GENDER-BASED VIOLENCE AND HIV/AIDS IN SOUTH AFRICA

A BIBLIOGRAPHY

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GENDER-BASED VIOLENCE AND HIV/AIDS IN SOUTH AFRICA

A Bibliography

Developed by

Centre for AIDS Development, Research and Evaluation (CADRE)
for the Department of Health, South Africa

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Research

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Note

This bibliography is a companion document to a series of reviews of gender-based violence and HIV/AIDS in South Africa. This bibliography is available as a searchable database on the CADRE website (www.cadre.org.za). Related project documents are also available on the site.

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Background

This bibliographic review is a companion document to a Literature Review under the same title. Development of this bibliography involved:

- An extensive electronic search of international and national electronic databases to identify relevant research published in journals and books, as well as in the extensive 'grey' literature – much of which is not documented on the standard electronic search engines and published data bases of HIV/AIDS literature. The latter includes commissioned programme evaluations and baseline studies, as well as studies undertaken at Masters and PhD level in South African tertiary institutions.
- A selection of material that specifically applied to gender-based violence and HIV/AIDS related to the Southern African context.

Abstracts have been included where these have been available. Abstracts were also written for selected texts. The emerging texts were organised thematically and it was through this process that the classification process for this document was derived. We accept the areas of classification may not be perfect, and that in certain instances, texts do not fall neatly into the classification areas. This is however supplemented by the availability of this bibliography in a searchable database on the Cadre website – www.cadre.org.za.

As is noted in the companion Literature Review, there is much research still needed towards understanding HIV/AIDS in relation to gender-based violence. It is hoped that this document forms a useful foundation for identifying gaps, assisting researchers, and contributing to policy in this emerging area.

Contents

Child Sexual Abuse 6

Children 11

Communication 14

Cultural Influences 19

Disclosure and Stigma 22

Gender and HIV/AIDS 25

Gender and Human Rights 46

Gender-based Violence 49

Migration and Trafficking 68

Policies and Guidelines 82

Sexual / Reproductive Health and Rights 87

Youth 97

Child Sexual Abuse

Becker J (2001)

Easy targets: Violence against children worldwide

Human Rights Watch, Washington DC

> The global scandal of violence against children is a horror story too often untold. With malice and clear intent, violence is used against the members of society least able to protect themselves – children in school, in orphanages, on the street, in refugee camps and war zones, in detention, and in fields and factories. In investigating human rights abuses against chidren, Human Rights Watch has found a disturbing but persistent theme – in every region of the world, in almost every aspect of their lives, children are subject to violence, most often perpetrated by the very individuals charged with their safety and well-being.

Dilorio C (1998)

Childhood sexual abuse and risk behaviours among women at high risk for HIV infection

American Journal of Public Health 9(2):214-219

> Mounting research suggests that men with a history of unwanted sexual activity during childhood are more likely than those without such a history to engage in sexual practices that place them at risk for contracting HIV. The purpose of this study was to determine whether men with a history of unwanted sexual activity during childhood engaged in more high-risk sexual behaviours and reported more problems with alcohol and drug use than did men without such a history, and to determine the relative contribution of unwanted sexual activity during childhood and other risky health practices to high-risk sexual behaviours. Data for this study were obtained from the National Institute of Mental Health (NIMH) Multi-site HIV Prevention Trial, a national study that enrolled predominantly African-American and Hispanic or Latino men and Latina women recruited from STD clinics and health service organisations.

Flinn SK (1995)

Child sexual abuse II: A risk factor for HIV/STDs and teen pregnancy

Advocates for Youth, Washington DC

> Until the early 1970s child sexual abuse was thought to be rare, and centered among the poor. Experts now agree that child sexual abuse has always occurred and still exists in all socio-economic groups. Increased public awareness has led to greater reporting; from 1970 to 1990, child sexual abuse reports increased more than other categories of neglect or abuse. Despite this gain, child sexual abuse still remains vastly under-reported.

George E (2002)

Criminal justice? Tackling sexual abuse in schools

Human Rights Watch, Washington DC

> Decades of violent enforcement of apartheid policies have fuelled a culture of violence in South Africa. Girls are raped, sexually abused, harassed and assaulted at school by male classmates and male teachers. When governments and communities tolerate this in school environments, the message to men and boys is clear: violence and gender inequality is legitimate. How can schools begin to challenge the notion of violence as a societal norm? What can be done to ensure that sexually abused girls are not lost in the shuffle between school officials, police and persecutors?

Gutman LT, St Claire KK, Weedy C, Herman-Giddens M & McKinney (1992)

Sexual abuse of human immunodeficiency virus-positive children: Outcomes for perpetrators and evaluation of other household children

Am J Dis Child 146(10):1185-9

Hanson RM (1993)

Sexually transmitted diseases and the sexually abused child

Curr Opin Pediatr 5(1):41-9

> Sexually transmitted diseases pose a significant problem for children who have been sexually abused. The pattern of sexually transmitted diseases in this group reflects their changing pattern in the community at large. The prevalence of sexually transmitted diseases in sexual abuse victims is significant although it depends on a number of factors, including sexually transmitted disease prevalence in the community, the organism, and the type of abuse. The transmission route of most common sexually transmitted diseases beyond the neo-natal period is accepted as sexual abuse, although the possibility of nonsexual transmission of some organisms, particularly those that can be transmitted at birth and have a long incubation and latency periods, is recognised. Mounting

evidence for nonsexual transmission of human papillomavirus is generating continuing controversy. The significance of other organisms as indicators of abuse remains unclear. It is recommended that children suspected of being abused be screened for sexually transmitted diseases. There has been considerable discussion about the extent of screening. Screening should adhere to clear guidelines that address local epidemiologic issues. Screening for HIV should be based on the extent of the virus in the community in which the child lives and on the nature of the abuse. Child sexual abuse must be recognised as an exposure category for HIV. Test selection for evaluating sexually transmitted diseases in sexual abuse victims is a critical issue. Rapid screening methodologies should not be relied on, and if positive results are obtained, they should be confirmed using another method or even another laboratory.

Herman V & Marshall A (2000)

Child sexual abuse in South Africa

Resources Aimed at the Prevention of Child Abuse and Neglect, Cape Town

The aim of this book is to attempt to bring to light the conscious and unconscious power dynamics that underlie child abuse. It examines the social conditioning and the institutionalised power that allows child abuse to flourish. Child abuse has many faces, and in order to prevent abuse from occuring within families, exposure to accessible information is needed. This book touches on those taboo subjects, which make it hard for parents and teachers to provide children with the information that they need in order to protect themselves.

Human Rights Watch (2001)

Scared at school: Sexual violence against girls in South African schools

Human Rights Watch, Washington DC

On a daily basis in schools across the nation, South African girls of every race and economic class encounter sexual violence and harassment at school that impedes their realisation of the right to education. This report examines the barriers to equal educational opportunity posed by the South African government's failure to adequately address the gender violence prevalent in the South African school system. South Africa was selected for this study not only because of the scope of the problem but also because of the opportunities for change there, where educators both in and outside of government have shown increasing interest in finding solutions.

Jackson S & Weisz V (1997)

Child sexual abuse as a risk factor for HIV/AIDS in adolescents: Implications for prevention

National Conference on Women and HIV

This paper links child sexual abuse, subsequent risky behaviour, and HIV/AIDS infection. The practical and policy implications for prevention among adolescents who have been victims of child sexual abuse are being spelt out. Adolescents are the fastest growing group of HIV infected individuals. Therefore, many prevention programmes have been aimed specifically at this general group. However, to date, prevention efforts have proved largely ineffective. This may partially be the result of inadequately addressing the special needs of specific sub-populations of adolescents, namely victims of child sexual abuse. Using the conceptualisation of Finkelhor and Browne (1990), this paper offers some explanations for why prevention efforts have failed, along with some specific suggestions for prevention messages. Although generalisable, these messages may be particularly pertinent for adolescent women. One of the major developmental tasks of adolescence is the establishment of intimate relationships. However, the experience of child sexual abuse is believed to interfere with the development of healthy intimate relationships (Musick, 1993). One reason young women are putting themselves at risk through adolescent sexual behaviour may be the effort to fulfill their affiliative needs. Unfortunately, while fulfilling one need, these adolescents are simultaneously placing themselves at great risk for acquiring the HIV infection. This paper aims at providing prevention researchers and clinicians working with adolescent females with effective prevention messages that specifically address the special needs of victims of child sexual abuse. Finally, it addresses the policy implications of adolescent prevention efforts.

Jewkes R (2002)

The 'virgin myth' and child rape in South Africa

Medical Research Council, South Africa

Jewkes R, Levin J, Mbananga N & Bradshaw D (2002)

Rape of girls in South Africa

The Lancet 359:319-320

Child rape violates human rights and causes immediate and long-term health problems for the child. In the 1998 South Africa Demographic and Health Survey, the frequency of rape was assessed in a nationally representative study of 11 735 women aged 15-49 years: 153 (1·6%, 95% CI 1·2-1·9%) of these women had been raped (forced or persuaded to have sex against their will) before the age of

15 years. These results show that younger women were significantly more likely to report rape than older women ($p<0\cdot0001$). The largest group of perpetrators (33%) were school teachers. Findings suggest that child rape is becoming more common, and lend support to qualitative research of sexual harassment of female students in schools in Africa.

Koen K, van Vuuren B & Anthony V (2000)

The trafficking of children for purposes of sexual exploitation: South Africa

Molo Songololo, Cape Town

The findings in this report focus on critical aspects related to the trafficking of children and addresses the following questions: who are the children at risk; who is trafficking them; how are children trafficked; why are children trafficked; what happens to children when they are trafficked; and what solutions can be offered to stem this practice?

Leach F (2001)

Conspiracy of silence? Stamping out abuse in African schools

Insights, Gender Violence Special Issue

Schools in sub-Saharan Africa tolerate serious sexual harassment and abuse, most of it perpetrated by older male pupils and male teachers. This report asks: Why is the school a violent place for girls? How does school culture encourage gender violence? In the light of the AIDS crisis, sexual violence against young girls needs to be vigorously tackled.

Lewis S (1997)

Theoretical and therapeutic aspects of extrafamilial child rape in the South African context: A preliminary exploration

Centre for the Study of Violence and Reconciliation, Johannesburg

The subjects in the study consisted of a group of ten South African latency aged victims of extrafamilial rape and their mothers. General observations indicated that most of the rapes occurred in the child's everyday environment and were characterised by the rapists' use of threats and violence against the children and their families. Children in the study presented with features of Post-traumatic Stress Disorder, and appeared to be at risk for secondary traumatisation during the process of disclosure. The mothers' own stress response, which included feelings of fear, helplessness and vulnerability, led to self doubt regarding their efficacy as parents. The ineffectual response of the South African Police Service was another factor that hindered recovery. The mother's attributions concerning the rape incident were explored, with a focus on causal attribution and perceptions of the significance of the rape for the child's future. In terms of causal attribution, the children's main concern seemed to be fear of future harm. They did not appear to construct the event in a detailed way. The majority of the children were aware that peers had been similarly victimised. None of the mothers demonstrated overt indications of blaming the child for the rape. However, it was clear that they were influenced by prejudicial rape myths and on a more subtle level their responses indicated some ambivalence about their child's role in the rape.With respect to perceptions of the significance of the rape for the child's future, on a verbal level the children did not evidence problematic attributions, but it seemed that internally, issues around disruption of identity and feelings of powerlessness may have been engendered. The results obtained from interviews with the mothers were in agreement with the literature pertaining to rape survivors, and victims of trauma, that indicates that the occasion of being a victim of a trauma somehow taints or stigmatises the victim. Implications of the findings for clinical practice are elaborated.

Lindegren ML, Hanson IC, Hammett TA, Beil J, Fleming PL & Ward JW (1998)

Sexual abuse of children: Intersection with the HIV epidemic

Pediatrics 102(4):46

Sexual transmission of HIV is the predominant risk exposure among adolescents and adults reported with HIV infection and AIDS. Although perinatal transmission accounts for the majority of HIV infection in children, there have been reports of HIV transmission through sexual abuse of children.

Mathews F (1996)

The invisible boy: Revisioning the victimization of male children and teens

National Clearing House on Family Violence, Canada

Some of the themes that are explored in this document are: the existence of a double standard in the care and treatment of male victims, and the invisibility and normalisation of violence and abuse toward boys and young men in our society.

Meursing K, Vos T, Coutinho O, Moyo M, Mpofu S, Oneko O, Mundy V, Dube S, Mahlangu T & Sibindi F (1995)

Child sexual abuse in Matabeleland, Zimbabwe

Social Science and Medicine 41(12):1693-1704

> The extent, nature, causes and consequences of child sexual abuse in Matabeleland, Zimbabwe, are explored by an intersectoral working group consisting of health, legal and AIDS prevention workers who were struck in the course of their work by the regularity with which they saw sexually abused children infected with HIV and STDs. Child sexual abuse cases form between 40-60% of the rape cases brought to the attention of hospitals, police and court and many more are believed to remain unreported. Half of the sexual abuse in children is detected through STDs and some have HIV. The majority of offenders are mature men known to the child. Factors influencing child sexual abuse are male dominance in society, men's professed inability to control sexual desire, and magic beliefs. Victims are traumatised by the abuse itself as well as by subsequent problems in family, health and in court. Since child sexual abuse may endanger the life and well-being of the child, it is a serious problem that requires urgent action.

Obisesan KA, Adeyemo AA & Onifade RA (1999)

Childhood sexuality and child sexual abuse in southwest Nigeria

Journal of Obstetrics & Gynecology 19(6):626

> There is paucity of information and research on childhood sexuality and child sexual abuse in Nigeria. This low level of information may be connected with the fact that generally discussions on sexual matters still remain a taboo in our culture. It is almost abominable to discuss sex with children. There is need for a radical departure from this position in view of the fact that at least 5% of the respondents in this study admitted having had sex between 6 and 10 years of age and 81 respondents (2.1%) were sexually abused in childhood. The urgent need for more research and a multidisciplinary problem resolution approach to childhood sexuality and child sexual abuse is stressed.

Padu SN & Peltzer K (2000)

Risk factors and child sexual abuse among secondary school students in the Northern Province (South Africa)

Child Abuse and Neglect 24(2):259-268

> This document is based on the investigation of the risk factors that contribute to childhood sexual abuse in the Northern Province, South Africa. The study found that four factors were significant predictors of child sexual abuse: ethnicity, maternal employment, step-parent present during childhood, and violence in the home.

Pitcher GJ & Bowley D (2002)

Infant rape in South Africa

The Lancet 359

> The Crime Information Management Centre of the South African Police Force recorded 221 072 sexual offences in 1999 against persons aged under 17 years. The authors recommend that this number should be seen in the context of a nationwide average of 83.5 reported rapes and attempted rapes per 100 000 population. As described in a commentary in The Lancet by Rachel Jewkes and colleagues, child and adolescent rape is a problem worldwide and a growing concern in sub-Saharan Africa. By contrast, infant rape is inordinately rare and infrequently described. Media reports of three such rapes in South Africa in the past few months have caused widespread anger and concern. In addition, a review from Cape Town covering nine years describes a further ten rapes of children aged under one year.

Redpath J (2000)

Children at risk

Helen Suzman Foundation, Johannesburg

> According to figures provided by Minister of Safety and Security Steve Tshwete on March 13, 8,683 children under 18 were raped in the first six months of 1999. The number of rape cases dealt with by child protection units more than doubled from 7,559 in 1994 to 15,732 in 1998. There are many rumours that the increase in reports of child rape and the myth of the virgin cure for AIDS are directly connected, but is it true? In an endeavour to find out the author canvassed opinion from social workers, police and others working in the child protection field.

Robinson AJ (1998)

Sexually transmitted organisms in children and child sexual abuse

International Journal on STDs and AIDS 9(9):501-10

Shumba A (2002)

Child abuse by teachers in Zimbabwe

Insights, Gender Violence Special Issue

This article presents research showing that most sexual abuse perpetrators (99.1%) were male. 69.3% were under 30 years old, 29.7% were 30-40, 1% was over 40. Furthermore 81.6% of perpetrators were trained teachers. 65.6% of perpetrators had had 'sexual intercourse' with their pupils. Other abuses included writing love letters, fondling (breasts, buttocks, thighs, private parts), kissing or hugging, rape, attempted rape, and showing pornographic material to a pupil.

Task Group on Sexual Abuse of Children (2000)

Report of the Parliamentary Task Group on the Sexual Abuse of Children

Task Group on Sexual Abuse of Children, South Africa

UNICEF (2001)

Profiting from abuse: An investigation into the sexual exploitation of our children

UNICEF, New York

The sex trade is a multibillion-dollar industry, built on greed and feeding on those with the least power. Children are coldly and calculatedly targeted for their marketability and cash value. In many countries, the sex industry fuels the expansion of the tourist industry and is a significant source of foreign exchange earnings. A study on the illegal economy in Thailand, for example, found that from 1993 to 1995, prostitution accounted for 10% to 14% of the country's annual gross domestic product (GDP). An estimated one third of the women involved in prostitution in Thailand are minors.

Women's Health Project (2001)

Women's day focus on the girl child

WHP Review 39

Wyatt GE (1998)

Child sexual abuse and HIV positive and negative women's sexual risk taking

International AIDS Conference, Geneva

This paper compares the prevalence and efforts of histories of child sexual abuse (CSA) on age, ethnicity, education, income and relationship status. This research capitalises on 20 years of research on HIV negative women's sexual abuse and sexual risk taking using structured interviews including the Wyatt Sex History Questionnaire. 228 HIV positive African American, white, and Latina women were interviewed who were recruited from health and social service agencies in Southern California, and a random community sample of 98 HIV negative women with comparable demographic characteristics every six months to assess medical and psychosocial aspects of risk taking and coping with stress.

Children

Ainsworth M & Filmer D (2002)

Poverty, AIDS and children's schooling: A targeting dillemma

Development Research Group, World Bank

> This paper analyses the relationship between orphan status, household wealth, and child school enrollment using data collected in the 1990s from 28 countries in sub-Saharan Africa, Latin America, the Carribean, and one country in Southeast Asia. The findings point to considerable diversity – so much so that generalisations are not possible.

Foster G & Williamson J (2000)

A review of current literature of the impact of HIV/AIDS on children in sub-Saharan Africa

AIDS 14(suppl. 3):275-284

> Greater understanding of the impact of HIV/AIDS on children is important in the design and evaluation of programmes to support children living in difficult circumstances. This paper reviews epidemiological characteristics of children affected by HIV/AIDS, coping mechanisms and current knowledge of the impact of HIV on children. Areas where important gaps in knowledge exist are highlighted.

Haffajee F (1996)

Sex and the schoolgirl in South Africa

AIDS Analysis Africa 7(3):9-9

> A recent youth survey found that one in three young women in South Africa have babies by the time they are 18 years old. But only one third of these teenagers planned their pregnancies and nearly half of them were still at school when they conceived. These figures reflect lack of control young women have in sexual relations, something that puts them at risk of acquiring HIV. Statistics like this reinforce the need to provide adolescents with information on unwanted pregnancies and STDs.

Harris B (1996)

The AIDS epidemic has both been a cause and a consequence of the trade in children: AIDS agencies stress new threat to child sex workers

World Congress Against Sexual Exploitation of Children, Stockholm

> According to experts, children are increasingly sought out by sexual exploiters in the mistaken belief that they are less likely to be HIV positive or even that sex with a child can cure the infection. In reality, children are most vulnerable to HIV infection, being physically unready for sex and with little power to fight back no matter how rough the sex or how long it lasts.

Henry K (2000)

Building community-based partnerships to support orphans and vulnerable children

Impact on HIV 2(1):3-8

> This article outlines the growing number of children whose parents have died of HIV/AIDS. It stipulates that strengthening community-based efforts is the only hope for building effective, sustainable support systems for orphans and other vulnerable children.

Human Rights Watch (2001)

In the shadow of death: HIV/AIDS and children's rights in Kenya

Human Rights Watch 13(4A)

> Work from UN bodies and others on AIDS and human rights has emphasised that the engine of the epidemic in many parts of the world is sexual violence and subordination of women and girls, recommending measures that protect the rights of women as part of AIDS policy and law. UNIFEM echoes the work of many social scientists in asserting that the epidemic 'would not have reached such vast proportions' if women in Africa and around the world were able to refuse unwanted and unprotected sex. These human rights analyses of HIV/AIDS, essential and ongoing, have not for the most part focused on children affected by AIDS and the ways in which the epidemic threatens children's human rights. The plight of children orphaned by AIDS has been the subject of many journalistic accounts and programme documents, but there have been few studies of legal and policy protections of children's rights related to HIV/AIDS. The traditional recourse that orphans and other vulnerable children have had to family-based and community-level support and protection is unravelling in AIDS-affected countries. This deterioration is in some cases a direct result of mortality and other consequences of the epidemic and in others due to the concurrent and combined effects of HIV/AIDS and intransigent poverty. The absence of traditional family and community support

for children has direct implications for the state. The difficult circumstances faced by AIDS-affected children can be mitigated by legal and policy protections and state support for well-defined and well-targeted services. After many years of weak official response to HIV/AIDS, the government of Kenya has recently taken aggressive measures to energise its fight against the disease, including the passage of legislation designed to facilitate the importation of cheaper, generic anti-retroviral drugs and the first steps to removing tariffs on imported condoms. In this report, Human Rights Watch suggests that equally aggressive measures must be taken by the government to ensure protection of the rights of children affected by HIV/AIDS.

Human Rights Watch (1999)

Spare the child: Corporal punishment in Kenyan schools

Human Rights Watch 11(6A)

For most Kenyan children, violence is a regular part of the school experience. Teachers use caning, slapping, and whipping to maintain classroom discipline and to punish children for poor academic performance. The infliction of corporal punishment is routine, arbitrary, and often brutal. Bruises and cuts are regular by-products of school punishments, and more severe injuries (broken bones, knocked-out teeth, internal bleeding) are not infrequent. At times, beatings by teachers leave children permanently disfigured, disabled or dead. Such routine and severe corporal punishment violates both Kenyan law and international human rights standards. According to the UN Committee on the Rights of the Child, school corporal punishment is incompatible with the Convention on the Rights of the Child, the world's most widely-ratified human rights treaty. Other human rights bodies have also found some forms of school-based corporal punishment to be cruel, inhuman or degrading treatment or punishment, and a practice that interferes with a child's right to receive an education and to be protected from violence.

