donor agency)
- "Support to girls should be given through the associations that they belong to. They should be given tasks and responsibilities that prepare them to **talk openly** and with confidence." (Interview, Programme Officer, United Nations agency)
- *"**Men** must change their attitudes towards women. They have to be open to listening to their ideas and opinions."* (Interview, Counsellor, NGO / government voluntary counseling and testing centre)

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