Jewkes R (2002)

Abuse of trust: Teachers raping school girls

WHO Review 41:15-17

This article is based on the research done in schools in all provinces of South Africa. It outlines the role of school teachers in child rape.

Kanchanachitra C (1999)

Reducing girls' vulnerability to HIV/AIDS: The Thai approach

UNAIDS, Geneva

In Thailand, too many girls find themselves at an early age in the sex industry, usually for lack of other options for earning a living. Young girls are desirable because they are thought to be 'safe' and uninfected with HIV, but the risk of infection to them, and to their clients, is very high. This case study describes some responses to that problems, focusing on changing the attitudes of girls and their parents in regard to prostitution, and on providing a means for girls to avoid becoming sex workers through improved education and career opportunities. The approach described is also an example of an AIDS response that takes account of regional and demographic differences in the nature and scope of the problem in the search for solutions.

Klepp KI, Ndeki S, Thuen F, Leshabari M & Seha AM (1996)

Predictors of intention to be sexually active among Tanzanian school children

East African Medical Journal 73(4):218-224

This paper presents the results from a study of HIV/AIDS risk behaviour conducted among primary school children in the Kilimanjaro and Arusha regions of northern Tanzania. The study on the decision to have or abstain from sexual intercourse was guided by the theory of reasoned action.

Lewis S

A cry that no one hears

Centre for the Study of Violence & Reconciliation, Johanneburg

The Trauma Clinic aims to alleviate the effects of violence through the provision of trauma-counselling services to adult and child survivors, and to contribute towards victim empowerment initiatives through training and capacity building, research and advocacy. Sharon Lewis, former Clinical Supervisor at the Centre for the Study of Violence and Reconciliation's Trauma Clinic, reports on a study of child rape conducted at the clinic.

Maluleke T (2001)
Sexuality education in the puberty rites of girls
WHP Review 40:8-9

This article is based on a study that investigated the practice and the information given to girls in four selected areas. The purpose of the study was to determine the content of the puberty rite's sexuality education and its impact on the sexual health of teenage girls. Gender and health issues related to the ceremony were identified and an intervention programme was developed.

Mgalia Z et al (1997)
Sexual exploitation of school girls in Africa: Findings from operational research in Tanzania
TANESA, Tanzania

Mlungwana J (2001)
Cultural dilemmas in lifeskills education in KZN: Umbonambi Primary School Project
DramAidE, Durban

The aim of the project was to work in partnership with teachers to develop appropriate learning programmes to deal with sexuality and HIV/AIDS education at this level. These were developed within the framework of the life orientation learning area. Drama methodology provided the basis for devising and implementing these lessons.

Save the Children (2001)
Stigma and the vulnerability of children and youth affected by HIV/AIDS in South Africa
SAfAIDS 9(4):10-11

This article is based on the stigma and discrimination against children and youth infected with and affected by HIV/AIDS. It states that there is little research which has been done in South Africa to understand the extent of the discrimination and the impact that it has on children. As a response to this situation, Save the Children (UK) has commissioned a situational analysis.

Wood K (2001)
Dangerous games of love? Challanging the male machismo
Insights, Gender Violence Special Issue

Love in South Africa can be a dangerous game for girls. Boys use violence in sexual relationships to assert their masculinity. The reliance by some boys, however, on excessive control of girlfriends belies their own vulnerability. How can the 'normality' of sexual violence be challenged?

Zierler S, Feingold L, Laufer D, Velentgas P, Kantrowitz-Gordon I & Mayer K (1994)
Adult survivors of childhood sexual abuse and subsequent risk of HIV infection
Abuse and Neglect 18(3):233-45

Epidemiologic description of long-term adverse health effects of childhood sexual abuse is lacking, despite estimates that perhaps 30% of adults have experienced sexual assault in childhood. In an adult cohort enrolled to investigate causes of transmission of HIV, current behaviours affecting risk of infection that were associated with a history of early sexual abuse were identified: 186 individuals provided information on the occurrence of abuse and subsequent sexual and drug using activities. Approximately half of the women and one-fifth of the men reported a history of rape during childhood or adulthood. 28% of the women and 15% of the men recalled that they had been sexually assaulted during childhood. People who reported childhood rape compared with people who did not were four times more likely to be working as prostitutes (90% confidence interval = 2.0, 8.0). Women were nearly three times more likely to become pregnant before the age of 18 (90% CI = 1.6, 4.1). Men who reported a history of sexual abuse had a twofold increase in prevalence of HIV infection relative to unabused men (90% CI = 1.0, 3.9). The disturbing prevalence of early sexual abuse and its possible health-related consequences call for prompt and routine investigation of sexual abuse histories. Identification of sexual victimisation may be an important component for management of risk factors for HIV.

Communication

Booysen S, Gumede B, Zondo Z (2000)

HIV/AIDS and communication strategies: 'Entering the world of public silence and denial': Focus group research project

National Democratic Institute for International Affairs, Johannesburg

> This research report is based on 32 focus group discussions. Participants in these focus groups have no illusions about the meaning and impact of HIV/AIDS . This inter-linked viral infection is definitively associated with death, a death sentence and incurability. Yet, there is a definitive defiance in sexual behaviour. It manifests itself, for instance, in belief in invincibility, or in the need that young people feel to experiment. Reckless sexual behaviour also finds shelter in the commonly held knowledge that even the 'innocent' can get HIV/AIDS.

Christodofides N (2001)

Impact evaluation of Soul City in partnership with the National Network on Violence Against Women

Women's Health Project, University of the Witswatersrand, Johannesburg

> The partnerships aim was to increase effectiveness of both partners through combined efforts and to establish key mechanisms to assist in the creation of an environment suppotive of change. While knowledge on health is important at an individual level, the social, economic and political environment is critical. Mass media can be an effective catalyst for change when combined with community activism and government intervention. The partnership between Soul City and the NNVAW was a collabouration that aimed at connecting Soul City audiences with help and at establishing concrete mechanisms through which to take action and advocacy. In short, it was designed to assist in the creation of an enabling environment for change with reference to domestic violence.

Cullinan K (2001)

The media and HIV/AIDS: A blessing and a curse

AIDS in Context Conference, Johannesburg

Delate R (2001)

The struggle for meaning: A semiotic analysis of interpretations of the loveLife his & hers billboards campaign

University of Natal, Durban

> This study set out to investigate the relationship between the loveLife brand and interpretations of messaging on loveLife branded billboards. Semiotics provides the foundation according to which we can develop an understanding of branding and messaging through determining interpretations by the reader. There was clearly a limited understanding of the brand, and this inhibited the decoding of the meanings of the messages displayed on the loveLife billboards. Meanings associated with imagery were consistently discrepent, and lead to divergent interpretations of the billboards. It was interesting to note however, that in some instances, there was a uniformity in discrepant decoding. This confusion was a disincentive to discourse, and rather than 'talk about it', youth were more inclined not to engage in discourse for fear of seeming foolish. loveLife should aim ot to ensure that when designing future campaigns that the meanings are clear to the target audience that they are trying to reach. The specific interepretations that loveLife seeks, and the action that loveLife wants the readers to undertake needs to be foregrounded

Gesler WM (1999)

Words in wards: Language, health and place

Health & Place 5:13-25

> The role of place in medical encounters which involve language is examined using theoretical arguments backed by empirical studies. Links between language and place, health and place and especially language and health are discussed. The language and health link is developed in terms of explanatory models; how language is used in medical encounters; and power, dominance and resistance relationships. Then it is shown how considerations of place enhance knowledge about this link. The paper closes with a set of research questions which focus on the role of place.

Gumede M (2001)

AIDS activism and social mobilisation: A review of the tertiary institutions programme as part of the Beyond Awareness Campaign

AIDS in Context Conference, Johannesburg

> This paper focuses on the connections between activism and social mobilisation around issues of HIV/AIDS. It argues that for social mobilisation to take place those who work in the field should commit themselves to the empowerment of others. The paper explores a campaign that was run byDramAidE

in tertiary institutions throughout South Africa for the Beyond Awareness Campaign from 1998-2000 with the aim of mobilising youth leadership in tertiary institutions through workshops, youth summits and building up provincial networks.

Heald S (2002)

It is never as easy as ABC: Understanding of AIDS in Botswana

African Journal of AIDS Research 1(1)

This paper argues for the importance of examining the way the messages of government AIDS educational campaigns in Africa are interpreted at the local level.

Jayne K (2001)

The use of 'fear appeals' in public health campaigns and in patient/provider encounters

The Communication Initiative (www.comminit.com)

Kekovole J, Kiragu K, Muruli L & Josiah P (1997)

Reproductive health communication in Kenya: Results of a national information, communication, and education situation survey

Johns Hopkins University Center for Communication Programs, Baltimore

This study is intended to be used as a baseline for new IEC initiative, an impact evaluation for ongoing activities, and as a measurement of media patterns supplement the 1993 Kenya Demographic and Health Survey (KDHS).

Kelly K (2000)

Communicating for action: A contextual evaluation of youth responses to HIV/AIDS

Beyond Awareness Campaign, Department of Health, Pretoria

This study utilised six sentinel sites around South Africa and reports on youth responses to HIV/AIDS. It provides insight into the contextual factors that contribute to HIV/AIDS risk and also documents issues affecting young women.

Lear D (1995)

Sexual communication in the age of AIDS: The construction of risk and trust among young adults

Social Science and Medicine 41(9):1311-23

This study explores sexual communication among young adults, the influence of gender and sexual orientation in negotiation for safer sex, the strategies employed for risk-reduction, and the barriers to safer sex. Negotiating for safer sex contains elements of impression management, and requires assertiveness and constant effort, even among those who have made the most progress in incorporating it.

Lowe-Morne C (ed.) (2001)

Whose news, whose views: A gender and media handbook for southern African media

Gender Links, Johannesburg

For too long, the media in Southern Africa has portrayed women as victims of violence or objects of beauty - not as human beings with hopes and visions, dreams and aspirations. The media itself, purporting to reflect society, is unrepresentative of that society. On average, only about 20% of journalists in Southern Africa are women. Less than 5% are managers or owners of media houses. Because of Southern Africa's racially tumultuous past, few regions in the world are as acutely aware of the intrinsic nature of fairness and equal say to democracy. Yet we don't appear worried when women, who constitute 55% of the population, only occupy 18% of the seats in parliament and lag behind in every conceivable economic indicator. Can the media make a difference? Should the media make a difference? 'Whose news, whose views: A Southern Africa Handbook on Gender in Media' lights the way. Every media manager, owner and practitioner committed to freedom of speech would be well served by going through this checklist – and embarking on a more systematic course to making gender equality a living reality in our news rooms.

Media Monitoring Project (2001)

Media mask 5(1)

Media Monitoring Project, Johannesburg

This paper outlines the challenges that the Media Monitoring Project has dealt with. It has dealt with HIV/AIDS as a complex and a vital issue, which necessitates an informed and educated public, ready to assist in formulating solutions to the problems posed by the HIV/AIDS pandemic. It has a responsibility to provide such informative and educative material in a balanced, analytical manner.

Melkote S, Muppidi S & Goswami D (2000)

Social and economic factors in an integrated behavioural and societal approach to communications in HIV/AIDS

Journal of Health Communication 5:17-27

This paper underlines the necessity of considering social context as an important mediating factor in shaping individuals' behaviours and attitudes related to AIDS.

Parker W, Dalrymple & Durden E (2000)

Communicating beyond AIDS awareness

Beyond Awareness Campaign, Department of Health, Pretoria

This manual provides an overview of communications with a special emphasis on the HIV/AIDS epidemic in South Africa. It is part of a broader effort to encourage deeper involvement in action around HIV/AIDS and to create effective, long-term solutions to the epidemic. The overall emphasis of this manual involves the understandings that for social change to take place, a carefullly planned integrated approach must be taken.

Parker W & Kelly K (2001)

Writing the epidemic: The role of the South African media in shaping response to HIV/AIDS

Centre for AIDS Development Research and Evaluation, Johannesburg

This research focuses on analysing the role of the press with regard to developing an understanding of a proactive and strategic response to the epidemic.

Population Reference Bureau (2002)

Conveying concerns: Media coverage of women and HIV/AIDS

MEASURE Communication and Population Reference Bureau

This booklet deals with prevalence and attitudes regarding female genital cutting (FGC), overviews and approaches to abandon FGC and recommended actions to end FGC.

Qakisa M (2001)

The portrayal of HIV-positive women in the South African media

University of South Africa, Gender Studies

The presence of mass media and the significant role that it plays should not and cannot be underestimated. The media has the power to produce and construct information in such a way that it promotes certian perceptions about an individual or issue. Because of this powerful role that the media plays in our society, messages that are received from newspapers, television, radio and all other forms of mass communications can inform and educate people about important health issues such as AIDS. Although media messages can have powerful effects on people in general and women's attitudes in particular, they also supply a means to vital information about AIDS. Media messages are responsible for perpetuating confusions and superstitions around the disease. It is clear from research done in other countries that the impact of media messages has helped to inform, sustain, shape attitudes to the epidemic. It is in this regard that messages the public receives about AIDS through popular media are worthy of study as they impact on women's perceptions of their health especially in developing countries such as South Africa.

Ratzan S (1994)

American behavioral scientist: Health communication challenges for the 21st century

SAGE Periodicals Press, London

This book was specifically written to prepare health communicators to use ethical, persuasive means to craft and deliver campaigns that promote good health and disease prevention, to plan, to influence and to evaluate health care policy; and to employ health care decision-making that will enhance the quality of life for individuals and communities throughout the globe.

Riffe D, Lacy S & Fico FG (1998)

Analyzing media messages: Using quantitative content analysis in research

Lawrence Erlbaum Associates, London

This book gives an overview of the field of mass communication research, emphasising the centrality of the content analysis to the field and its applicability in other disciplines. It then develops a formal definition of content analysis, examining its terms in order to introduce important principles in measurement, data analysis, and inference.

Soul City (1999)
Heartbeat of the nation: Series 4, Impact Evaluation - AIDS
Soul City, Johannesburg

Soul City series 4 dealt with four keys topics in the prime time television programme, nine different language radio dramas and three information booklets one million of each were distributed nationaly. The topics were: Violence against women, AIDS, small business, and hypertension. The Soul City series 4 evaluation used a number of different studies and methods to attempt to elucidate the complex behaviour patterns and changes, which can be associated with the Soul City intervention.

Soul City (2000)
Social change: The Soul City communication experience
Soul City, Johannesburg

The Soul City 4 evaluation shows that many important behaviours have changed from before Soul City to after Soul City. In some cases there was no overall change, but more people exposed to Soul City 4 behaved positively than people who were not exposed to Soul City 4. This suggests that there is an association between Soul City and people maintaining positive behaviour.

Soul City (2000)
Soul Buddyz: Raising children to be their best
Soul City, Johannesburg

In this booklet parents share their experiences of raising children. South Africa has many different cultures and parents have different ways of raising their children. These ways have been learned from their parents before them. Today, children are also exposed to many different values from watching TV, listening to the radio and reading newspapers and magazines. They also learn from their friends and from other cultures.

Soul City (2002)
Violence against women: A Journalist resource
Soul City, Johannesburg

In an effort to help journalists and newsroom decision-makers address challenges of reporting on violence against women.

Stally A (2000)
Information networking for development communication on HIV/AIDS
SAfAIDS 9(3):2

This article is based on the initiative taken by the Regional HIV/AIDS Information Network (RHAIN) and other stakeholders in recognition of the communication gaps in the region. There are four objectives of RHAIN: to foster greater collabouration and joint advocacy efforts concerning HIV/AIDS in the region; to strengthen the flow of information on HIV/AIDS at national and regional levels; to promote media development and training on HIV/AIDS in Southern Africa; and to strengthen the capacity of regional media practioners to encourage better, well informed, and sensitive coverage and communication on HIV/AIDS.

Tomaselli K & Dunn H (2001)
Critical studies on African media and culture: Democracy and renewal in Southern Africa
International Academic Publishers Ltd

This book is the result of an international research seminar on the Political Economy of the Media in Southern Africa, held at the University of Natal, Durban, South Africa in April 2000. The requirement by business and state-owned companies in Southern Africa, the Caribbean and globally is to have access to educated media professionals who have strategic business skills, long-term conceptual vision, who are able to guide media organisations in terms of the intellectual and ethical demands of the post-industrial era; the integration of their countries and regions into the global information economy on equitable terms; and vigilance towards balancing bottom-line pressures with the needs of the public sphere. New research methodologies and theories responding to these global shifts in professional demands as well as in media technology and markets are less visible in the curricula of many Southern African universities. This book is designed to not only link such cutting-edge international theory to local contexts, but also to reconstitute it in terms of the often different conditions found in Southern Africa.

UNAIDS (1999)
Communications framework for HIV/AIDS: A new direction
UNAIDS, Geneva

This book is based on the joint United Nations Programme on HIV/AIDS (UNAIDS) which conducted five consultative workshops to examine the global use of communications for HIV/AIDS prevention, care and support. The primary aim was to examine the adequacy of existing communications theories and models for HIV/AIDS in Africa, Asia, and Latin America and the Caribbean against a backdrop of contemporary communications uses in Western societies. The emerging framework includes a focus on gender.

United Nations Development Fund for Women (2002)
Picturing a life free of violence: Media and communications strategies to end violence against women
UNIFEM, New York

This document showcases a wealth and variety of media and communications strategies and materials used around the world to end violence against women. A collaboration between UNIFEM and the Media Materials Clearinghouse of the Johns Hopkins Center for Communication Programs, the publication highlights materials and campaigns, providing descriptions of innovative communications methods for awareness raising. It is an attempt to facilitate information sharing between organisations working to end violence against women, so that strong and effective strategies can be replicated in other contexts.

Usdin S, Goldstein S, Scheepers & Japhet G (nd)
Health and development communications: Impacting on the AIDS epidemic through shifting of social norms
Soul City, Johannesburg

Vetten L (1998)
Reporting on rape in South Africa
Women's Media Watch and Centre for the Study of Violence & Reconciliation, Johannesburg

Wellings K & Field B (1996)
Stopping AIDS: AIDS/HIV education and the mass media in Europe
Longman, New York

This book provides the first comparative survey of the use of mass media campaigns in the areas of HIV/AIDS prevention and health promotion in Europe. Extensively illustrated throughout with material from the campaigns, 'Stopping AIDS' looks at the very different approaches adopted across Europe. Each chapter highlights the background to the campaigns analysed, looks at the social and political context in which they were developed and used, assesses the intended and unintended effects of the campaigns and discusses the positive and negative impacts of campaigns.

Wingood G, Diclemente RJ & Harrington K (1998)
The association between viewing sexually explicit and violent television, pregnancy, and HIV sexual risk-taking among female adolescents
International AIDS Conference, Geneva

A study conducted with African-American female adolescents shows that viewing of television shows depicting sexual and violent content is associated with pregnancy and HIV-related sexual risk taking. Recommendations are made as to encourage networks to reduce the amount of violent and sexual messages in their programming and depict more healthy behaviours in their TV shows.

Cultural Influences

Ashforth A (2001)

AIDS, witchcraft, and the problem of public power in post-apartheid South Africa

AIDS in Context Conference, Johannesburg

> This paper seeks to begin a discussion of the implications of a witchcraft reading of the AIDS epidemic and suggests that it is important both for the anti-AIDS struggle and the endeavours of building and preserving democracy to consider the possible political implications therof.

Bassett MT & Mhloyi M (1991)

Women and AIDS in Zimbabwe: The making of an epidemic

International Journal of Health Services 21(1):143-156

> As the AIDS epidemic in Africa assumes major proportions, the need to understand the social context in which heterosexual transmission occurs takes on urgent importance. This article explores how the intersection of traditional culture with the colonial legacy and present-day political economy has influenced family structure and sexual relations, and particularly the social position of women. Drawing on Zimbabwe's historical experience, it is shown how land expropriation, rural impoverishment, and the forcible introduction of male migrant labour fostered new patterns of sexual relations, characterised by multiple partners. Traditional patriarchal values reinterpreted in European law resulted in further subjugation of women as even limited rights to ownership were withdrawn. For many women, sexual relations with men, either within marriage (for the majority) or outside, become inextricably linked to economic and social survival. In this setting, all sexually transmitted diseases became rampant, including genital ulcers, which facilitate transmission of HIV. Intervention programmes to halt the spread of AIDS need to take into the account the epidemic's historical roots and social nature. For example, efforts to reduce risk of HIV transmission should seek to expand women's limited options, both technically (e.g. by providing alternative to condoms) and socially (eg. by promoting employment)

Bunyasi AJ (1998)

Economic and cultural factors leading to risky behaviours among the Giso community

International AIDS Conference, Geneva

> This study, designed to determine reasons that lead young women to risky behaviours which expose them to HIV infection in Uganda, finds that economic and cultural factors mostly related to poverty and the need for income played an important role. The author calls for programmes designed to generate income activities among young women so they can become self-reliant.

de Cullar J et al (1996)

Our creative diversity

UNESCO, Division of Cultural policies, Paris

> This is a report of the World Commission on Culture and Development. Issues discussed are the following: new global ethics; a commitment to pluralism; creativity and empowerment; challenges of a media-rich world; gender and culture; children and young people; culture and the environment; rethinking cultural policies; research needs; and follow-up to the Commission's work.

Gausset Q (2001)

AIDS and cultural practices in Africa: The case of the Tonga (Zambia)

Social Science and Medicine 52:509-518

> The fight against AIDS in Africa is often presented as a fight against cultural barriers that are seen as promoting the spread of HIV. This attitude is based on a long history of Western prejudices about sexuality in Africa, which focus on its exotic aspects only (polygamy, adultery, wife-exchange, circumcision, dry sex, levirate, sexual pollution, sexual cleansing, various beliefs and taboos, etc). The article argues that those cultural aspects are a wrong target of AIDS prevention programmes because they are not incompatible with a safer behaviour, and because their eradication would not ensure the protection of people. To fight against them might alienate the people whose co-operation is necessary if one wants to prevent the spread of AIDS. The major problems of AIDS prevention in Africa are not specifically African, but are similar to the problems existing in Europe or America. Therefore, anti-AIDS projects should not fight against one local African culture in order to impose another (Western), but should rather try to make behaviour and practices safer in a way that is culturally acceptable to local people.

Hoosen S & Collins A

Women, culture and AIDS: How discourses of gender and sexuality affect safe sex behaviour

University of Natal, Durban

> The study clarifies the ways in which women are not necessarily in a position to make purely rational, individual decisions about safe sex, since these decisions are intimately linked to social constructions of sexuality and the power relations that operate in cultures. It further drew attention to the fact that since gender is culturally constituted, cultural practises are closely linked to the organisation of gender roles and therefore influence safe sex practices in specific ways.

Jenkins C (2002)

HIV/AIDS and culture: Implications for policy

Culture and Public Action Conference

Lane C (1995)

Gender bias: Perspectives from the developing world

Advocates for Youth, Washington DC

> Inequities, driven by overwhelming poverty, affect both male and female children in the developing world. Yet cultural traditions, scant economic resources and limited opportunities marginalise young girls. Young boys have better access to health care, nutrition and education. Gender bias is reinforced throughout adulthood as men retain economic and political power.

Leclerc-Madlala S (2001)

Virginity testing diverts attention from the lack of male sexual responsibility

WHP Review 40:3-7

> This article is based on the rural woman of KwaZulu-Natal who strongly believe in the reinstallation of cultural values like virginity testing in order to fight HIV/AIDS and teenage pregnancy.

Longmore L (1959)

The dispossessed: A study of the sex-life of Bantu women in and around Johannesburg

Jonathan Cape, London

MacDonald D (1996)

Notes on the socio-economic and cultural factors influencing the transmission of HIV in Botswana

Social Science and Medicine 42(9):1325-33

> Botswana currently has one of the highest recorded incidences of HIV infection in Africa although AIDS was only first publicly recognised in 1985. By this time other countries in the region such as Malawi, Zambia and Uganda were already showing signs of epidemic levels of HIV. The rapid transmission of HIV in Botswana has been due to three main factors: the position of women in society, particularly their lack of power in negotiating sexual relationships: cultural attitudes to fertility; and social migration patterns. These three factors along with others, arguably more minor, that have been shaped and mediated within the specific context of Botswana's rapid socio-economic development and cultural milieu. This has resulted in a constellation of factors unique to Botswana which accounts for the current high seroprevalence rate in the country.

Magwanza T (2001)

Private transgressions: The visual voice of Zulu women

Agenda 25

> This article explores how symbolism and dress codes provide women of Camper-Ndwedwe with means to communicate a range of social and cultural messages, including silent social protest.

Mbetse D (nd)

Breaking educational and religious taboos in the provision of sex education: Personal experiences of a school teacher and pastor

> This paper highlights the difficulties of addressing sex education and lifeskills in school and church because of the traditional view that such discussion is immoral.

Meyer-Weitz A, Reddy P, Weijts W, van Den Borne B & Kok G (1998)

The socio-cultural contexts of sexually transmitted diseases in South Africa: Implications for health education programmes

AIDS Care 10:39-55

> STDs are widespread in South Africa and contribute to the growing HIV epidemic. As an important step in curtailing the spread of STDs, this study explores STD patients' illness representations within its socio-cultural context, particularly gender relationships. The findings suggest that STD patients' illness representations are reflections of their socio-cultural understanding of disease and of culturally defined gender relations. This, in turn, impacts on their general perceptions of the cause of STDs, their perceptions of the risk of contracting STDs, them entering and using formal and traditional medical treatment and on their ideas of prevention. Thus, healthy behaviours need to be facilitated through multiple educational strategies focusing on an improved understanding of the cause of the STD in its context of gender relations, the development of interpersonal and technical skills, as well as focusing on cues for action.

Mwikisa P (2002)

Construction of masculinity in traditional African culture and in western popular culture: Self imagination of the African male and the fight against AIDS

> The presentation is an attempt to sketch out a theoretical position on the possible limits between popular culture and the HIV/AIDS epidemic that goes beyond the cliches of mutual recrimination between traditional African culture and Western culture.

Obot L & Daniel-Kalio O (2000)

Behaviour, society and culture

International AIDS Conference, Durban

> Gender equality in HIV/AIDS cases appears to be directly linked to gender inequality at a cultural, educational, social, and sexual level and takes on a whole new meaning within different cultures. Why more women than men are reported as infected is not fully understood, but this can be attributed to a combination of factors, including the fact that HIV passes more easily from men to women through sex than women to men. Gender power relations and unequal relationships that define women's lives in Africa raise issues related to HIV/AIDS vulnerability. Violence against women is correlated to women's control over their sexuality and contributes to women not being able to protect themselves adequately. The environment, exploitation, discrimination and women's subordinate role in society especially within sexual relationships, are all-important factors to be recognised to understand the connection between women, culture, sexuality, safe sex, and HIV/AIDS. With the climate for social development now turning favourable, governments/institutions should be held to the test of gender integration and equity.

Rogerson R (2001)

Traditional African healers: Their role in the fight against STDs, HIV and AIDS in South Africa

> This paper focuses on the most prevalent traditional healers in South Africa and their role in STD and HIV/AIDS prevention.

Scorgie F (2001)

Virginity testing and the politics of sexual responsibility: Implications for AIDS interventions

AIDS in Context Conference, Johannesburg

Disclosure and Stigma

Brown L, Trujillo L & Macintyre K (2001)

Interventions to reduce HIV/AIDS stigma: What have we learned?

Population Council, New York

> Stigma is a common human reaction to disease. Throughout history many diseases have carried considerable stigma, including leprosy, tuberculosis, cancer, mental illness, and many STDs. HIV/AIDS is only the latest disease to be stigmatised.This paper reviews 21 interventions that have explicitly attempted to decrease AIDS stigma both in the developed and developing countries and nine studies that aim to decrease stigma related with other diseases. The studies selected met stringent evaluation criteria in order to draw common lessons for future development of interventions to combat stigma. This paper assesses published and reported studies through comparison of audiences, types of interventions, and methods used to measure change. Target audiences include both those living with or suspected of living with a disease and perpetrators of stigma. All interventions reviewed target sub-groups within these broad categories. Types of programmes include: general information-based programmes, contact with affected groups, coping skills acquisition, and counselling approaches. A limited number of scales and indices were used as indicators of change in AIDS stigma.

Carlier JY & Schiffino G (1999)

The free movement of persons living with HIV/AIDS

European Commission, Brussels

> Do human rights charters or international laws prohibit restrictions on the free movement of people living with HIV or AIDS? And can any such restrictions be considered a reasonable response to the public health risk from AIDS? This study examines relevant international and national laws of the European Union, its member states and developing countries in Eastern Europe, Asia, Africa, South and Central America. Although there are no international laws dealing with HIV/AIDS, and the Universal Declaration of Human Rights does not enshrine any principle of free movement, the principle of non-discrimination is an area of international law that is acquiring 'autonomous force'. This principle has far-reaching implications for states that seek to stop HIV-positive people crossing their borders. The restriction of free movement of PWAs is potentially discriminatory and also ineffective.

Health and Development Network (2001)

Operational research agenda for stigma and HIV/AIDS in Africa

Health and Development Network (HDN) and the UNAIDS Intercountry Team for East and Southern Africa

Health and Development Network (nd)

Addressing HIV-related stigma and discrimination: A collabourative project of the international center for research on women, the change project and local partners

Health and Development Network

> From the beginning, the HIV/AIDS epidemic has been accompanied by an epidemic of fear, ignorance, and denial, which has led to stigmatisation of and discrimination against people with HIV/AIDS, their family members, and caregivers. Today, stigma is a key obstacle to the full success of HIV prevention, care, and support activities.

Maher J, Seeman GM, Peterson J, Dalhberg L, Seals B, Shelley G & Kamb ML (1998)

Partner violence and women's decision to have an HIV test

International AIDS Conference, Geneva

> Reports of partner violence after HIV partner notification (PN) have led some policymakers to reconsider HIV PN procedures. The objective of this research was to determine whether partner violence was associated with women's HIV testing decisions.

North RL & Rothenberg KH (1993)

Partner notification and the threat of domestic violence against women with HIV infection

New England Journal of Medicine 329(16):1194-6

Qwana E, Mkaya M, Dladla N & Lurie M (2000)

An analysis of reasons for wanting and not wanting to disclose HIV status

International AIDS Conference, Durban

> This document is based on the migration project, a cohort study which aims to understand the role of migration on the spread of HIV and STDs.

Richter M (2001)

Nature and extent of discrimination against PLWAs in South Africa: Interviews and a study of AIDS Law Project client files 1993-2001

AIDS Law Project, Johannesburg

> This report draws extensively on the experiences of the ALP and concludes that AIDS discrimination is influenced by the environments and circumstances that it operates in and is an expression of people's fear, ignorance and prejudices. It recommends a number of ways to reduce discrimination: education, improving testing and counselling facilities, bolstering the image of PLWAs, making medical services more affordable and imposing penalties for AIDS discrimination.

Savelieva I (2000)

Discrimination of women with HIV/AIDS in Russia

International AIDS Conference, Durban

> Women living with HIV in Russia are often subject to severe pressure and intimidation regarding their reproductive choice. The Russian law that criminalises sex between HIV-positive and HIV-negative partners denies many women the possibility to start a family, and makes them especially vulnerable to gender-based abuse. While treatments that reduce the risk of perinatal HIV transmission are available in Russia, many HIV-positive women do not have access to, or even information about, these methods. The issue of having a family is of primary importance for many women who test positive. However, the message that women often get from health professionals is that the baby will be born sick, that the mother may die, and the abortion is her only option. Women who insist on having a baby in spite of this pressure, are often traumatised by insensitive treatment and neglect in isolated maternity wards. Many HIV-positive women are afraid to start a family, or to have a relationship with an HIV-negative partner, because Russian law makes it a criminal offence. There have been cases when women tolerate an abusive relationship, or do not report rape, because they are afraid that they will be prosecuted for 'putting someone at the risk of infection'.

Shreedhar J (2000)

INNP+: India's HIV-positive people unite against discrimination and repression

Impact on HIV 2(1):17

> This article is based on PWAs of India who are faced with violence and discrimination. But through courage, they were able to build a network to raise awareness of their concerns and contributions, improve care and support for HIV-positive people, and advocate for more enlightened, effective HIV/AIDS policies.

Tshabalala TA (1999)

Once you reveal that you are HIV positive they only see you as the virus itself: Experiences of women living with HIV/AIDS in Gauteng Province, South Africa

Soul City, Johannesburg

> This paper presents an analysis of experiences shared by women diagnosed as HIV positive in South Africa. Women reported that they were handled insensitively by health workers and that this had affected them deeply. Some women said that no information was given to them about the disease or testing. They said that they had been instructed by health workers to take the test with no understanding of the consequences. They reported that they had been vulnerable to HIV infection because they have little control over their sexual lives. For most of these women, the virus was passed onto them without knowing that they were being infected or indeed anything about the disease itself. It usually takes two to three years for the women to disclose their HIV status to anyone. The burden of harbouring this secret often became unbearable, but even so it usually took a crisis situation to precipitate disclosure. Personal contact with ill AIDS patients at the clinic or the death of a baby was often the drive behind women disclosing their HIV status. In conclusion the women felt stigmatised, discriminated against, rejected and helpless in the face of the disease.

UNAIDS (2000)

Protocol for the identification of discrimination against people living with HIV

UNAIDS, Geneva

> This report is based on the protocol which is aimed at the National AIDS Program, but it is not just for them. It may also be used by others in order to detect arbitrary discrimination. Indeed, a broader range of users will help in making the protocol a more effective human rights tool. The protocol is not intended to be used only for the detection of discrimination, but also to encourage the adoption and enforcement of measures against such discrimination, and disseminating good practice measures.

World Health Organisation (nd)

Fighting HIV-related intolerance: Exposing the links between racism, stigma and discrimination

UNAIDS and WHO, Geneva

Gender and HIV/AIDS

Abdool-Karim Q (2001)
Barriers to preventing Human Immunodeficiency Virus in women: Experiences from KwaZulu-Natal, South Africa
Journal of American Medical Women's Association 56(4):193-196

> The objective of this document is to determine barriers to the adoption of safer sex practices in women in KwaZulu-Natal, South Africa. A cross-sectional survey was conducted in a peri-urban and a rural community from 1991 to 1993. A structured, pretested questionnaire was administered to consenting women age 15 to 44 years. The questionnaire included the following items: demographic characteristics, sexual relationships, knowledge of HIV and AIDS, perception of risk, knowledge of and skills with respect to safer sex practices, and perceptions of rights to safer sex practices.

AIDS Health Promotion Exchange (1994)
People living with HIV/AIDS: Promoting health through partnership
Royal Tropical Institute, Netherlands

Ala J (2001)
The role of the international community in combatting HIV/AIDS in Southern Africa: Help or hinderance?
Department of International Relations, University of the Witwatersrand, South Africa

Alwano-Edyegu & Marum E (1999)
Knowledge is power: Voluntary HIV counseling and testing in Uganda
UNAIDS, Geneva

> This document is based on the AIDS Information Centre which was established in 1990 to provide anonymous, voluntary and confidential HIV testing and counselling services to the people of Uganda. The centre operates with the understanding that knowledge of one's own HIV infection status is an important intervention in controlling HIV infection.

Amnesty International (2002)
Conceptualizing the female condom as a gender and rights-based approach to HIV prevention
International AIDS Conference, Barcelona

> This presentation gives a gender and rights-based framework for HIV prevention and illustrates the female condom as a gender and rights-based approach.

Anderson J (2000)
A guide to the clinical care of women with HIV
HRSA and HIV/AIDS Bureau, Rockville

> This guide has been written by women and focuses primarily on the problems facing HIV-infected women in the developed nations, primarily the US.

Baez C & Mwite E (2001)
HIV/AIDS training at district level: The software issues

> This paper looks at the training of HIV/AIDS health workers and lay counsellors at district level in an attempt to analyse the training given by different organisations and consequently understand whether training has been useful to participants and communities as a whole. It is necessary to evaluate not only the'hardware' of training (number of people trained) but also the 'software' since training is itself a very important tool in the fight against HIV/AIDS.

Baker SA & Beadnell B (1998)
Male involvement: An annotated bibliography
International Planned Parenthood Federation, London

> This bibliography aims to provide a global overview of recent literature on male involvement in family planning and reproductive health.

Becker H (2001)
Historical and contemporary perspectives on masculinities in Northern Namibia
AIDS in Context Conference, Johannesburg

> There is a growing awareness that HIV/AIDS prevention programmes should focus on men because of the social factors that put men at risk and make women vulnerable. However, most programmes

are still based on the assumptions of ubiquitous KAP model (Knowledge-Attitudes-Practice), i.e., that information-based education programmes will succeed in changing people's behaviours through providing them with information or knowledge about the dangers of particular kinds of behaviour. In contrast, this paper starts from the recognition of the context of men's lives, as well as the need to address their fears and desires in order to encourage responsibility, communication with partners and respect for others and oneself. The study is informed by recent anthropological and historical attempts at theorising masculinities which emphasise fluidity and multiple masculine identities. Furthermore, power relations and the hierarchical ranking of masculinities are accorded centrality in the analysis. From this background, lead questions have been formulated to discuss the links between masculinities and the HIV/AIDS threat in Southern Africa. We need to know 'what makes someone a man', but equally significant is the question, why are men the way they are? What do men have in common? How and where are these commonalities constructed and used? What are the differences between men? How and where are they constructed and used? If a man fails to do 'what a man's gotta do', does he cease to be a man? Can masculinity change so that it be more strongly associated with responsibility and caring? Are such changes under way? The case study proposed for presentation focuses on masculinities among Owambo, who make up roughly half of the Namibian population. It is based on extensive anthropological and social research in 1998 and 1999 with men and women in rural and peri-urban northern Namibia and urban Owambo men in the mining town of Tsumeb and in the Namibian capital Windhoek. In addition, this author has carried out extensive historical research on gender identities and gendered subjectivities in Owambo, which will serve to discuss the current forms of masculinity in a historical perspective.

Bell E (2002)
Gender and HIV/AIDS: Supporting resources collection
Institute of Development Studies, UK

Booysen F & Molelekoa (2001)
The benefit to business of extending the working lives of HIV-positive employees: Evidence from case studies in Bloemfontein and Welkom, Free State Province
International AIDS in Context Conference, Johannesburg

Bradshaw D, Dorrington R, Bourne D, Laubscher R, Nannan N & Timaeus IM (2001)
AIDS mortality in South Africa
AIDS in Context Conference, Johannesburg

The results of this study show that mortality in childhood has begun to rise after a period of steady decline. Data on adults show a fairly consistent rise in young adult mortality for both men and women.

Budlender D (1998)
Women and men in South Africa
Central Statistics Services, Pretoria

Burns PJ (2001)
Low-income, low-resource countries of sub-Saharan Africa
Boston University, School of Public Health, Department of International Health, Boston

Byron J (1999)
A dialogue between the sexes: Men, women and AIDS prevention
Family Health International, AIDSCAP Women's Initiative, Virginia

This document describes the background for using dialogue between men and women to exchange ideas and opinions to promote understanding and increased involvement of men in HIV/AIDS prevention. This new HIV/AIDS prevention methodology was launched by the AIDSCAP Women's Initiative through a satellite symposium at the XIth International Conference on AIDS in Vancouver in 1996, and has since been replicated in Nigeria and India.

Cagatay N (2001)
Trade, gender and poverty
UNDP, New York

This paper focuses on the relationship of trade, on the one hand, and gender and poverty, on the other, within the context of the human development paradigm. Specifically, it examines the impact of trade liberalisation on gender inequalities (primarily via employment, wages and the care economy); and the impact of gender inequality on trade perfomance. These interactions are discussed in the light of main-stream literature on trade, growth and poverty reductions, which defines poverty in terms of income or consumption and largely ignores gender. The paper also considers the policy implications of a gender-aware approach to international trade analysis and the current world trade regime. The

principal conclusions that emerge from the analysis are that men and women are affected differently by trade policies and perfomance, owing to their different locations and command over resources within the economy; that gender-based inequalities impact differently on trade policy outcomes, depending on the type of economy and sector, with the result that trade liberalisation policies may not yield expected results; that gender analysis is essential to the formulation of trade policies that enhance rather than hinder gender equality and human development.

Carballo M & Solby S (2001)

HIV/AIDS, conflict and reconstruction in sub-Saharan Africa

Draft notes for a symposium on preventing and coping with HIV/AIDS in post-conflict societies: Gender-based lessons from sub-Saharan Africa.

Center for Health and Gender Equity (2002)

Real approaches to HIV prevention for women and girls: A framework for action

Center for Health and Gender Equity, Takoma Park

Too often, HIV prevention strategies ignore women's risk of infection and deny us access to the resources, skills, information and tools we need to protect and maintain our health. Programmes that emphasise male condom use, reduction of sexual partners and/or fidelity do not address women's real experiences and health needs. For example, women regularly do not have the ability to negotiate male condom use, and many women's only risk for HIV infection is from the behaviour of her husband or partner, over which she has little or no control. Women's vulnerability to HIV infection is exacerbated by widespread gender inequities that compromise women's ability to access to education, control economic resources, and make decisions over their own lives, health and behaviour. Women at Barcelona call for a shift in HIV prevention strategies toward more comprehensive and integrated approaches that promote women's human rights.

Chiarelli D, Delahanty J, Marcelis C, Murphy R, Seaborn B & Seabrooke K (1999)

Uncommon questions: A feminist exploration of AIDS

Women's Health Interaction, Ottawa

The women's health movement has a powerful tool in feminist theory which at base, includes a critique of male-dominated and hierachical power structures that underlie poverty and powerlessness. A feminist analysis of women's health problems is based upon core principles with which to approach the phenomena of disease and health, as well as the related processes involved in the research, treatment and prevention of disease.

Chiganze F, Decosas J & Chikore J (2000)

Linking the issues: HIV, gender, human rights, and child protection

International AIDS Conference, Durban

There is general awareness of the links between vulnerability to HIV, gender inequality, limitation of human rights, and the abuse of children. This awareness is particularly high among AIDS service organisations, although it is often only conceptual and not reflected in the organisation's activities. On the other hand, organisations working for gender equality, human rights, or the protection of children may be aware of the impact of HIV on their work, but have few means to translate this awareness into action. One of the objectives of the Southern African AIDS Training (SAT) Programme is to strengthen advocacy groups working on issues related to HIV infection, gender equality, human rights, and child protection in nine countries of Southern Africa. Starting in 1991, the SAT Programme has built partnerships with more than 100 organisations in the region. By 1998 we found that despite awareness of the substantive links between advocacy issues, the activities of the groups we supported continued to be confined to a single dimension. The SAT Programme therefore sponsored four national and regional workshops bringing together advocacy groups working in the area of HIV, human rights, gender violence, and child abuse in Zimbabwe, Tanzania, and Zambia. The meetings exposed advocacy groups to each others agendas and stimulated the creation of functional advocacy networks. The meetings allowed the different organisations to identify common advocacy issues, identify common barriers and obstacles to achieving their advocacy goals, and develop synergistic approaches and strategies to address issues of common concern. These included violence against women related to disclosure of HIV status, property-grabbing by the families of husbands who died of HIV-related causes, sexual abuse of children orphaned because of AIDS, and economic and social discrimination of people living with HIV.

Chigodora J (2001)

Young men and HIV/AIDS

SAfAIDS 9(4):17

Chimere-Dan GC & Mnguni GN (1998)
Community-based home-based care for PWAs as a policy option: The experience of a South African NGO initiative
International AIDS Conference, Geneva

This document is an evaluation of the activities of organisations operating the community-based home-based model of care for PWAs.

Cohen S & Burger L (2000)
Partnering: A new approach to sexual and reproductive health
UNFPA, Technical Paper 3

The International Conference on Population and Development (ICPD, Cairo, 1994) broke new ground in endorsing men's involvement in sexual and reproductive health, a realm that until then had overlooked their active role. In 1995, UNFPA published its first Technical Report on 'Male Involvement in Reproductive Health, Including Family Planning and Sexual Health.' Tremendous advancements over the last five years in research on men and masculinities, in the sense of urgency with the HIV/AIDS pandemic, in the visibility of gender-based violence, and in understanding the role that gender imbalances play in sexual relations and reproductive health have compelled us to reflect on new directions for working with men. A number of good practices from UNFPA and other organisations' innovative programme interventions in these areas also deserve recognition and replication. This report attempts to capture such progress and recommend promising programming prospects in the areas of partnerships with men, gender equity and engaging men to address such pressing issues as STDs and HIV/AIDS prevention, reduction of unwanted pregnancies, maternal mortality and morbidity, and gender-based violence, and in meeting their own reproductive health and educational needs. The growing consensus about focusing on young men, given the critical role their socialisation and education play in determining the way they view women and their future sexual and reproductive behaviours, brings us hope.

Commission on Gender Equality (1997)
Report of the Commission on Gender Equality Information and Evalution Workshops
Commission on Gender Equality, South Africa

This document is based on the goals of Commision of Gender and Equity (CGE) which are based on formulating gender sensitive policies and programmes; development, implementation and enforcement of legislation; and reallocation of resources. Capacity building and skills training are urgently required. Also urgently required is a nationwide education and advocacy campaign to provide the enabling environment in which such efforts to advance gender equality can take root and flourish.

de Broize A & Maart B (1998)
Gender and HIV/AIDS
Department of Health, Pretoria

de Carlo P & Campbell C (1996)
How are heterosexual men reached in HIV prevention? Are heterosexual men reached?
Center for AIDS Prevention Studies, University of California, San Francisco

Are heterosexual men reached by HIV/AIDS prevention initiatives? Yes and no. Many prevention programmes in the US have addressed the drug-using risks of heterosexual men, but few have addressed their sexual behaviour risks. In the US, women have been the primary focus of sexual behaviour change among heterosexuals. This approach fails to take into account gender and power imbalances, and does not encourage men to take responsibility for their own health or the health of their partners and family. In the US, new AIDS cases are increasing most rapidly among people who were infected through injecting drug use (IDU) and heterosexual contact. The rise in IDU infections in heterosexual men has lead to the rise in heterosexual infections in women, as more women become infected from men who are IDUs. For this reason, sexual behaviour change among heterosexual men will be key to controlling the HIV epidemic for heterosexual men, women and children.

Dilger H (2001)
Living positHIVely in Tanzania: The global dynamics of AIDS and the meaning of religion for international and local AIDS work

This article looks at central concepts of international AIDS work and explores it with regard to its global and local dynamics and meanings.

Doehlie E & Maswabi M (1999)

Men, sex and AIDS: A pilot study

SAfAIDS 7(2):1-8

This document is based on a project which aims to address men on the following issues: HIV/AIDS, sexual behaviour, safer sex and consistent condom use; dissemination of information on issues of sexuality through dialogues within men's social networks and environments.

Dorrington R (2001)

The demographic impact of HIV/AIDS in South Africa by province, race and class

AIDS in Context Conference, Johannesburg

This paper presents the results of the ASSA2000 AIDS and Demographic model developed by the AIDS Committee of the Actuarial Society of South Africa, which produces results for each province separately. The paper also contains a brief analysis of the likely impact by socio-economic class and a brief illustration of the expected outcomes of certain interventions and behavioural changes.

Doyal L (2001)

Sex, gender, and health: The need for a new approach

British Medical Journal 323:1061–3

The past two decades have seen considerable activism by women to improve the quality of their health and health care. Recently men too have begun to draw attention to the negative implications of 'maleness' for their health. There is an increasing danger that these campaigns could be drawn into conflict with each other as they compete for public sympathy and scarce resources. If conflict is to be avoided there needs to be a much clearer understanding of the impact of both sex and gender on health. This can then provide the foundation for gender sensitive policies that take seriously the needs of both women and men.

Dramaide (2001)

See you at seven: Facilitator's guide

Dramaide, Durban

This guide is designed to assist educators and facilitators to make the best use of the video that accompanies it. It contains suggestions for the video to generate discussions and change inappropriate attitudes about issues of gender, sexuality and HIV/AIDS. It aims to develop an awareness, among young men in particular, about appropriate roles and responsibilities in South Africa in the 21st century.

Drennan M (1998)

New perspective on men's participation

Population Reports, series J (46)

This journal deals with new perpectives on men's participation. New information, new understanding, and new approaches promise to help men become full partners in better reproductive health. Men, as well as women, play key roles in reproductive health, including family planning, but increasing men's participation has been difficult. Adopting new perpectives can help.

Duncan J, Levack A & Kedama P (2000)

Men as partners in HIV prevention

International AIDS Conference, Durban

The Planned Parenthood Association of South Africa (PPASA) Men As Partners Programme is working specifically to reduce HIV transmission by providing prevention education to groups of men and women in various settings. The educational workshops address many other issues closely related to HIV including gender equity, relationships, human sexuality, and violence against women. The Men As Partners (MAP) project began with a knowledge, attitudes, and practices study of South African men conducted by the Reproductive Health Research Unit. The study found that men had high rates of STIs, low rates of condom use, and low levels of knowledge about HIV. Results also found that many men carried harmful attitudes regarding rape and domestic violence. Based on this research PPASA and AVSC International identified key issues for the MAP programme to focus on, including HIV prevention. AVSC and PPASA developed a manual to train PPASA educators on facilitating workshops on these issues.

Ebony Consulting International (2001)

Gauteng Government Inter-Departmental AIDS Unit: Literature review of behavioural surveys

Ebony Consulting International, South Africa

This is a final report of a literature review of behavioural surveys conducted by Ebony Consulting International. This literature review states that Department of Health estimates that 4.7 million, or one in nine, South Africans now have HIV, yet the impact of the epidemic is still not readily quantifiable. The HIV/AIDS epidemic is slow-acting (long incubation periods) and the manifest implications are yet to be seen in South Africa, as they are in most other countries with high HIV prevalence rates. Policy makers, business, labour and civil society cannot wait for this 'long-wave event' to present itself when strategies can be designed to mitigate the impact of HIV/AIDS.

Epstein H (2002)

The hidden cause of AIDS

The New York Review of Books 49(8)

The article links HIV/AIDS in rural Mozambican areas with poverty, unemployment and the mining industry in South Africa.

Evian C (1993)

The socio-economic determinants of the AIDS epidemic in South Africa: A cycle of poverty

South African Medical Journal 83(9):635-6

The many links between poverty and AIDS in Africa make prevention problematic. Even without supportive social conditions, the biologic nature of the infection is complex and malignant. In South Africa, HIV/AIDS has appeared recently, but apartheid and its impact on traditional black culture as well as its contribution to poverty and the high levels of migration and mobility assure that AIDS will be devastating in South Africa. Prevention of AIDS is hampered by migration, the loss of kin relations and support, prostitution, gender inequalities, limited access to health care, illiteracy, urban violence, and limited opportunities for leisure and entertainment. The links between poverty and AIDS are also promoted through job and income loss, rejection, discrimination, and ill health. Most economies, even subsistence economies, need a cash-based economy. Migrants moving for cash income encounter loss of friends, kin, traditions, places of shelter, culture, and a role in the community. Leaving home can contribute to a loosening of personal and sexual constraints in a mundane and hostile environment. Sexually transmitted diseases are rampant under these conditions. Women in poor circumstances sell sex as a commodity for their own or their children's survival. Gender inequalities limit opportunities for women to support themselves and to maintain control over their sex lives. AIDS affects all classes. The seriousness and the silent nature of AIDS makes it difficult to communicate to illiterates or the poorly educated. Social changes must be made. Programmes of AIDS prevention must be established in addition to socioeconomic changes in order to impact on the South African mentality of fatalism and despondency.

Family Care International (2001)

Saving women's lives

Family Care International, Washington DC

This kit contains 15 fact sheets providing essential numbers and stories as a foundation for examining the threats to saving and improving women's lives worldwide.

Fawcett C (2001)

HIV counselling and the social-medical interface: Contested terrain

Centre for AIDS Development Research and Evaluation, Johannesburg

This paper proposes a method for understanding the opposing facets of HIV counselling within a primary health care context and seeks ways in which to integrate the seemingly opposing roles of counsellor and health care practitioner.

Feldman R, Manchester J & Maposhere C (2002)

Positive women: Voices and choices, Zimbabwe report

International Community of Women Living with AIDS

The Positive Women: Voices and Choices Project was initiated by HIV positive women in the International Community of Women living with HIV/AIDS (ICW). The project aimed to document the reproductive and sexual health experiences of HIV positive women. This was in order to provide information that HIV positive women and AIDS service organisations could use in advocacy for changes in policies and practices that would improve the reproductive and sexual health choices available to women living with HIV and AIDS. This report presents the findings from Zimbabwe, the first country involved in this research.

Foreman M (2000)
What makes a man
SAfAIDS 8(2):2

This article is a broad exploration of male identity and sexuality, with a global focus. Linking up with the UNAIDS theme for 2000 on male attitudes and responsibilities, it provides food for thought on men's role in the HIV/AIDS epidemic, and on factors that need serious consideration in policies and programmes.

Foremen M (1998)
AIDS and men: Old problem, new angle
The Panos Institute, London

This booklet deals with issues of gender and the HIV/AIDS epidemic including: men, HIV and AIDS; men, HIV and fatherhood; factors that influence the risk of getting or passing HIV; selling, buying and bartering sex; and condoms and behaviour change.

Gathenya G & Asanga F (nd)
Men, HIV and AIDS in Kenya
Society for Women and AIDS in Kenya, Nairobi

This booklet has been adapted from one of the series of Panos' Men and HIV publications focusing on four South African countries – Malawi, Zimbabwe, Zambia and Swaziland. While originally inspired by an earlier Panos publication, Taking Risks or Taking Responsibility, this particular book is a product of a highly collaborative effort that brought in a Kenyan perspective on the dynamics of HIV/AIDS. Matters relating to the HIV/AIDS pandemic are better and more effectively discussed in collaboration with others. Furthermore this booklet is a reflection of the holistic approach that HIV/AIDS requires. Because the epidemic cuts across every aspect of our societies, our process of in-country consultation brought in experts from many disciplinary backgrounds – medicine, anthropology, nursing, social, psychology, etc, as well as men living with HIV and people who have dedicated their lives to responding to the disease.

Gielen AC, McDonnell KA, Wu AW, O'Campo P & Faden R (2001)
Quality of life among women living with HIV: The importance of violence, social support and self care behaviours
Social Science and Medicine 52:315-322

This paper describes the relationship between psychosocial factors and health related quality of life among 287 HIV-positive women using items from the Medical Outcomes Study HIV Health Survey to measure physical functioning, mental health and overall quality of life. Multivariate models tested the relative importance of sociodemographic characteristics, HIV-related factors and psychosocial variables in explaining these quality of life outcomes. A history of child sexual abuse and adult abuse, social support and health promoting self-care behaviours were the psychosocial factors studied. Women in the sample were on average 33 years old and had known they were HIV-positive for 41 months; 39% had been hospitalised at least once due to HIV; 83% had children; 19% had a main sex partner who was also HIV-positive. More than one-half of the women (55%) had a history of injection drug use and 63% reported having been physically or sexually assaulted at least once as an adult. A history of childhood sexual abuse, reported by 41% of the sample, was significantly related to mental health after controlling for sociodemographic and HIV-related characteristics. Women with larger social support networks reported better mental health and overall quality of life. Women who practiced more self-care behaviours (healthy diet and vitamins, adequate sleep and exercise, and stress management) reported better physical and mental health and overall quality of life. The high prevalence of physical abuse and child sexual abuse reported by this sample underscores the importance of screening for domestic violence when providing services to HIV-positive women. That such potentially modifiable factors as social support and self care behaviours are strongly associated with health-related quality of life suggests a new opportunity to improve the lives of women living with HIV.

Goddard K (2001)
Understanding oneself sexually
SAfAIDS 9(2):12

This article is based on people's perceptions in dealing with sexual difference, the way they perceive themselves as men or women and view the world. Many who challenge lesbian and gay people are not concerned about bedroom antics (the sexual acts are anyway much the same, including anal sex), but they feel threatened by people who exist outside what is considered normal and unchangeable.

Gokova J (1998)
Challenging men to reject gender stereotypes
Sexual Health Exchange 2:1-3

Gupta GR (2000)
Gender, sexuality and HIV/AIDS: The what, the why, and the how
International AIDS Conference, Durban

This paper is based on research that identifies the different ways in which the imbalance in power between women and men in gender relations curtails women's sexual autonomy and expounds male sexual freedom thereby increasing women's and men's risk and vulnerability to HIV.

Gupta GR (2002)
How men's power over women fuels the HIV epidemic
British Medical Journal 324:183-184

Editorial on women's limited ability to control sexual interactions because of their low economic and social status and because of the power that men have over women's sexuality.

Halperin D (2001)
An examination of some socio-cultural factors behind the epidemic and the apparent resistance to discussing them
AIDS in Context Conference, Johannesburg

In political, public health, and academic circles within and beyond Africa, economic poverty increasingly is targeted as the root cause of AIDS. Certainly it cannot be denied that scarcity of resources, exacerbated by bankrupt health care systems, debt repayment, and harshly unequal distribution of wealth, have exacerbated the spread of this and other diseases in the developing world. Yet a closer look at African trends belies the simple equation of economic impoverishment and AIDS. Many of the (Southern) African countries most effected by HIV are among the most developed, well-organised nations on the continent. The hardest-hit sectors clearly include not only victims of poverty, such as single mothers forced into sex work, but more-affluent and better-educated elites. In addition to poverty, structural adjustment and so on, other factors that have fueled the crisis must be addressed, including various cultural practices – both traditional and newer ones – which may however be more difficult to discuss openly.

Halperin D (2001)
Is poverty the root cause of (Southern) African AIDS?
AIDS Bulletin 10(2):12-14

Haour-Knipe M & Aggleton P (1998)
Social enquiry and HIV/AIDS
Critical Public Health 8(4):257-71

Horizons (2001)
Focus on VCT: Findings from Africa
Horizons Report

Hunter M (2001)
The ambiguity of AIDS 'awareness' and the power behind forgetting: Historicizing and spatializing inequality in Mandeni, KwaZulu-Natal
AIDS in Context Conference, Johannesburg

International Planned Parenthood Federation (2000)
Gender, equality, development and peace for the 21st century
International Planned Parenthood Federation, London

This article entails the magnitude of gender-based violence on reproductive health with special reference to teenage pregnancy, high risk sexual practices, HIV/STDS, and pregnancy outcomes.

Iwere N (2000)
Community-level interventions against HIV/AIDS from a gender perspective
World Health Organisation, Division for the Advancement of Women, presented at an expert group meeting on 'The HIV/AIDS Pandemic and its Gender Implications', Windhoek, Namibia

This paper focuses on salient issues pertaining to community level health interventions against HIV/AIDS from a gender perspective, as well as from the author's personal experience and perspectives. The author focuses primarily on community–level interventions within the African context for two reasons, one of which is objective and the other quite subjective. The subject of HIV/AIDS, women and the community and its overall impact in our sub-continent raises some of the most fundamental and deep-seated questions about human values which are not so easy to ignore.

Jacobson JL (2002)
A continuum of inequity gender and access issues in the HIV pandemic
Center for Health and Gender Equity

> Gender issues are critical to the global HIV epidemic as well as to other related public health issues, yet gender dimensions of prevention, treatment, and care remain largely un-addressed in conventional approaches. This paper suggests the need to transform US international policy, programmes, and funding and integrate concern for gender and rights dimensions at every level.

Kelly K (2001)
Bambisanani: Community orientation to HIV/AIDS prevention, care and support
Equity Project/USAID, South Africa

Kerr J (2001)
International trends in gender equality work
Women's Rights in Development

> An end to poverty, access to a good education and healthcare, freedom from violence, protection of reproductive rights, and sustainable livelihoods are still basic objectives of gender equality work worldwide. This paper takes this historical gender equality work as a given, and instead highlights both the shifting backdrop for this work, as well as new considerations and work agendas that have emerged in our efforts towards gender equality. From militarisation to globalisation, a fast-changing global terrain is dictating new challenges and new ways of approaching the women's rights agenda. This discussion paper explores these trends as well as the convergence of work inside the fields of gender and development and women's rights. Also presented here, is an overview of the ways in which gender equality advocates are trying to improve how we understand and confront gender inequality. It should be noted that a paper of this nature will, inevitably, present both generalisations and subjective views. It is impossible to represent a clear picture of the dynamism of gender equality work simply by the fact that the women's movement has never been one singular movement but rather movements, multiple and diverse, each operating and based in different realities, with their own local struggles and challenges. Similarly, activists and practitioners rarely document the new ideas and trends – these are the subjects of animated corridor discussions or personal emails. As such, the majority of the substance for this paper comes out of surveys of emerging work priorities for different women's groups and development organisations, participation in email lists, as well as recent discussions with women's rights activists and researchers.

Kistner U (2001)
Necessity and sufficiency in the aetiology of HIV/AIDS: The science, history and politics of the causal link
African Journal of AIDS Research 1(1)

> This paper attempts to show that necessary and sufficient criteria for disease causation are crucial in the debates on the aetiology of HIV/AIDS. In the course of the history of medical diagnostics, the sufficiency criterion has been considerably modified, while the necessity criterion has been foregrounded. It has been shown that the difficulties surrounding the establishment of strict sufficiency criteria do not preclude the elabouration of an aetiology of HIV/AIDS. While mainstream medical science privileges the necessity criterion, the AIDS dissenters insist on strict sufficiency for conclusive proof of the causal link between HIV and AIDS. This paper aims to show that both criteria have role to play, but in differentiated ways and at different and distinct sites of intervention.

Lamptey P et al (eds.) (2001)
HIV/AIDS prevention and care in resource-constrained settings: A handbook for the design and management of programs
Family Health International and IMPACT

> This 28-chapter handbook offers knowledge on designing and managing HIV/AIDS programmes; reducing risk and vulnerability to HIV infection; strengthening STD management and services; reducing risk of HIV infection to infants; reducing risk of parenteral transmission; management and support of people infected and affected by HIV/AIDS; and prospects for the future. It is intended to be used by programme managers, technical and programmatic field staff; staff of donor and international partner agencies; health care providers; and field researchers.

Larson J & Narain JO (2001)
Beyond 2000: Responding to HIV/AIDS in the new millenium
World Health Organisation, Regional Office for South Asia, India

> This report unfolds the story of AIDS in WHO's South – East Asia Region. The document focuses on how the epidemic has grown from a handful of HIV infections reported only from Thailand, in 1984, to over five million by early 2001. An extensively referenced account is also presented of the pattern of transmission, the vulnerabilities of different population groups and documented evidence of the socio-economic and health implications of HIV/AIDS in the region. As we step into the new

millenium, it is appropriate to reflect on the progress made so far and to learn from the past as we plan for the future. A number of lessons have been learnt over the last 15 years. The most important is that control of AIDS calls for intensified multisectoral action backed by strong political support and community participation. The key role of the health sector is also well recognised as crucial to stemming the tide of the epidemic that is sweeping across Asia at a faster pace than anywhere else in the world. Strategies for the new millenium as proposed in the document describe the approaches that countries of the region must take if they are serious about slowing down the relentless spread of HIV infection, providing care and support for those infected and affected and alleviating the social and economic impacts of the epidemic. Accelerated efforts are clearly needed to build on what we now know works, to heighten and sustain national responses to the HIV/AIDS epidemic, and to bring about the necessary changes required, in policy as well as practice, without stigma or discrimination.

Lawday A (2002)

HIV and conflict: A double emergency

Save the Children (UK), London

A growing body of evidence links wars and mass displacement to the spread of HIV/AIDS. In war and related emergencies, the epidemic is fuelled by sexual bartering– mainly rooted in poverty and powerelessness, sexual violence and exploitation, low awareness about HIV, and the breakdown of services in health and education services. These are not the only determinants of HIV transmission in conflict, but they are important dynamics that must be addressed in any response.

Lawson L (1997)

HIV/AIDS and development

Interfund, Johannesburg

This book is based on the intention of the SAIH/INTERFUND initiative, which is not to prescribe to the NGOs, nor to force HIV/AIDS work upon them as a condition of funding. Their goals are rather to provide an opportunity for partner organisations to meet and talk about HIV/AIDS and development in a supportive, non-threatening environment; to provide reliable information and professional facilitation; to make organisations aware of the resources available from AIDS service organisations and other support structures; and to investigate flexible and appropriate means for development organisations in various sectors to take action on HIV/AIDS in a way that is complementary to their diverse development missions.

Lazzarini Z (2000)

Discussion papers on HIV/AIDS care and support

The Synergy Project, Washington DC

This book is based on the series of discussion papers on HIV/AIDS care and support. HIV/AIDS care and support mitigate the effects of the pandemic on individuals, families, communities and nations. Such interventions are an important component of the overall response to HIV/AIDS because they increase the impact of prevention strategies and mitigate the negative consequences of the epidemic on the prospects for sustainable development. This series of discussion papers covers several key issues related to care and support. Each paper provides a preliminary review of some of the current thinking and research on these broad and complex topics.

Maart B (1998)

Gender and HIV training

National Association of People Living with HIV/AIDS and Learning Edge, Johannesburg

Maart B (nd)

Women and HIV

National Association of People Living with HIV/AIDS and Learning Edge, Johannesburg

Men and women are affected differently by HIV and AIDS. This booklet looks at issues that affect women directly. The booklet discusses reasons why HIV spreads in women and also medical problems that affect women, as well as contraception and pregnancy. It explains how to help prevent passing HIV from mother to child. There is a list of organisations to contact for further information, advice and assistance.

Machipisa L (2002)

Women and girls bear the burden in Zimbabwe

Choices (Supplement), International AIDS Conference, Barcelona

This article deals with the stigmatisation of women who disclose their HIV positive status, women's burden of caring for the sick relatives and general issues surrounding gender and HIV/AIDS.

Malaza-Debose M (2001)

Gender based experiences in preventing and coping with HIV/AIDS in post-conflict sub-Saharan Africa

Conference on Preventing and Coping with HIV/AIDS in Post-conflict Societies: Gender-based Lessons from Sub-Saharan Africa, South Africa

Mann JM & Tarantola DJM (eds.) (1996)

AIDS in the world II: Global dimensions, social roots, and responses

Oxford University Press, New York

Marcus T (2001)

Kissing the cobra: Sexuality and high risk in a generalised epidemic – A case study

African Journal of AIDS Research 1(1):25

> This paper explores the social factors that may account for the way the HIV-AIDS epidemic is unfolding in a racially segmented and social differentiated society. As a sexually transmitted infectious disease that particularly infects adolescents and decimates young adults, there is an urgent need to critically assess assumptions about the influence of culture and social relations on differences in patterns and the scale of infection across racial groups in South Africa. The point of departure is the recognition that while nationally there is a generalised epidemic of gigantic proportions, the epidemic among young white adults is still nascent. Through a qualitative exploration of white student perceptions of risk, sexual networking and practices in an HIV/AIDS environment, this small study hopes to shed light on some of the social and cultural issues surrounding the epidemic.

Mataure P (2001)

Challenging stereotypes: Bringing men to the forefront of HIV prevention

AIDS in Context Conference, Johannesburg

> The UNAIDS World AIDS campaign for the year 2000 focuses on bringing men more actively into interventions against HIV. Prior to this important international effort, SAfAIDS began to catalyse Southern Africa partner organisations to meet in workshops to discuss how to incorporate this focus on men into their programmes in Swaziland, Zambia and Zimbabwe. Representatives attended from government, NGOs working on HIV/AIDS and reproductive health, men's organisations, the media, army and human rights organisations. Several reviews and structured discussion fora were held to explore the dynamics of male sexuality and behaviour as well as interventions targeting men. Preoccupations with being powerful and dominant as well as social expectations of male behaviour work against effective HIV prevention. Roles of being financial providers and decision-makers for families procure status for men but also oppress them. Women are not encouraged to be financially or socially independent, which would enable them to be equal partners in the home or workplace. These factors mean that most women are not able to negotiate for safer sex to protect themselves and have to rely on men to make these decisions. Men do not share domestic chores or household tasks that are designated unmasculine. This precludes their involvement in home care for people dying from AIDS, including members of their own families. Homosexuality has been secretive and stigmatised in Southern Africa. Some married men have sex with other men without considering themselves gay. Since many men regard STIs and HIV as women's diseases, they may consider sex with men safe.

Matlin S & Spence N (2000)

The gender aspects of the HIV/AIDS pandemic

World Health Organisation, Division for the Advancement of Women, presented at an expert group meeting on 'The HIV/AIDS Pandemic and its Gender Implications', Windhoek, Namibia

> Across the world, there has been a changing pattern of male/female infections. Early cases in many countries were concentrated in male homosexuals and intravenous drug users, but as the epidemic has spread there has been a progressive shift towards heterosexual transmission and increasing infection rates in females. The reality today is that, globally, more women than men are now dying of HIV/AIDS, and the age patterns of infection are significantly different for the two sexes. Beyond the statistics of sex-based differences in infection rates, there are profound differences in the underlying causes and consequences of HIV/AIDS infections in male and female, reflecting differences in biology, sexual behaviour, social attitudes and pressures, economic power and vulnerability. In many ways, the inequity that women and girls suffer as a result of HIV/AIDS serves as a barometer of their general status in society and the discrimination they encounter in all fields, including health, education and employment. It is for these reasons that HIV/AIDS is inherently a gender-based issue and needs to be seen in this light if it is to be addressed effectively. HIV/AIDS will only be conquered when the effort to achieve gender equality is successful.

Matshalaga N (1999)

Gender issues in STIs/HIV/AIDS prevention and control: The case of four private sector organisations in Zimbabwe

African Journal of Reproductive Health 3(2):87-96

> This article highlights the case of four private sector organisations that tackled the gender issues

surrounding HIV/AIDS and sexually transmitted infection (STI) prevention and control in Zimbabwe. Using focus group discussions in the collection of field data, the four implementing organisations – the National Employment Council for Transport Operators Industry, the National Railways of Zimbabwe, Triangle Limited, and the Commercial Farmers Union – were evaluated.

Miles L (1992)
Women, AIDS, power and heterosexual negotiation: A discourse analysis
Agenda 15

Morrell R (ed.) (2001)
Changing men in Southern Africa
University of Natal Press, Pietermaritzburg

Munoz VN & Lopez JM (1998)
Conceptualizing masculinity through a gender-based approach
Sexual Health Exchange 2:3-6

This article focuses on the initiatives taken by NGOs in Nicaragua to empower men through courses on masculinity and outreach work in poor communities.

Ngwenya S, Nxumalo H, Shiwelane M & Mbetse D (2000)
Counselling, care and support for people living with HIV/AIDS and their families by non health professionals

This paper is a case study of project in Bushbuckridge that uses non-professional workers to provide HIV counselling, care and support for people living with HIV/AIDS and their families.

Niehaus I (2000)
Towards a dubious liberation: Masculinity, sexuality and power in South African Lowveld schools, 1953-1999
Journal of Southern African Studies 26:3

This article investigates how masculine sexuality featured as a political issue during the liberation struggle in Impalahoek, a village on the South African lowveld. The starting point of this analysis is the repressive regime in primary and high schools during the period of Bantu Education, from 1953 to 1986. The author shows that whilst teachers strictly prohibited and harshly punished all forms of sexuality between students, male teachers freely engaged in sexual liaisons with schoolgirls. The revolt by comrades in the schools between 1986 and 1992 was inspired in part by students' discontent about sexuality. Comrades demanded an end to corporal punishment, expelled teachers who engaged in sex with schoolgirls and celebrated their own sexual virility in a local campaign to 'build soldiers'. Since 1994, the management of sexuality by the ANC-led government has not inaugurated sexual liberation. Rather, sex education and new medical discourses about sexuality in the era of AIDS have generated new forms of surveillance and contestation. Such historical experiences inform the links between democratisation and changing notions of sexuality in South Africa.

Ntozi JPM, Ahimbisibwe F, Mulindwa IK, Ayiga N & Odwee J (2001)
Has HIV/AIDS epidemic changed sexual behaviour of high risk groups in Uganda
Conference of the International Union for Scientific Study of Population, Salvador, Brazil

The HIV/AIDS epidemic has been witnessed in Uganda for the last two decades and killed hundreds of thousands of people. A major route of transmission of the HIV infection has been identified as heterosexual intercourse contributing over 90% of the epidemic in the country. Sexual behaviour of high risk groups, namely, adolescents, street children, drivers, barmaids and sexual workers has frequently been blamed for rapid spread of the disease. The African AIDS epidemic is concentrated primarily in Eastern, Central and Southern Africa and most heavily affects adults of both sexes between the ages of 15-44. Poverty is one of the major contributors to the spread of AIDS. Long distance drivers, prostitutes,and barmaids have been identified as the groups which engage in risky sex, which promotes HIV transmission in Uganda and other countries across the continent. This paper investigates whether there were changes in the sexual behaviour and practices among five groups in Uganda.

Orubuloye IO, Caldwell JC & Caldwell P (1997)
Perceived male sexual needs and male sexual behaviour in southwest Nigeria
Social Science and Medicine 44:1195-1207

Part of a research programme studying methods of combating the AIDS epidemic was a survey and accompanying qualitative research focused on attitudes toward male sexuality and male sexual behaviour outside marriage and the extent and success of female attempts to control it. A survey of 1 749 males and 1 976 females was conducted in urban and rural populations in three states of southwest Nigeria. The majority of the community believes that males are by nature sexually polygynous, although about half the community believes that male sexuality can and should be

confined to marriage. These beliefs arise out of the nature of the traditional society and are being changed by new ways of life, education and imported religions. Nevertheless, sufficiently rapid change is unlikely, even if promoted by government, to successfully combat a major AIDS epidemic, and the major strategy should attempt to reduce the rate of transmission, especially in high-risk relationships.

Park J, Fedlet J & Dangor Z (eds) (2001)
Reclaiming women's spaces
Nisaa Institute for Women's Development, Johannesburg

Parker R, Barbosa RM & Aggleton P (eds.) (2000)
Framing the sexual subject: The politics of gender, sexuality and power
University of California Press, Berkley

Paxton L, Ssengonzi R, Nalugoda F, Sewankambo N, Wawer M (1998)
Sexual coercion and HIV risk perception in rural Uganda
International AIDS Conference, Geneva

The study found that sexual coercion occurs frequently in rural Ugandan society and is significantly associated with perceptions about self and partner HIV seropositivity. It is less associated with prevalent HIV infection except among the youngest women who have had the least cumulative exposure to coercion.

Population Reference Bureau (2002)
Women of our world 2002
Population Reference Bureau, Washington DC

In the last decade, the situation of women has moved to the forefront of national and international policy debates. While the last half-century has seen major gains in women's health, education, and rights, progress has been slow or uneven in many areas. Gender inequality, or disparities between men and women, is still pronounced in the poorest regions and countries of the world. This Population Reference Bureau data sheet catalogs the status of women in 168 countries with a focus on demography, reproductive health, education, economic status and political leadership.

Positively Aware (2001)
Separate but equal
Positively Aware 12(3)

This is the journal of the Test Positive Aware Network. Articles in this edition include women's medical care, research rights and responsibilities, and nutrition for positive women.

Pronyk P (nd)
Social Intervention for HIV/AIDS: The Intervention with Microfinance for AIDS and Gender Equity (IMAGE)
Rural AIDS & Development Action Research (RADAR)

This paper outlines this project as an attempt to integrate and evaluate an operational model for HIV prevention that is informed by both biological and social perspective on the disease.

Ray S (2001)
How can we engage with men on their sexuality and risk of HIV?
AIDS in Context Conference, Johannesburg

Men want information on their risks of HIV infection, but they want it directly targeted at them, in scientific formats, from health professionals. They do not want this information relayed to them through wives and girlfriends. They are not good at risk assessment when choosing sexual partners. This paper presents findings of qualitative research from the University of Zimbabwe Medical School, on male attitudes and behaviour relevant to HIV transmission. It seeks to ascertain what kinds of approaches are needed to persuade men to reduce their risk of HIV infection. The research was carried out with groups from a cohort of over 2 500 male factory workers in Harare.

Saartjie Baartman Women and Children's Centre (2002)
Annual review
Saartjie Baartmen Women's and Children Centre, Cape Town

This centre was named after Saartjie Baartman in recognition of the denial and debasement of her human rights. It is the first one-stop centre of it's kind and is a public-private partnership in the field of violence agaist women. The vision of the Centre is to offer a range of services on a continuum of care for abused women in order to reduce the secondary trauma experienced by women and offer them hope for recovery through intergrated comprehensive services.

Saloner K (nd)
Training medical students to manage the challenges of HIV/AIDS work
University of Witwatersrand, Johannesburg (Unpublished)

This paper decribes and evaluates a training programme designed to equip fifth year medical students (at Witwatersrand Health Science Medical School) with particular skills knowledge and attitudes to better manage the challlenges of HIV/AIDS work. Particularly, the training programme aimed to provide the opportunity for medical students to feel more competent in their ability to effectively provide pre- and post-test HIV/AIDS counselling.

Sanders F (2000)
Gender is not synonymous with sex – the what and how of gender, sexuality and HIV/AIDS in a male-dominated world
AIDS Bulletin 9(3):15

Sangiwa G, Moses P, Ncube B et al (2000)
New start, voluntary counseling and testing for HIV prevention in Zimbabwe: Effectiveness at reaching target populations
International AIDS Conference, Durban

The paper describes a VCT programme with standardised services, promoted though the mass media promotion and interpersonal communication. Specific target groups include commercial sex workers, young couples, adolescents, transport industry workers and other mobile populations. Though attendance at a VCT centre is anonymous, the study emphasises the need for client profiles and satisfaction surveys to guide communications campaigns, tailor interpersonal communications to specific target groups and assist in improving the quality of services.

Scalway T (2001)
Young men and HIV: Culture, poverty and sexual risk
The Panos Institute, London

This document addresses the critical role that young men play in the global AIDS pandemic. It highlights how they have been largely ignored in HIV interventions to date and explains how this exclusion could have devastating results in the long term.

Schivte M (1998)
Poverty and the role of men and women in the spread of HIV and AIDS in the African sub-continent: Situation analysis
International AIDS Conference, Geneva

Poverty influences in a negative manner life expectancy at birth in developing countries around the world but more so in Africa, especially in sub-Saharan Africa where the situation of HIV and AIDS has become very critical.

Shepard B (1998)
The masculine side of sexual health
Sexual Health Exchange 2:6-8

This article critically analyses the health programmes that are aimed at incorporating ‘gender perspectives’ into sexual health services, which are still focused mainly on serving women.

Simpson A (2002)
The measure of a man: Boys, young men and dangerous ideologies of masculinity in the time of HIV/AIDS
Save the Children (Sweden), Stockholm

This literature review highlights the importance of kinship and gender and draws attention to the roles of kin in the manner in which gender is learnt. A major weakness of earlier studies has been that insufficient weight has been given to the fact that gender is always a relational term. Notions of masculinity only make sense in relation to notations of feminity. Concurrent with this, insufficient attention has been given to exploring the contexts in which gender is learnt and performed and in which sexual encounters take place. The investigation into these contexts can never exclude history and political economy. The body has a history, as does sexuality.

Spindel C, Levy E & Connor M (2000)
With an end in sight
UNIFEM, New York

Standing H (1997)
Gender & health: Technical paper
World Health Organisation, Geneva

This paper explores the critical roles that social and cultural factors and power relations between men and women play in promoting and protecting health. It is a review of the literature on gender and health and illustrates the role of gender in health, health policy and programme development.

Strebel A (1997)
Prevention implications of AIDS discourses among South African women
AIDS Education and Prevention 7(1):32-49

Social constructionist and feminist analyses have done much to extend the understanding of AIDS beyond the biomedical to include social accounts of the constitution of AIDS knowledge and meanings. However, these frameworks have not translated easily into realistic responses to the paradox of women being seen as responsible for HIV prevention, while they lack the power to implement safe sex behaviour. This study explores the range and interplay of discursive themes which South African women drew on regarding AIDS and identifies constraints and opportunities for realistic prevention. The research involved 14 focus group discussions with women. Two main interpretative repertoires regarding AIDS were identified from the texts: one concerning the medicalisation and the other the stigmatisation of the disease. Although these representations were not unchallenged, the pervasive sense was of denial of own risk, fear, and fatalism. However, the analysis highlighted the complexity of issues to be faced in developing effective prevention initiatives.

Strode J (ed.) (2000)
Women more vulnerable to HIV than men
AIDS Legal Network, Johannesburg

This journal cites the UNAIDS report which shows that in Africa, where the epidemic is predominantly spread heterosexually, there are more women than men living with HIV. This does not suggest that men are not vulnerable, but that women are more vulnerable due to biological, sexual, socio-economic and macro-economic factors.

Tallis V (2002)
Gender and HIV/AIDS: Overview report
Institute of Development Studies, UK

Temmerman M, Ndinya-Achola J, Ambani J & Piot P (1995)
The right not to know HIV-test results
The Lancet 15 345(8955):969-70

Large numbers of pregnant women in Africa have been invited to participate in studies on HIV infection. Study protocols adhere to guidelines on voluntary participation after pre-test and post-test counselling and informed consent; nevertheless, women may consent because they have been asked to do so without fully understanding the implications of being tested for HIV. Our studies in Nairobi, Kenya, show that most women tested after giving informed consent did not actively request their results, less than one third informed their partner, and violence against women because of a positive HIV-antibody test was common. It is important to have carefully designed protocols weighing the benefits against the potential harms for women participating in a study. Even after having consented to HIV testing, women should have the right not to be told their result.

The Joint Monitoring Committee on the Improvement of the Quality of Life and Status of Women (2001)
How best can SA address the horrific impact of HIV/AIDS on women and girls?
The Joint Monitoring Committee on the Improvement of the Quality of Life and Status of Women Report, South Africa

This report examines the extent and nature of the crisis HIV/AIDS poses to all South Africans; some of the contributing factors to the spread of HIV/AIDS in SA; the impact on women and girls; and recommendations on prevention and treatment.

Topouzis D (1998)
The implication of HIV/AIDS for Rural Development Policy and Programming: Focus on sub-Saharan Africa
UNDP, Geneva

This paper examines the implications of the HIV epidemic for rural development policies and programmes in sub-Saharan Africa and, in particular; the interrelationships between rural development and HIV/AIDS; and broad policy and programming challenges that the epidemic poses for rural institutions. The proposed conceptual framework for the identification of key policy and

programming issues for rural development raised by HIV is intended to provide guidance for the design and conduct of a set of four case studies to be carried out in Southern and Eastern Africa.

UNAIDS (1996)
Gender inequality
SAfAIDS 7(4):22

This information sheet on women was drawn up by the UN Department of Public Information in November 1996. It reflects statistics and facts about women in development. These are of great relevance to the AIDS epidemic in that they highlight the extent of gender inequity, and of the fundamental driving forces behind the epidemic. Most of the data are as relevant today as when compiled in 1996 but, in addition to the information in the original information sheet, updates have been included in relation to women and AIDS specifically.

UNAIDS (1997)
Counseling and HIV/AIDS
UNAIDS, Geneva

This document highlights the successes and challenges for implementing HIV counselling in an African setting.

UNAIDS (1998)
Gender and HIV/AIDS: UNAIDS technical update
UNAIDS, Geneva

This booklet contains a technical summary of the issues, challenges and solutions which are based on gender and HIV/AIDS.

UNAIDS (1999)
Gender and HIV/AIDS: Taking stock of research and programmes
UNAIDS, Geneva

This document addresses the need for gender understanding and implementation of gender intervention programmes. It states that the next generation of HIV/AIDS researchers and programmes face a number of challenges. One such challenge is to improve their understanding of how gender influences men's knowledge, attitudes, and sexual behaviour. This is needed in order to design prevention programmes that more effectively address gender-related factors that influence personal and societal vulnerability to HIV. Another challenge is to advocate and provide more resources for gender-sensitive care and support. A third challenge is to develop indicators that will enable interventions to measure reduction in gender inequalities relating to vulnerability to HIV/AIDS. A broader understanding of gender is also needed within institutions. There must be a public commitment to gender, a participatory approach to developing mechanisms for addressing gender, and the incorporation of gender across programmes.

UNAIDS & UNESCO (2000)
A cultural approach to HIV/AIDS prevention and care: Report of the subregional workshop Kampala, Uganda
UNESCO, Division of Cultural Policies, Paris

This book presents a report of the proceedings and outcomes of the five-day workshop on the cultural approach to HIV/AIDS Prevention and Care for Sustainable Development in Africa. The aim of the workshop was to identify the interactions between cultures and HIV/AIDS and to adjust prevention and care interventions accordingly.

UNAIDS (2000)
Innovative approaches to HIV prevention– Selected case studies
UNAIDS, Geneva

This booklet aims at identifying key studies and investigations on HIV prevention interventions beyond information dissemination. It also provides a set of intervention examples of HIV prevention and highlights some of the key issues to consider when designing, implementing and evaluating HIV programmes.

UNAIDS (2000)
Men and AIDS: A gendered approach – World AIDS campaign
UNAIDS, Geneva

UNAIDS (2000)
No one has been cured
UNAIDS, Geneva

'Men make a difference' is the title of the first year of a two-year campaign focusing on the role of men in the AIDS epidemic. In the year 2000, the campaign has three broad objectives. The first, to motivate men and women to talk openly about sex, sexuality, drug use and HIV/AIDS. Second, to encourage men to take care of themselves, their partners and their families. The third, to promote programmes that respond to the needs of men and women. This paper contains many ideas for action. People designing activities around this year's World AIDS Campaign theme can draw on them when appropriate; but the emphasis should be on innovative programmes that respond to local needs and priorities.

UNAIDS (2001)
AIDS: The Brazillian experience
UNAIDS, Brazil

The purpose of this study is to reveal gained knowledge in bringing the epidemic under control and preserving human dignity. It pays special attention to the high risk population groups, marginalised and /or living in poverty, and to guaranteed universal and free access to all available resources for treatment.

UNAIDS (2001)
Declaration of commitment on HIV/AIDS: United Nations general assembly special session on HIV/AIDS
UNAIDS, Geneva

This declaration of commitment on HIV/AIDS is the culmination of a year-long process of awareness, engagement and mobilisation. In adopting this Declaration at the United Nation General Assembly Special Session, held on 25-27 June 2001, the international community set common targets for reducing the spread of HIV/AIDS and alleviating its impact.

UNAIDS (2001)
The impact of voluntary counseling and testing: A global review of the benefits and challenges
UNAIDS, Geneva

This paper examines the diverse roles of VCT, considers the various outcomes of VCT that can be evaluated and discusses the limitations and difficulties associated with VCT evaluation. Drawing on published and unpublished literature, conference abstracts and case studies, this paper concentrates on information from developing countries while some examples from industrialised countries are mentioned, this information is not exhaustive, hence review articles providing more complete information are cited.

UNAIDS (2002)
Report on the global HIV/AIDS epidemic
UNAIDS, Geneva

This report presents the considered views on the state of the HIV/AIDS epidemic of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which is comprised of eight United Nations system agencies. It also presents evidence of the responses to the epidemic mounted by many partners, including governments, the business sector and civil society. The report provides positive proof that HIV, if left to run its natural course, will cause devastation on an unprecedented scale.

United Nations Development Fund for Women (2000)
Progress of the world's women 2000
UNIFEM, New York

This paper engages some aspects of the HIV/AIDS epidemic and the complexities associated with it. It outlines the socio-epidemiological patterns of the epidemic and in doing so identifies the groups with the greatest and fastest growing rates of infection. The pattern of the epidemic in South Africa is as follows: it is primarily a heterosexual one, the rates of infection in the general popualation are very high, and the percentage of HIV positive women is greater than men. An additional feature is the young age of onset of infection for women. These data demonstrate the need to focus our attention on young African women and the factors underpinning their predicament. In order to shed light on the position of women in the epidemic and the particular risks they face, we examine the long-standing relationship between gender and racial inequalities and health. Within the constraints of limited and flawed statistical data, the paper argues that a complex interaction of material, social, cultural and behavioural factors shape the nature, process and outcome of the epidemic in South Africa. It concludes with recommendations for the way forward.

United Nations Development Fund for Women (2000)

UNIFEM – Annual report 2000

UNIFEM, New York

> This report is based on UNIFEM's focus on three areas of immediate concern: strengthening women's economic security and rights and empowering to enjoy secure livelihoods; engendering governance and peace building to increase women's participation in the decision-making processes that shape their lives; promoting women's human rights and eliminating all forms of violence against women to transform development into a more equitable and sustainable process.

United Nations Development Fund for Women (2001)

The HIV/AIDS epidemic an inherent gender issue

UNIFEM, New York

United Nations Development Fund for Women (2001)

Turning the tide: CEDAW and the gender dimensions of the HIV/AIDS pandemic

UNIFEM, New York

> This booklet is a guide to assist governments and NGOs in understanding and incorporating a gendered human rights perspective in their responses to HIV/AIDS.

United Nations Development Fund for Women (nd)

Women are key to ending HIV/AIDS

UNIFEM, New York

United Nations Development Programme (2001)

Partnerships to fight poverty

UNDP, New York

> This document focuses on the UNDP of the 21st century which is now focusing much less on traditional project work like building infrastructure. To underpin this process, they have sharply narrowed their primary policy focuses to six thematic practice areas: poverty reduction, democratic governance, sustainable energy and the environment, crisis prevention and recovery and the war against HIV/AIDS and the drive to harness the power of the information and communications technology revolution for development.

United Nations Foundation (2000)

Women and population

UNF, Summer (5)

> Worldwide momentum continues to build up for focusing on the development needs of adolescent girls – a key demographic sector for meeting the global challenge in the 21st century. Recent reports from the UN Secretary-General, UNICEF, and other leading global institutions have placed emphasis on the needs and potential of adolescent girls.

United Nations Office for Drug Control and Crime Prevention (2001)

A dark secret of the HIV/AIDS crisis

UNDCP, Geneva

> For UNDCP, alternative development programmes are fundamental to this sustainability of any illicit crop eradication policy. In countries where illegal crops are produced, women most often play a key role in the cultivation and production of illicit plants such as coca and opium. With this in mind, past alternative development programmes focused on treating women as a special group and came up with alternative-income generating opportunities. However, this approach did not prove to be the best way of achieving equal participation in development.

United Nations Population Fund (2000)

Enlisting men in HIV/AIDS prevention

UNFPA, New York

> This booklet provides an introduction to the subject of men and HIV/AIDS in relation to the work of UNFPA, carried out in partnership with UN agencies, governments and civil society organisations at all levels. As action intensifies, It will be important to recognise the positive and caring behaviour of many men, who do practise safe sex, treat women as equals, behave in non-violent ways and share in family care-giving. It will also be important to encourage the potential of all men to adopt more equitable, respectful and caring attitudes.

United Nations Population Fund (2000)

The state of world population 2002

UNFPA, New York

Gender inequality holds back the growth of individuals, the development of countries and the evolution of societies, to the disadvantage of both women and men. The facts of gender inequality – the restrictions placed on women's choices, opportunities and participation – have direct and often malign consequences for women's health and education, and for their social and economic participation. Yet until recent years, these restrictions have been considered either unimportant or non-existent, either accepted or ignored. The reality of women's lives has been invisible to men. This invisibility persists at all levels, from the family to the nation. Though they share the same space, women and men live in different worlds.

Vetten L (2001)

Paper promises, protests and petitions

In: Park J, Fedler J & Dangor Z (eds.) (2001) Reclaiming Women's Spaces, Nisaa Institute for Women's Development, Johannesburg

Vetten L (2001)

Race, gender and power in the face of social change

In: Park J, Fedler J & Dangor Z (eds.) (2001) Reclaiming Women's Spaces, Nisaa Institute for Women's Development, Johannesburg

Walker L & Gilbert L (2002)

HIV/AIDS: South African women at risk

African Journal of AIDS Research 1(1):75-85

This paper engages some aspects of the HIV/AIDS epidemic and the complexities associated with it. It outlines the socio-epidemiological patterns of the epidemic and in doing so identifies the groups with the greatest and fastest growing rates of infection. The pattern of the epidemic in South Africa is as follows: it is primarily a heterosexual one, the rates of infection in the general population are very high, and the percentage of HIV positive women is greater than men. An additional feature is the young age of onset of infection for women. These data demonstrate the need to focus our attention on young African women and the factors underpinning their predicament. In order to shed light on the position of women in the epidemic and the particular risks they face, we examine the long-standing relationship between gender and racial inequalities and health. Within the constraints of limited and flawed statistical data, the paper argues that a complex interaction of material, social, cultural and behavioural factors shape the nature, process and outcome of the epidemic in South Africa. It concludes with recommendations for the way forward.

Williams B, Gouws E & Abdool Karim SS (2000)

Where are we now? Where are we going? The demographic impact of HIV/AIDS in South Africa

South African Journal of Science 96(6):297-300

Demographic forecasting models of the South African population, incorporating geographical distribution and age prevalence data on HIV infection, have been used to predict future mortality due to AIDS. In the year 2010, approximately 500 000 AIDS-related deaths are predicted, up from 100 000 this year. If anything, these models have underestimated the course of the epidemic so far. There is a need for better models to understand the dynamics of AIDS as well as to measure the effects of co-factors, in order to marshall the most effective response nationally.

Williams B, Gouws E, Colvin M, Sitas F, Ramjee G et al (2000)

Patterns of infection: Using age prevalence data to understand the epidemic of HIV in South Africa

South African Journal of Science 96(6):305-12

South Africa is experiencing an explosive epidemic of HIV/AIDS, with about one in four women attending ante-natal clinics nationwide being HIV-positive. In order to understand the natural history of the epidemic, to design and target interventions to manage it and to evaluate the impact of interventions that are implemented, it is essential to gather information on the patterns of infection. In particular it is important to know how these vary with gender, age, migrancy status and between urban and rural settings. Ideally, one should measure age-specific incidence but this is difficult to do. Many datasets are available, however, on age-specific prevalence of infection and these are used to investigate the risk of infection with age among a number of different populations. The populations under consideration include women attending ante-natal clinics, urban and rural populations, migrant workers and commercial sex workers. Data are also presented from one work-based survey and from a study of cancer patients at a major hospital in Soweto. Four different patterns of infection were identified among a) women attending ante-natal clinics; b) women in the general population; c) men in the general population; and d) migrant workers. It is interesting that there were no differences between urban and rural populations. Furthermore, the patterns of infection appear to be fairly

constant over time, although as the epidemic saturates and reaches a steady state this must change. These data highlight, in particular, the extremely high risk of infection among 15 to 25-year-old women and among migrant workers of all ages. They should serve not only to highlight the urgency of the situation and the need to deal with the spread of infection effectively, but should also provide a basis for detailed epidemiological modelling, which can be used to predict the future course of the epidemic, plan an effective response and evaluate the impact of interventions.

Williams E (1993)

How to improve prevention: Empower African women

Network 13(4):8

Wingood G & Diclemente RJ (2000)

Application of the theory of gender and power to examine HIV-related exposures, risk factors, and effective interventions for women

Health Education & Behaviour 27(5)

Developed by Robert Connell, the theory of gender and power is a social structural theory based on existing philosophical writings of sexual inequality and gender and power imbalance. According to the theory of gender and power, there are three major social structures that characterise the gendered relationships between men and women: the sexual division of labour, the sexual division of power, and the structure of cathexis. The aim of this article is to apply an extended version of the theory of gender and power to examine the exposures, social/behavioural risk factors, and biological properties that increase women's vulnerability for acquiring HIV. Subsequently, the authors review several public health level HIV interventions aimed at reducing women's HIV risk. Employing the theory of gender and power among women marshals new kinds of data, asks new and broader questions with regard to women and their risk of HIV, and, most important, creates new options for prevention.

Wolf A (2001)

AIDS or Kanyera? Concepts of sexuality and the discourse on morality in Malawi

AIDS in Context Conference, Johannesburg

The paper describes the emerging importance of a locally known disease in the context of AIDS. The research took place in a squatter area on the outskirts of Malawi's capital city Lilongwe.

Women's Health Exchange (1999)

Helping women reduce their risk of HIV

Hesperian Foundation, California

World Health Organisation (1994)

Essential AIDS information resources

WHO, Geneva

This resource list contains a list of more than 120 items with brief descriptions and full details on how to obtain them. It has been compiled with the help of government and non-governmental organisations, NGOs, UN agencies, networks and resource centres aound the world. A substantial range of information resources has been developed in response to the increasing need for practical and up-to-date information on HIV/AIDS. Much of this material is available free or at low cost, and in a number of different languages. It also aims to address this problem by helping people to identify and find the information resource they need.

World Health Organisation (1994)

Global Programme on AIDS: Modelling the costs of HIV prevention: A resource requirement model for developing countries

WHO, Geneva

This document is based on the importance of using cost-effectiveness data in health sector planning and resource allocation in both developed and developing countries which is gaining increasing international recognition. This is reflected in numerous efforts to develop estimates of the burden of a wide range of diseases, and of the costs and effectiveness of interventions aimed at preventing or curing those diseases.

Wyatt G, Srinivasan S, Axelrod J, Tucker B, Romero G & Mitchell-Kernan C (1996)

Aftermath of HIV diagnosis among women: Psychosocial consequences

International AIDS Conference, Vancouver

The increasing numbers of women being infected with HIV due to heterosexual contact and drug use makes it imperative to focus on HIV-positive (HIV+) women. The study examines three issues relating to how women get infected, how they are treated, and the impact of the disease on their lives.

Gender and Human Rights

Center for the Right to Health (2001)

HIV/AIDS and human rights: Summary of cases

Center for the Right to Health, Lagos

This book, based on the summary of cases covering decisions from different countries and continents, showed that issues arising from the HIV/AIDS pandemic cannot be ignored. It provides a handy and resourceful document for researchers and anybody interested in human rights issues. The coverage and range of issues treated provides interesting reading on the need to balance the rights of people living with HIV/AIDS against the rights of the others not affected.

Center for the Right to Health (2001)

Human rights and HIV/AIDS: Experiences of people living with HIV/AIDS in Nigeria

The Policy Project, Nigeria

Center for the Right to Health (2001)

Human rights violations experienced by people living with HIV/AIDS

Touch 1(1):8

This action research was carried out by the Center of the Right to Health with the active participation of individuals and support groups of PLWHA. The study revealed a widespread violations of the human rights of PLWHA.

Figueira M (2000)

HIV/AIDS: Human rights developments in Namibia since independence

Despite the establishment of a fairly comprehensive policy and legislative framework that recognises the human rights of people living with HIV/AIDS and promotes a non-discriminatory environment in respect of HIV/AIDS, in practice people living with HIV/AIDS in Namibia suffer widespread rights abuses. This shows that good policy does not automatically translate into good practice.

Gülçür L (2000)

Evaluating the role of gender inequalities and rights violations in women's mental health

Health and Human Rights: An International Journal 5(1)

This article examines the concept of women's mental health articulated as a human right in international documents and the current public health concern regarding the contribution of depressive and related anxiety disorders – which disproportionately affect women – to the global health burden. There is a growing awareness, supported by health research and accepted in recent international documents such as the Beijing Platform for Action, that gender inequalities and rights violations such as economic dependence, lack of decision-making power, conflicting gender roles, disproportionate domestic responsibilities, and violence are closely linked to mental health problems of women. The article argues that governments and international agencies, as well as women's health and rights advocates, must place more emphasis on women's mental health and its relationship to underlying gender discrimination and rights violations.

Human Rights Watch (2002)

What will it take? Stopping violence against women: A challenge to governments

Human Rights Watch, Washington DC

Human Rights Watch has documented how states respond to violence in numerous countries around the world, including Pakistan, Peru, the United States, Russia, South Africa and Jordan. This research shows that, even in very different countries, women confront similar barriers to justice as well as appropriate and humane treatment when they are victims of violence. The recommendations in this paper are based on the research in these and other countries and represent the minimum steps that states should take immediately to end impunity for and tolerance of violence against women.

Jefferson LS (1997)

Proceedings of the women's human rights documentation workshop

Nisaa Institute for Women's Development, Johannesburg

This publication is an introduction to documenting women's human rights violations. Documentation is one of the tools of activism. With comprehensive documentation, activists are in a much stronger position to achieve goals. The role of documentation is to identify abuses and make recommendations to rectify these. The proceedings include an introduction to women's human rights issues, using international instruments, how to prepare a methodology for documentation, learning

the interview technique and advocacy. This publication resulted out of a four day training workshop hosted by the Nisaa Institute for Women's Development and facilitated by La Shawn Jefferson from the Human Rights Watch.

Jobson M (2001)
The intersections of gender, HIV/AIDS and human rights
University of Pretoria, Centre for Gender Studies, Pretoria

Mutume G (1998)
Rights – South Africa: Women celebrate gains
World News, Johannesburg

A key element of the new dispensation in South Africa is a formal commitment to gender as well as racial equality. During the lead up to the 1994 elections, the ANC published a policy document known as the Reconstruction and Development Programme (RDP) which states that a 'key focus throughout the RDP is on ensuring a full and equal role for women in every aspect of our economy and society.' The interim constitution guarantees gender equality and prohibits discrimination on the basis of sex, and also provides for the creation of bodies to monitor the government's respect for human rights, including a Human Rights Commission and a Commission for Gender Equality. In addition, South Africa now ranks seventh in the world for the number of women in its parliament. Despite these changes, South African women remain second class citizens. Economic, social and legal inequalities persist. Women are subject to widespread violence that prevents them from enjoying the other rights that they are ensured by the interim constitution. Although reliable national statistics are not readily available, both domestic violence and sexual assault are pervasive in South Africa and are directed almost exclusively against women, often in places in which they should be safe and by men they know and should be able to rely on. South African women's organisations estimate that perhaps as many as one in every three South African women will be raped and one in six South African women is in an abusive domestic relationship. These are issues of immediate concern to South African women across the political and racial spectrum.

Pillemer B, Torr L & Zikalala F (1999)
ABC of women's rights in South Africa: Make the law work for you
University of Natal, Centre for Socio-legal Studies, Durban

The World Bank (2001)
Engendering development: Through gender equality in rights, resources, and voice. Summary
The World Bank, Washington DC

Large gender disparities in basic human rights, in resources and economic opportunity, and in political voice are pervasive around the world – in spite of recent gains. And these disparities are inextricably linked to poverty. A central message is clear: ignoring gender disparities comes at great cost – to people's well-being and to countries' abilities to grow sustainably, to govern effectively, and thus to reduce poverty. This conclusion presents an important challenge to us in the development community. What types of policies and strategies promote gender equality and foster more effective development? This report examines extensive evidence on the effects of institutional reforms, economic policies, and active policy measures to promote greater equality between women and men. The evidence sends a second important message: policymakers have a number of policy instruments to promote gender equality and development effectiveness.

UNAIDS (1998)
HIV/AIDS and human rights: International guidelines
UNAIDS, Geneva

This document contains guidelines adopted at the second International Consultation on HIV/AIDS and Human Rights, held in Geneva from 23-25 September 1996, to assist states in creating a positive, rights-based response to HIV/AIDS that is effective in reducing the transmission and impact of HIV/AIDS and consistent with human rights and fundamental freedoms.

Women's Health Project (2001)
Human rights, women and HIV/AIDS
Women's Health Project, University of the Witswatersrand, Johannesburg

World Health Organisation (2000)
Human rights, women and HIV/AIDS
WHO, Geneva

South Africa's total fertility rate is estimated to be one of the lowest in sub-Saharan Africa, less than 3 births per woman nationally and declining. At the same time, adolescent childbearing levels remain

high; more than 30% of 19-year old girls are reported to have given birth at least once. Using evidence from focus groups conducted in urban and rural areas in South Africa with young black women and men, and with the parents of teenage mothers, the experience of early parenthood is considered. Specifically, the analysis explores four aspects of teenage childbearing as it relates to key transitions into adulthood: the advent of a pregnancy and the decision to terminate or carry the pregnancy to term; the conditions under which 'damages' (a fine for the boy's behaviour that also effectively assigns paternity even if no marriage follows) are denied, paid, or refused; the impact of early childbearing on school, work, and marriage; and consequences of premarital childbearing on future relationships, including subsequent fertility. This study finds that in South Africa, in contrast to many other settings, teenage mothers may return to school once they have given birth and that this opportunity is strongly related to a long delay before the birth of a second child. Education is also strongly associated with the valuation of brideprice: girls who are better educated bring a higher price, which may encourage parents to support their daughters' schooling, and perhaps also their return to school following early pregnancy and childbirth. Babies born to teenage parents are extremely vulnerable.

Gender-based Violence

Abrahams N, Jewkes R & Laubscher R (2000)

Sexual coercion in intimate relations: A risk for HIV/AIDS

International AIDS Conference, Durban

Sexual coercion in intimate relations and risks for HIV/AIDS infection are both problems promoted by gender inequality. This paper presents the findings of a study conducted amongst men. The aim of the study was to describe the patterns of male violence in intimate relations and to investigate protective and risk factors which are amenable to change.

Abrahams N, Jewkes R & Laubscher R (2001)

HIV/AIDS and violence against women: Two epidemics sharing one social cultural context

International AIDS Conference, Durban

The risk of HIV infection and sexual violence does not begin with the single sexual act. The underlying causes of these two epidemics in South Africa are located in a complex interplay of social and cultural factors which influence the ways in which men and women respond. Similarly both these problems occur in the private domain of intimate relations but impacts into the public realm through deaths, morbidity and political and public responses. This study highlights the similarities between these two public health problems. It shows how the constructions of masculinity and femininity impacts on the use of violence in intimate relations which impacts directly on the HIV/AIDS epidemic. Consequently interventions which depend on information dissemination are extremely limited since both these public health problems require changes in the social and cultural environments in which it occurs. Furthermore, although bio-medicine may eventually conquer HIV infection, no such solution can ever be found for violence against women.

Agrawal S (2000)

Gender issues: Rape within marriage

International AIDS Conference, Durban

In India subordinate social status from that of men clubbed with economic dependency and cultural aspects increase women's vulnerability to the HIV infection as it is impossible for her to negotiate safe sex by use of condoms or regulate responsible sexual behaviour. The rape law further marginalises women, men and makes them more vulnerable to HIV. The law in India does not recognise marital rape if the wife is above the age of 15 years. Section 375 of Indian Penal Code, 1860 defines the offence of rape. It necessarily follows that the consent of the women in sexual act is not of much importance and not considered essential. The law therefore implies that if the wife's consent is not legally relevant then she does not have a choice in adopting preventive measures like condom usage. Under the circumstances of inequality, the preventive strategies till date offer very little to enable women to protect themselves and need to empower them and impair their capacity to protect themselves from HIV. In conclusion, steps to eliminate discrimination against women need to induce the reform in the rape laws which can result in a giant leap forward in preventing the transmission of HIV.

Alexander H (2001)

The impact of violence on HIV prevention and health promotion: The case of South Africa

Research for Sex Work 4:20-2

Violence is an everyday part of many sex workers' lives. The severe physical, emotional and psychological trauma aside, there is another very serious consequence which violence potentially has on sex workers: HIV/AIDS. Due to the nature of the work, sex workers need to be especially well informed about HIV prevention and need to be extremely proactive in taking precautions against contracting the virus. However, there are a number of ongoing environmental factors which influence safer sex intervention programmes for sex workers and which prevent sex workers from practising safer sex. Significant amongst these is violence against sex workers. Communications with sex workers have made it abundantly clear that sex workers are particularly vulnerable to violence. The fact that most sex workers are women, that their work is illegal in South Africa, and that they are shunned by the non-sex working communities increases the sex workers' vulnerability to exploitation and abuse.

Amnesty International (2002)

Kenya: Rape – the invisible crime

Amnesty International

This report is the third in a series focusing on torture and impunity in Kenya within Amnesty International's Campaign against Torture. It is based on research undertaken by Amnesty International over the years, including a mission in Kenya in August 2001. This report sets out to answer some of the questions put to Amnesty International by women victims of violence. It looks at violence against

women, particularly sexual violence, and focuses on rape committed by both security officials and private individuals. It examines why women subjected to violence are not adequately protected by the law and why those who commit violence against women continue to operate with impunity.

Baker SA & Beadnell B (1997)

The role of domestic violence in heterosexual women's sexual safety

National Conference on Women and HIV

The risk of infection with STDs, including HIV, may be particularly great among women who are physically abused by their intimate partners. Women with violent partners are likely to have difficulty engaging in the assertive behaviour necessary for risk reduction due to realistic fear of physical and/or sexual assault. Additionally, the psychological outcomes of trauma – such as depression, anxiety, and low self esteem – may detract women from recognising that they are worthy of self-protection. These analyses assess risk-related psychological and behavioral correlates of abuse by an intimate partner.

Bennett J (1999)

A preliminary assessment of current South African research being undertaken (or completed) on connections between gender-based violence, peace-building and development initiatives in South Africa

Oxfam/IDRC

Natural and technological disasters encompass climatic stresses (drought, floods, fires) and large-scale accidents like the collapse of mine-shafts, the bursting of dam walls, or the meltdown of a nuclear plant. The description of disasters taken from the 1998 White Paper could, however, easily be applied to gender-based violence in South African communities. Like disaster, gender-based violence occurs locally, damages people, and social infrastructure, in ways that are difficult to estimate but which are often much worse for the poor than for those with some resources. Like disaster too, perceptions of gender-based violence need to change – gender-based violence is not comprised of isolated incidents of abuse, but rather of a mesh of action and attitude that permeates every level of our communities. The need for a rich understanding of the nature and practices of gender-based violence is clearly an essential prerequisite for on-going development of strategies to create safer environments for all women, and for children and men vulnerable to gender-based violence.

Bianco M (2001)

Women, the girl child and HIV/AIDS

United Nations Division for the Advancement of Women, New York

Women and girls are nowadays more vulnerable to sexual transmission of HIV/AIDS, particularly in developing countries as those of Latin America and the Caribbean. Poverty is not the only cause, it's also an effect of HIV/AIDS. Families with people living with HIV/AIDS become poor, not only because they decrease their incomes but because they increase their expenses to take care of the sick people. Proportionally poorer families invest more money in health care than others. Current macro-economic policies and globalisation increase poverty worldwide. The gap between rich and poor grows up within and between countries. Latin America and the Caribbean is the continent that has the worst performance in this trend. The feminisation of poverty is a trend observed since the last decades and it will continue so if no special action is adopted. The feminisation of the epidemic which took place simultaneously expressed the direct relationship between poverty and HIV/AIDS. Poor girls, adolescents and women are more vulnerable to HIV/AIDS due to gender imbalance. This has been frequently said in the last ten years, but has not yet been translated in actions to prevent HIV/AIDS and to achieve gender balance.

Boland BA, Murphy HB & Murphy P (2000)

Serving women better: Developing a cross discipline collabourative rural training model to educate about HIV and sexual violence against women

International AIDS Conference, Durban

HIV and sexual violence are major social and health problems that affect the lives of all women. HIV education is not sensitive to the systemic inequality experienced by women and the link to sexual violence is often not understood. Likewise assessment, crisis intervention and education about women and violence often overlooks women's vulnerability to HIV infection. Women will be better served if the social services, health, justice and community-based advocacy systems understand the connections and work together to ensure policies, programmes and education understand the connections and serve women better. This project developed, through a community development approach, a rural training model for Implementing HIV and Sexual Violence Against Women: A guide for counsellors working with women who are survivors of sexual violence produced by Health Canada. The project included training counsellors in HIV and sexual violence, regional strategy development through collaboration by both government and community-based sectors, provincial networking, and developing partnerships between AIDS service organisations and community organisations responding to violence against women. This paper will describe the development process and the Rural Training Model which emerged.

Butchart A, Lerer L & Terre Blanche M (1994)

Imaginary constructions and forensic reconstructions of fatal violence against women: Implications for community violence prevention

Forensic Science International 64:21-34

> The almost exclusive media focus on political violence in South Africa has deflected attention from the high levels of interpersonal violence in areas of socioeconomic deprivation. In order to explore the tension between an at-risk community's perspective and the current reality of violence against women, imaginary constructions of their own violent death produced by 45 African female interview respondents were examined in conjuction with forensic data relating to 73 African female homicide involved a female commuter being approached by a group of men, taunted and assaulted, raped and then killed. The actual homicide occured at or in the vicinity of the residence of the victim, with the attacker being known to the deceased. Disjuctions and convergencies between lay and forensic construction of violent female death should be viewed in the wider context of crime in social circumstances, and could provide some understanding of how at-risk communities perceive violence against women, thereby providing a foundation for appropriate prevention programmes.

Callaghan N, Hamber B & Takura S (1997)

A triad of oppression: Violence, women and poverty

NGO Matters, Poverty Special, South African NGO Coalition

> Violence against women and poverty literally go hand in hand. It is unfortunately true that a high proportion of all women in South Africa suffer an inordinate number of beatings, rape and emotional abuse. However, being poor increases that risk of exposure to violence enormously. There is growing evidence that living in impoverished conditions increases a woman's risk to all types of violence. Murder rates worldwide, as an example, are found to be highest in areas where poverty is the most prevalent. This is not to say that there is always a direct relationship between poverty and violence – but poverty is an important factor that needs to be considered when trying to understand the rates and distribution of violence against women.

CIET International (1999)

Preventing sexual violence: The culture of sexual violence in South Johannesburg

CIET International, Johannesburg

Coker AL & Richter DL (1998)

Violence against women in Sierra Leone: Frequency and correlates of intimate partner violence and forced sexual intercourse

African Journal of Reproductive Health 2(1):61-72

> Violence against women is a significant public health problem which impacts women, men, and children. Little is known about the frequency or correlates of violence against women in Africa. In this cross-sectional study, we found that 66.7% of 144 women surveyed in a study of AIDS knowledge, attitude, and behaviours, report being beaten by an intimate male partner and 50.7% report having ever been forced to have sexual intercourse; 76.6% of women report either forced sex or intimate partner violence. Circumcised women were most likely to report intimate partner violence and forced sexual intercourse. To improve the health of women worldwide, violence against women must be addressed.

Crime Buster Self Defence Campaign (nd)

The only way forward

Crime Buster Self Defence Campaign, Johannesburg

> This is a short overview of the Crime Buster Campaign, a private initiative with the aim of ensuring the safety of women and children.

Dangor Z, Hoff LA & Scott R (1998)

Women abuse in South Africa: An exploratory study

Violence Against Women Journal

> This exploratory study addresses the issue of woman abuse and the resources or their absence for victimised women and children. It provides documentation for the expansion of social, health, and legal services on behalf of this at-risk population. Ethnographic interviews were conducted with a convenience sample of 37 South African women from various community settings and institutions in the Johannesburg region. Interview data were grouped in the following categories: nature and extent of woman abuse; relationship between abuse and apartheid; distinct or unique aspects of abuse in South Africa; the traditional status of women; increasing incidence of child and elder abuse; perception about services for women. Two focus groups addressed issues that emerged from interview data. This study affirms the need for national survey data and in-depth research with abused women themselves to obtain a fuller picture of the personal, familial, and societal costs of violence against women. An unvarnished acknowledgement of domestic violence and its physical, emotional and

social toll on community stability and health is integral to the new South Africa's pursuit of political and economic reform.

Delano L (1998)

Sexual abuse and violence in sub-Saharan Africa

Advocates for Youth, Washington DC

Sexual abuse and violence are serious problems that transcend racial, economic, social and regional lines. Violence is frequently directed toward females and youth, who lack the economic and social status to resist or avoid it. Adolescents and young women, in particular, may experience abuses in the form of domestic violence, rape and sexual assault, sexual exploitation, and/or female genital mutilation. Accurately estimating the prevalence of sexual abuse and violence in the developing world is difficult due to the limited amount of research done on the subject. Cultural mores against reporting abuse make it difficult to assess accurately, and few adolescent health programmes in sub-Saharan Africa address these critical issues.

Denenberg R (1997)

Post-exposure antiretroviral treatment for rape survivors

Treatment Issues 11(7-8):23

The New England Journal of Medicine is recommending HIV prophylaxis for rape victims. Several probable cases of HIV transmission resulting from rape have been reported, and the New York State Department of Health is also urging antiretroviral prophylaxis following counselling on the risk factors associated with the treatment. One study shows that AZT decreased the risk of acquiring HIV by 79% among persons with occupational exposure to the virus. The standard treatment is a difficult and expensive one, however, with 17 pills taken over the course of a day.

Dewhirst P (1998)

Frozen emotions: Women's experience of violence and trauma in El Salvador, Kenya and Rwanda

Development Update 2(2)

In the last two decades, many countries in sub-Saharan Africa have experienced war and conflict, with the devastating consequences of loss of life, economic destruction and legacies of bitterness and lingering grief that continue to distort social life. But as societies emerging from conflict try to come to terms with their pasts, the way in which gender inequality is amplified by war and violence is often overlooked, and the fact that men and women experience violence in radically different ways forgotten. The failure of societies emerging from war to recognise 'frozen emotions' and other consequences for women and girls who have survived violence is yet another index of gender inequality. In this report on 'Trauma and change: a gender perspective', a seminar hosted by the Centre for the Study of Violence and Reconciliation, in Johannesburg on 23 April 1998, Polly Dewhirst extracts women's common experiences of violence and trauma in El Salvador, Kenya and Rwanda. Initiatives in these countries to bring together survivors to rebuild their lives are part of the emerging international movement against gender inequality.

Dole P (2001)

Pap smears for survivors of sexual abuse

Positively Aware: The Journal of Test Positive Aware Network, May/June:25-27

This article examines the situation of women in prison, who have histories of sexual abuse. It argues that that the key to caring for traumatised incarcerated women is to get them to keep gynecology appointments.

El-Bassel N, Gilbert L, Rajah V, Foleno A & Frye V (2000)

Fear and violence: Raising the HIV stakes

AIDS Education and Prevention 12(2):154-70

Through focus group methodology, the study examines three contexts that delineate the co-occurrence of intimate partner violence and sexual risk behaviours among 68 women on methadone. First, it explores the ways in which the presence of physical abuse in an intimate relationship prevents women from asking their partners to use a condom. Second, it describes the ways in which the couple's drug involvement increases the risk of physical and sexual violence, and concomitant sexual HIV risks. Third, it discusses the context in which sexual assault and rape occur in these established intimate relationships and how these abusive events increase women's risks of becoming infected with HIV. The research is guided by feminist theory, which affords powerful insight into the contexts in which women are put at risk for HIV and partner violence. The study provides a discussion on the implications of the findings to HIV prevention for women who are at risk for both HIV and partner violence.

Foster LA (1999)

Violence against women: The problems facing South Africa

International Planned Parenthood Federation, London

South Africa has the highest statistics of gender-based violence in the world for a country not at war. This paper outlines the studies that reflect the situation, looks at government programmes and notes the need for societal change.

France N, Djeddah C & Suwanjandee J (2000)

Violence: A gender-based barrier to HIV prevention and care

International AIDS Conference, Durban

Violence against women is a significant public health and social problem which has a substantial impact on the lives of women and children. In this context, gender-based violence can be seen as both a cause and a consequence of HIV for the most vulnerable groups. Gender-based violence poses a barrier to HIV prevention and care in that unless HIV prevention interventions take violence into account in their activities, they may encourage women to adopt strategies that result in increased violence.

Gear S (2001)

Sex, sexual violence and coercion in men's prisons

AIDS in Context Conference, Johannesburg

This paper explores the available evidence on the various ways in which sex and sexual violence happen between inmates and how these activities function within dominant prison sub-cultures. At present South African literature on these issues is generally restricted to that which has emerged though a small number of investigations into gang practises and the transmission of HIV/AIDS in prison. In this paper these are supplemented, with insights provided form other countries. In particular, Donaldson's work on prisons in the US, is cited extensively. While the intention is to focus on South African prisons, the other literature is used in the belief that it is relevant to an understanding of the nature of the issue in the local context.

Gear S & Ngubeni K (2002)

Daai Ding: Sex, sexual violence and coercion in men's prisons

Centre for the Study of Violence and Reconciliation, Johannesburg

This investigation was preceded by a review of the available literature on sex between male inmates in prison (see paper entitled 'Sex, sexual violence and coercion in men's prisons' presented at AIDS in University of the Witwatersrand). The main focus of this study is based on the social context surrounding both sex and violence amongst male inmates of South African prisons.

Gielen AC, McDonnell KA, O'Campo P & Burke JG (1999)

The need to consider characteristics of intimate partner violence when designing an intervention to increase condom use among HIV-positive and HIV-negative women

National HIV Prevention Conference

This study sought to examine the association between HIV status, current abusive relationships, and partner characteristics among a large group of HIV positive and HIV negative inner city women.

Goldblatt B & Meintjes S (1997)

Dealing with the aftermath – Sexual violence and Truth and Reconciliation Commission (TRC)

Centre for the Study of Violence & Reconciliation, Johannesburg

This article first examines the role of the TRC in dealing with the issue of sexual violence against women and the evidence that did and did not emerge. The article then tries to explore the relationship between political and other sexual violence and the relationship between public and private violence. This leads us towards a preliminary understanding of the gendered nature of South African society both during and in the aftermath of apartheid. Finally, the article proposes certain reparation measures as the means to ensure positive social reconstruction. These must go hand in hand with state action to protect women's safety in terms of rights in the Bill of Rights, as the right to bodily integrity and the right to citizenship. Such rights must however, be asserted and given content by women's organisations.

Gordon P & Crehan K (1999)

Dying of sadness: Gender, sexual violence and the HIV epidemic

UNDP, SEPED Conference Paper Series # 1

UNAIDS estimates that by December 1997, 30.6 million people around the world had been infected with HIV, with more than 70% of these infections occurring through unprotected sexual intercourse.

The proportion of these infections which is attributable, directly or indirectly, to sexual violence is unknown. Nonetheless existing evidence on gender and sexual inequality, together with data on the distribution of HIV among specific groups and locations, and available information on the nature and scale of sexual violence (particularly against women and girls), suggest that it is likely to be significant. This preliminary overview of available literature suggests that, within the context of gender and the HIV epidemic, sexual violence is a complex phenomenon with multiple determinants, consequences and manifestations. In the short-term, effective responses require clearly defined strategies which are locally relevant and sensitive, which provide support services for victims, including recourse to justice and the punishment of perpetrators. Longer-term strategies need to be based upon consideration of both the specifically gendered and sexualised nature of this violence and the need to address these at the level of community and culture rather than of individual perpetrators and victims. Much may be learned from the accumulated experience of activism in relation to gender and sexuality politics and human rights, humanitarian relief and social and economic development.

Greater Nelspruit Rape Intervention Project (2001)
Grip campaigning for compassion
Greater Nelspruit Rape Intervention Project, Nelspruit

Greater Nelspruit Rape Intervention Project (2002)
To give life and hope after rape
Gender-based Violence and Health Conference, South Africa

Heise L, Ellsberg M & Gottemoeller M (1999)
Ending violence against women
Johns Hopkins University Center for Communication Programs, Baltimore

General guidelines in this report as well as the separate pullout guide for health workers will help health care providers respond more effectively. This report outlines the nature and extent of intimate partner abuse and sexual coersion as well as its impact on the well-being of women and girls.

Heise L, Moore K & Toubia N (1995)
Sexual coercion and reproductive health: A focus on research
Population Council, New York

This publication concerns physical and sexual abuse. It is a subject ignored or denied in most societies and neglected by health professionals and researchers. But gender-based violence persists in almost all societies, and, in some, it is on the increase. This report should be useful to those in the family planning/reproductive health field who desire to conduct research or implement programmes to address sexual violence and its impact on women's reproductive health. The ideas presented herein are derived largely, although not exclusively, from a two-day meeting jointly organised by the Ebert Programme in Reproductive Health of the Population Council and the Health and Development Policy Project.

Heise L, Raikes A, Watts C & Azwi (1994)
Violence against women: A neglected public health issue in less developed countries
Social Science & Medicine 39(4):1165-1179

Herbert B (1995)
Woman battering and HIV infection
HIV Infection and Women Conference

Intentional injury associated with male to female intimate partner violence is a major public health issue. Among women receiving care related to HIV disease the lifetime prevalence of adult injury, and/or coerced non-consensual sexual activity perpetrated by an intimate male partner is described as between 74%-80%. HIV positive women have identified domestic violence as a significant health concern in focus groups and surveys. The implications of on-going partner coercion and control may represent a significant but largely invisible factor affecting compliance, treatment decisions and full autonomy for affected women and may produce somatic and mental health problems which adversely impact on health care delivery. Simultaneously, sero-negative women battering survivors report that the threat of HIV exposure is utilised by batterers to increase coercion and control: non- consensual sexual activity may place these women at greater risk of becoming infected. This presentation reviews available literature and anecdotal information, utilises qualitative analysis of narrative accounts of personal violence from HIV positive women, and explores the implications of specific links between known aspects of the battering syndrome and utilisation of care, accessibility for research participation, and quality of life for HIV positive women. In addition, it explores the implications of battering in prevention and risk reduction targeting sero-negative women.

Horizons (2002)
Horizons programme HIV-associated violence: Implications for HIV counseling and testing programmes
Horizons AIDS Quest: The HIV/AIDS Survey Library

The Tuelewane Project questionnaire was developed by Horizons and was conducted in collaboration with the Muhimbili Medical Centre. Its purpose was to measure: the rates and factors associated with HIV serostatus disclosure among women attending a voluntary counselling and testing clinic, and the prevalence and correlates of physical violence among women attending the voluntary counselling and testing clinic. The survey instrument was used with a sample of 245 HIV-positive and HIV-negative women attending a voluntary HIV counselling and testing clinic in Dar es Salaam, Tanzania. The survey asks about demographics, marital status, living arrangements and children, employment and financial autonomy, socio-economic status, partner characteristics, social support, alcohol and drug abuse, HIV testing and disclosure, intra-personal violence, health, self-esteem, depression, gender roles and violence towards women and community norms regarding violence.

Hoskins VM (1998)
Dangerous liaisons: Rape and HIV
Body Positive XI(11):32-7

Rape crisis intervention teams provide support and counselling to people who have been victimised by rape or sexual assault. The group from the Mount Sinai Rape Crisis Intervention Programme describes how counsellors act as advocates for the victim by answering questions and providing emotional support. The group is troubled by the issue of post-exposure prophylaxis (PEP), as there are no firm guidelines for when to offer it to someone who has been raped. PEP may be helpful, but the risk level of the patient must be assessed and the PEP treatment, which lasts approximately 4 weeks, can have very unpleasant side effects. Counsellors agree that anyone who had just been sexually assaulted may not be mentally prepared for consenting to PEP treatment.

Human Rights Watch (1997)
Violence against women and the medico-legal system: South Africa
Human Rights Watch 9(4A)

This report concludes that the medico-legal system in South Africa is deeply flawed, with problems of inaccessibility, prejudice and lack of training at all levels. Some of the doctors employed by the state to carry out medico-legal work are dedicated and expert practitioners, providing an excellent service to women and others who need them. But this expertise and dedication is acquired through their own efforts: it is possible for a student to graduate from medical school without a clear idea of the normal anatomy of a woman's genitalia, still less of the complex physical and psychological consequences that may result from sexual assault, and no further training is absolutely required before a doctor can begin to practice as a district surgeon. Meanwhile, district surgeons, historically largely male and white, often reflect the prejudices and preconceptions of the wider South African society.

International Planned Parenthood Federation (1998)
Gender-based violence: An impediment to sexual and reproductive health
International Planned Parenthood Federation, London

This report aims to provide a practical framework, which FPAs and clinic personnel can use to combat gender-based violence.

International Planned Parenthood Federation (1999)
Violence against women: The impact on reproductive health and a call for action
International Planned Parenthood Federation, London

This guide contains information relating to general principles of medical care which should not be construed as specific instructions for individual patients. This preliminary edition is focused primarily on the problems facing HIV-infected women in the developed nations, primarily the US.

Jagwanth S, Schwikkard PJ & Grant B (eds.) (1994)
Women and the law
HSRC, Pretoria

Jewkes R (1999)
The impact of violence against women on sexual and reproductive health
Medical Research Council, Pretoria

One of the most significant achievements of the last decade of the millennium has been the recognition given by the United Nations and a growing number of governments, including that of South Africa, that violence against women is a human rights issue. In 1993 the United Nations General Assembly adopted a declaration which for the first time offers an official UN definition of

gender-based abuse. According to Article 1 of the declaration, violence against women includes: Any act of gender-based violence that results in or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

Jewkes R (2001)

Gender-based violence, gender inequalities and the HIV epidemic

AIDS in Context Conference, Johannesburg

Gender-based violence and other manifestations of gender inequalities are increasingly recognised as critical influences on the Southern African HIV epidemic. Qualitative research has revealed multiple ways in which these impede adoption of HIV protective practices by women. It has also highlighted how certain aspects of hegemonic masculinities, particularly amongst youth, accentuate risk of HIV infection through encouraging multiple sexual partnerships and, in certain contexts, the ritualised use of gang rape. In the public health arena and in discussions in the popular press, violence against women and rape have been increasingly recognised as factors in the epidemic. In particular, there has been considerable debate in certain circles about the issue of post-exposure prophylaxis after rape. This paper summarises these issues and draws on empirical data to argue that violence against women needs to be seen as part, but not the totality, of the overall picture of gender inequality, which influences HIV risk. Similarly, the HIV risk associated with coerced sex, needs to be understood as only partially resulting from transmission during a particular coerced sexual act, but also influenced by a longer term impact of this on sense of self and location of control over sexuality. The implications of this are that addressing gender inequalities needs to be very centrally part of the 'agenda' for tackling the HIV epidemic. Caution is needed against approaches to HIV prevention which dismember gender seeking to address rape and violence outside the broader context of gender inequalities.

Jewkes R, Jacobs T, Kekana L & Webster N (2001)

Developing an appropriate health sector response to gender based violence: Workshop report

Department of Health, Pretoria

This report is based on a workshop which was jointly hosted by the National Department of Health and the South African Gender-based Violence and Health Initiative in Pretoria. The objectives of the workshop were to provide an overview of gender-based violence as a public health issue; develop a vision for a South African health sector response to gender-based violence; report on all activities related to gender-based violence in the provinces; identify and discuss key issues in the health sector related to overall policy framework; integrate gender-based violence; develop training methods and rape protocol; report on medico-legal issues; survey IEC and health promotion; and identify gaps and formulate an agenda for research, training and advocacy activities for the health sector in South Africa to address gender-based violence.

Jewkes R, Penn-Kekana L, Levin J, Ratsaka M & Schrieber M (1999)

'He must give me money, he mustn't beat me': Violence against women in three South African provinces

Medical Research Council, Pretoria

There is a growing recognition in the ranks of the South African government that violence against women is a serious problem facing both women and men. Until now data on the epidemiology of violence against women in South Africa has been scanty. This report presents the findings of the first major community-based prevalence study.

Khan ME, Townsend JW, Sinha R & Lakhanpal S (1997)

Sexual violence within marriage: A case study of rural Uttar Pradesh

Population Council, New Delhi

Until recently, the study of sexual behaviour, despite being a very important area of human behaviour, has remained an untouchable subject. The sensitivity of the subject and difficulties in collecting required information were added discouragement for the social scientist to venture in this area of human behaviour. However, the advent of AIDS and its rapid spread in India has changed the scenario. Today the study of sexual behaviour is an important subject and both national and international agencies, as part of the AIDS control programme are encouraging research on the subject. However, still very few studies are available on the subject. Few which are available address more to those who are at risk, for example, commercial sex-workers and their clients, truck drivers. Studies on sexual behaviour of the general population, particularly those in rural areas are rare. Issues like sexual violence are still more neglected. The present paper addresses a totally neglected area, i.e. sexual coercion within marriage.

Kim JC (2002)
Rape and HIV post-exposure prophylaxis: The relevance and the reality in South Africa
WHO, meeting on Violence Against Women and HIV/AIDS: Setting the Research Agenda, Geneva

This paper aims to explore the issue of rape and PEP from the perspective of South Africa. It will not attempt to present a comprehensive overview of the scientific evidence relating to this issue, but will rather focus on raising some of the key questions and concerns which are of relevance in less developed countries. It will begin with a situation analysis describing what is known about the prevalence of both HIV and sexual violence in South Africa and the current state of services for survivors of sexual violence. It will then describe several initiatives which are currently underway to provide PEP following sexual assault. Finally, drawing on insights gained from the above, key issues relating to both intervention and research initiatives will be highlighted, with special attention to their technical, policy and ethical implications. In addition to reviewing the literature, 18 key informants were interviewed either in person or telephonically in order to draw from perspectives ranging from survivors of sexual violence, gender violence NGOs, rape care providers, physicians, lawyers, researchers and HIV/AIDS advisors within the National Department of Health. It is worth noting that the issue of rape and PEP is of such immediate relevance and controversy in South Africa that great sensitivity and discretion were a necessary prerequisite to undertaking this background research. The valuable contribution of these key informants is gratefully acknowledged at the end of the report.

Kimerling R, Armistead L & Forehand R (1999)
Victimization experiences and HIV infection in women: Associations with serostatus, psychological symptoms, and health status
J Trauma Stress 12(1):41-58

This investigation evaluates the relationship between HIV infection and victimisation with regard to the interplay of these two factors as they relate to mental and physical health. Eighty eight inner-city low income African-American women who are HIV-infected and a demographically similar comparison group of women who were not HIV-infected were assessed for victimisation experiences (rape, physical assault, robbery/attack) via interview. Additionally, the psychological symptoms and health status correlates of victimisation within the HIV-infected group are delineated. Results indicated that women in the HIV-infected sample were significantly more likely to report a victimisation experience. Additionally, within the HIV-infected group, victims reported higher levels of global psychological distress, depressive symptomatology, and greater distress regarding physical symptoms than nonvictims. Furthermore, HIV-infected victims were diagnosed with higher rates of AIDS-defining conditions than HIV-infected nonvictims. These results underscore the importance of acknowledging the experience of violent victimisation in the prevention and treatment of HIV infection in women.

Knapp C (2001)
HIV and partner violence: What are the implications for voluntary counseling and testing?
Horizons Report 1-4

Millions of women around the world face two great threats to their health and wellbeing: HIV/AIDS and violence by an intimate partner. In recent years, researchers have investigated how these two global epidemics overlap in women's lives. One of the strongest associations between the two is the role that violence and the threat of violence play in limiting a woman's ability to negotiate safer sex with a partner. This article investigates.

Launay O, Soussy A & Aubert M (2000)
Post-sexual-exposure prophylaxis with HAART after sexual assaults
International AIDS Conference, Durban

Maman S, Mbwambo J, Hogan M, Kilonzo G & Weiss E (2000)
History of partner violence is common among women attending a voluntary counseling testing clinic in Dar es Salaam, Tanzania
International AIDS Conference, Durban

In view of the ever-increasing and overlapping epidemics of HIV and violence against women in sub-Saharan Africa, there is an urgent need for applied research to develop interventions that respond to both problems. To examine the intersections between HIV and violence, a study supported by Fogarty International and the Population Council's Horizons Project, was conducted among female clients of a voluntary HIV counseling and testing (VCT) clinic in Dar es Salaam, Tanzania.

Maman S, Mbwambo J, Hogan M, Kilonzo G, Sweat M & Weiss E (2001)

HIV and partner violence: Implications for HIV voluntary counseling and testing programmes in Dar es Salaam, Tanzania

Population Council, New York

The study first collected qualitative data from women, men, and couples (n = 67) who were MHIC clients. In the second phase, researchers enrolled 340 women after pretest counselling and prior to collection of test results; 245 of these women were followed and interviewed three months after enrollment and testing. Nearly a third of the sample were HIV-positive, almost half were married, and 50 percent were between the ages of 18 and 29 years and had less than seven years of education. The study followed WHO ethical and safety protocols for conducting research on violence against women and the study found out that many women lack autonomy to make decisions about HIV testing. Male and female informants frequently referred to the need for women to seek permission from partners prior to testing. Men, on the contrary, generally made the decision to test on their own without soliciting prior consent. Most women in the study thought about testing for at least a month prior to actually seeking services.

McFadden P (1997)

The cultural complexity, of sexual harassment and violence and how sexual harassment poses a barrier to the educational and professional development of staff and students

National Institute for Research Development and Documentation and the Southern African Network of Tertiary Education Institutions Challenging Sexual Harassment/Sexual Violence, Conference, Gaberone

This speech focuses on research by the Gender Policy and Programme Committee on the problem of sexual harassment at the University of Botswana. The purpose of the study was to determine the nature and extent of sexual harassment at the University of Botswana and to develop guidelines for dealing with sexual harassment within the university community.

Miller M (1999)

A model to explain the relationship between sexual abuse and HIV risk among women

AIDS Care 11(1):3-20

This paper presents a model developed to advance the understanding of the relationship between sexual abuse and HIV risk among women. It is proposed that the relationship is mediated by many of the long-term sequelae of sexual abuse. The process of mediation is believed to occur through various causal pathways propelled by specific underlying mechanisms that increase the likelihood of HIV risk.

Moore M (1999)

Reproductive health and intimate partner violence

Family Planning Perspectives 31(6)

While violence occurs to women of all ages, national data indicate that women are at the greatest risk of intimate partner violence during their reproductive years. Intimate partner violence, then, may be of particular concern to women of reproductive age and their health care providers. Violence may be linked to poor reproductive health behaviour and negative pregnancy outcomes through a variety of events: unintended pregnancy, STD and HIV transmission, the exacerbation of chronic health problems from stress related to trauma, risky health behaviours and negative pregnancy outcomes are a few of the less obvious issues that may be indirectly connected to violent experience. Women may feel or be rendered powerless by abusive experiences, which could make it difficult for them to negotiate condom use and other protective health behaviours within their sexual relationships and during their pregnancies. Experiences of violence may also be associated with drug use and abuse, which is itself associated with other risk-taking behaviours and poor pregnancy outcomes, but this has also not been conclusively established. The long-term physical and psychological consequences of violence still need to be documented, including the role these experiences may play in increasing stress, which has been associated with a variety of poor health outcomes. Furthermore, it is unclear whether and how the severity or frequency of violence experienced by abused women changes during pregnancy.

Morrill AC & Robbin D (1997)

Violence against women and HIV risk: Implications for action

National Conference on Women and HIV

This workshop considered the direct and indirect ways in which violence against women is related to HIV risk. Three main forms of violence against women were considered: childhood sexual abuse, sexual assault, and partner violence.

Moser C & Shrader E (1999)
A conceptual framework for violence reduction
The World Bank, LCR Sustainable Development Working Paper 2, Urban Peace Programme Series

This document is part of a series of papers produced by the Urban Peace Programme of the Latin America and Caribbean Region's Environmentally and Socially Sustainable Development Sector Management Unit (LCSES). The Urban Peace Programme is funded jointly by the World Bank and the Swedish International Development Authority (SIDA). The programme focuses on the dynamics of violence in Latin America and the Caribbean, its effects on poor communities, and the development of appropriate multisectoral strategies for violence reduction that would in turn help promote peace and development. Violence has emerged as a significant economic, social welfare, health, and governance issue throughout the region. It is important not only in countries experiencing political unrest, such as Colombia and Peru, but also in war-to-peace transitional societies, such as Guatemala, El Salvador, and Nicaragua, where levels of crime and violence remain high. Crime and violence erode physical, human, natural, and social capital, undermine the investment climate, and deplete the state's capacity to govern. Previously regarded as an issue of criminal pathology or human rights, violence is now recognised as a macro-economic problem.

Moser C, Shrader E & Redwood J (1999)
Urban peace programme series: A conceptual framework for violence reduction
The World Bank, LCR Sustainable Development Working Paper 2, Urban Peace Programme Series

Worldwide, violence is emerging as a significant economic, social welfare, health, and governance issue. Crime and violence adversely affect stocks of physical, human, natural, and social capital, undermine the investment climate, and deplete public sector institutions' capacity to govern. Previously regarded as an issue of criminal pathology or human rights, violence is now recognised as a macro-economic development problem.

Motsei M (1990)
The best kept secret: Violence against domestic workers
Centre for the Study of Violence and Reconciliation, Johannesburg

South African society is permeated by violence. This violence is not only confined to any one sector of society but is woven into the entire fabric of the social system. Political violence, violence in the workplace, an ever-increasing rate of violent crimes and the high incidence of rape, women battery and child abuse are indicators of this. Many thousands of people are living in fear. They have withdrawn behind burglar bars, guard dogs, alarm systems and neighbourhood patrols. The number of guns in the homes of mainly white South Africans have also increased dramatically. More than half of the white homes have guns. As the availability of these weapons increases, so does the number of firearms that are reported to be missing or stolen; yet to become potential murder weapons in the interracial conflicts, in the home and on the streets. As the problem of violence in South Africa unfolds, the domestic arena is increasingly used as a setting for uninhibited expression of rage, anger and frustration suffered in the wider society. Even though these emotions may originate outside the home, they often cannot be expressed in their places of origin since such an expression would lead to such social sanctions as dismissals from jobs, or arrest and prosecution resulting from 'unlawful' acts. Expressing these emotions within the confines of the home is thus relatively safe since it is effectively hidden from the public eye and the risk of social sanction is much lower than for similar behaviour in a public setting.

Motshekga M & Delport E (eds.) (1993)
Women and children's rights in a violent South Africa
Institute for Public Interest, Law and Research, Pretoria

Myles JE & Bamberger J (2001)
Offering HIV prophylaxis following sexual assault: Recommendations for the State of California
The California HIV PEP After Sexual Assault Task Force and the California State Office of AIDS

These guidelines were developed with the goal of providing information and support to providers of sexual assault treatment in California so that HIV PEP can be integrated into the medical care offered to sexual assault survivors throughout the state.

Nairne DE, Matsi R, Mqoqi N & Rees H (2001)
Is there sex without vaginal penetration: Male clients of sex workers' perspectives on alternative means of sexual pleasure
AIDS in Context Conference, Johannesburg

Historically, conventional wisdom has avowed that sex in sub-Saharan Africa referred only to vaginal penetration and not oral, anal or thigh sex. Recent studies conducted with sex workers have found that increasingly their male clients are requesting services such as oral sex, which is less risky for the transmission of HIV/STI and even personal tease dances, which includes no personal contact at all.

This paper explores the acceptability of alternative sexual services amongst male clients of sex workers. Men who seek the services of sex workers in Hillbrow, Johannesburg, come from all racial and ethnic groups in South Africa and cannot easily be labeled as one population group. The respondents from these data ranged in ages 19 to 56 years and vary widely in occupational status from unemployed, students, labourers, professionals and petty thieves. On average, most respondents reported having had 2 steady sexual partners with 22.5% married living with their wives while 10.8% were married but not residing with their wives and 53.9% reported being single. The frequency of sexual contact with sex workers in Hillbrow alone ranged from 1 to 24 times monthly with an average of 3.39 visits monthly. Although 51.5% of respondents stated that they would be willing to pay a cover charge to see a live sex show, only 33% affirmed that they would consider tipping someone for a personal strip tease show. In terms of sexual services, 49.5% determined that they would be keen to pay for a hand job even as 33% supposed that the only payment they would render for thigh sex would be in the form of tipping. This paper has considerable economic and public health implications for the sex industry. It also deepens the understanding of non-penetrative sexual practices that could be useful when promoting safer sex practices for sex workers and their clients alike.

Nisaa Institute for Women's Development (nd)

The first Southern African regional workshop: Shelters for abused women and their children

Nisaa Institute for Women's Development, Johannesburg

The book coherently brings together the issue of sheltering and the need for it in service provision for abused women and their children. This publication is the result of recording of the proceedings of the First Southern African Regional Workshop held over two days at the Technikon RSA from the 13th to the 14th of November 2000. The need for this kind of workshop was identified by the Nisaa Institute for Women's Development after the realisation that no attempt had been made to try and get shelter workers together for training and skills development which is of utmost importance in their kind of work.

Nisaa Institute for Women's Development (nd)

Women making a fresh start: A guide for women leaving abusive relationships

Nisaa Institute for Women's Development, Johannesburg

In South Africa more than one out of every four women experience domestic violence. Women making a fresh start has been developed for them and for their helpers, the mental health, social, legal and lay health workers who run services and organisations for abused women and their children. The booklet can also be used by friends of women and children who are abused as well as police, justice officials and teachers who need to learn more about the subject of abuse. Knowledge about domestic violence will help the understanding of women and children who experience abuse, and how to help them.

Nix J (1998)

To protect and abuse: An exploratory study discussing intimate partners of police as victims of domestic abuse

Centre for the Study of Violence and Reconciliation, Johannesburg

The purpose of this paper is three-fold: to describe the problem of domestic abuse in police families within the context of domestic abuse in South Africa; to highlight particular aspects of domestic abuse by police members by giving voice to some of the survivors and victims and from this discussion; and to offer suggestions to improve the situation of police partners in abusive relationships.

Nowrojee B & Manby B (1995)

South Africa: The state response to domestic violence and rape

Human Rights Watch, Washington DC

Park YJ, Fedler J & Dangor Z (2001)

Reclaiming women's spaces: New perspectives on violence against women and sheltering in South Africa

Nisaa Institute for Women's Development, Johannesburg

This is a pioneering book that explores the nature of gender violence in South Africa. It brings together for the first time, the collective wisdom and wealth of experience of activists, academics, experts and survivors who have fought to end gender violence in South Africa. The book provides a truly indigenous analysis of violence against women and seeks solutions that are realistic and responsive to the South African context. The book is indispensable to anyone seeking to understand the history and context of disempowerment and to anyone asking questions about how to build a future for women in this country.

Pendry B (1998)

The links between gender violence and HIV/AIDS

Agenda 39

The author reports on a seminar which highlighted, among other things, the link between violence against women and HIV transmission, underscoring the role of gender inequality in HIV transmission.

People Opposing Women Abuse (2001)

Netcare sexual assault statistics

POWA, Johannesburg

Population Council (1999)

Violence against women: Algerian women embrace life despite 'logic of war'

Population Council, New York

Population Council (2002)

Investigating links between HIV and partner violence

Population Council, New York

Population Reference Bureau (2001)

Abandoning female genital cutting: Prevalence, attitudes and efforts to end the practice

Population Reference Bureau, Washington DC

This booklet sheds light on the practice of female genital cutting, drawing on recent Demographic and Health Survey (DHS) data (and special tabulations of these data) from nine countries: Burkina Faso, the Central African Republic (CAR), Egypt, Eritrea, Kenya, Mali, Sudan, Tanzania, and Yemen. FGC national prevalence in these countries ranges from nearly universal (90% or more) in Egypt, Eritrea, Mali and Sudan, to 18% in Tanzania.

Premjee SP, Mohammed SM, Aahung DB & Pakistan K (nd)

Sexual violence in marriage

Violence against women in Pakistan is endemic, it has been reported that every second Pakistani women is a victim of direct or indirect violence. The right to be free from physical, psychological and sexual violence is routinely violated in the name of custom, tradition and honour and begins early in the form of restrictions on the educational and mobility rights of the girl child, moves on to early or child marriages and a lack of consent at the time of marriage, physical and verbal abuse in the home, marital rape and honour killings. This makes a woman more vulnerable to STIs, HIV/AIDS, unwanted pregnancy not to mention psychological harm and trauma. Through a qualitative study conducted by Aahung the values of men and women in Karachi, with regard to relationships and violence within marriage were explored. A total of 32 in depth interviews were conducted.

Randall R (1997)

Mapping a global pandemic: Review of current literature on rape, sexual assault and sexual harassment of women

Institute on Race, Health Care and the Law, University of Dayton School of Law, Ohio

This document outlines a broader understanding which recognises the systemic nature of violence against women, its pervasiveness and the fact that it is both caused by and perpetuates gender inequity. Violence against women is a crucial violation of the human right to liberty and freedom from fear, and is now recognised as a priority public health and human rights issue.

Rauch J (1994)

A critique of South African police training for dealing with rape cases

In: Jagwanth S, Schwikkard PJ & Grant B (eds.), Women and the Law: 225-236, HSRC Publishers, Pretoria

Training provision at all levels of the South African Police Service (SAPS) is characterised by a formal and traditional approach to learning. There is little emphasis placed on the acquisition of the skills of good policework, and the only areas in which practical training is offered relates to the use of firearms and training received by some specialised units (for example, the Internal Stability Unit or the forensics section). The basic training is characterised by an emphasis on military style discipline. The highly militarised police culture creates and reinforces a gendered style of policework which supports masculine values and practice. Within this context, the potential benefits of any new forms of training have to be weighed against the effect of the police culture in negative training and reproducing the status quo. Training is seen as something which happens within the police colleges, rather than as a regular part of policework. As a result, training as an occupation has been devalued within the police culture.

Regensberg L, Pead C & Maartens G (2000)

Providing antiretroviral therapy in a resource-limited setting: Two-year experience of an HIV disease management programme in South Africa

International AIDS Conference, Durban

Retzlaff C (1999)

Women, violence and healthcare

AIDS Care 5(3):40-5

The Ninth International Nursing Conference on Ending Violence Against Women highlighted the theme that women who are victims of intimate partner violence are the same women whom healthcare providers see for other health-related concerns. The healthcare system may be the only outlet they have for seeking help. In 1994, approximately 250 000 American women sought medical treatment following assaults by partners and this number is increasing. Women who reveal a positive HIV status to a partner are at a significantly greater risk of becoming abuse victims. In addition, drug and alcohol abuse are complicating factors in abusive relationships. Results from enhanced intervention approaches for women in prenatal clinics and a sexually transmitted disease project were reported. Sessions discussed the various roles of the healthcare provider, cultural differences, and specific experiences with African-American and Latina women.

Robertson M (1998)

An overview of rape in South Africa

Centre for the Study of Violence & Reconciliation, Johannesburg

South Africa has one of the highest rape statistics in the world. In 1988, a total of 19 308 cases of rape were reported to the South African Police Service (SAPS). In 1994, this figure increased to 42 429 reported cases of rape. In 1996, 50 481 cases of rape were reported to the SAPS. According to the National Institute for Crime Prevention and Rehabilitation (NICRO), the situation is more serious. This document reviews rape in South Africa.

Roland M (2002)

Prophylaxis following non-occupational exposure to HIV

HIV InSite Knowledge Base, online textbook chapter

Several programmes and observational studies have been designed to offer post-exposure prophylaxis (PEP) following exposure to HIV in a variety of non-occupational settings, including consensual sexual, non-consensual sexual, and injection drug use exposures. A single set of published but unofficial guidelines exists in the United States for the use of nonoccupational PEP following consensual sexual exposures, and a similar set of unofficial but published guidelines exists for the use of PEP following sexual assault Massachusetts has policy and procedures in place to provide PEP following all such exposures, and the States of New York and California have guidelines for the use of PEP following sexual assault. In 1998 the Centers for Disease Control and Prevention (CDC) published guidelines on the use of non-occupational PEP that again neither recommended nor discouraged its use. Internationally, several countries have official policies recommending non-occupational PEP, including France, Italy, Spain, Switzerland, and New South Wales in Australia. This chapter summarises the available data regarding nonoccupational PEP, and discusses the practical issues involved in the implementation of such programmes.

Senanayakhe P (1999)

Global challenges in ending gender-based violence

International Planned Parenthood Federation, London

This article deals with gender-based violence, the magnitude of the problem, the health consequences of violence against women, the socio-economic consequences of gender-based violence, gender violence and reproductive health, a unique opportunity, what do survivors of violence need, the role of health-care providers and an agenda for action for governments.

Shrader E (2000)

Methodologies to measure gender dimensions of crime and violence

The World Bank, Gender Unit, Poverty Reduction and Economic Management

Worldwide concern over violence as an issue of social justice, public health and, increasingly, of economic development, has brought this debate onto the agendas of governments, donor agencies and civil society alike. Prevalence rates of violence, as measured by indicators such as homicide, crime victimisation and domestic assault, reveal that levels of violence fluctuate widely across locales, countries and regions. The Latin American and Caribbean region demonstrates the highest rates of homicide and crime victimisation in the world, several times that of rates in Asia, Europe/Central Asia, and the Middle East/North Africa.

Simpson G (1992)
Jack-asses and jackrollers: Rediscovering gender in understanding violence
Centre for the Study of Violence and Reconciliation, Johannesburg

This paper examines the dramatic incidence of domestic violence directed against women in the context of the process of political transition in the post February 1990 era. It notes the particular experiences of black female domestic workers in this context. It also considers women as the primary victims of the war in Natal and as the objects of violence perpetrated by township-based youth gangs and the gender-based concerns in the violence perpetrated by hostel dwellers in the context of the urban Transvaal townships. In each of these spheres, violence is underpinned by gender specific explanations, yet in the quest for developmental, political and constitutional solutions, this 'gendered' perspective is all but ignored. The final task of this essay will be to make suggestions as to some of the resultant inadequacies in those solutions currently being sought.

Simpson G (1993)
Women and children in violent South African townships
In: Motshekga M & Delport E (eds.) Women and Children's Rights in a Violent South Africa

Women and children, as victims of violence, are a barometer of the pervasive culture of violence in our society. They are a tragic indicator of the extent to which violence has come to permeate the fabric of society. The ultimate irony is that this culture of violence is making itself quite apparent at precisely that point in time when the prospects for peace and of negotiated solutions appear to be more attainable than ever before in the history of apartheid.

Simpson G & Kraak G (1998)
The illusions of sanctuary and the weight of the past: Notes on violence and gender in South Africa
Development Update 2(2)

Soul City (2000)
Help stop women abuse
Soul City, South Africa

Soul City (2000)
Violence: How can we stop it?
Soul City, Johannesburg

This book gives an understanding of violence and to know how to help prevent it. Violence has become a part of everyday life in South Africa. It can affect individuals, families and communities.

Soul City (2001)
Impact evaluation: Violence against women – vol II
Soul City, Johannesburg

The National Network of Violence Against Women brought together many sectors, including government, non-governmental organisations and civil society at large. The Network is a coalition of over 1500 activists and community organisations from rural and urban areas. Investigating the impact of a mass media communication vehicle is difficult, especially where behaviour is complex and where there are numerous influences on people's behaviour -both positive and negative.

Stevens L (2001)
A practical approach to gender-based violence: A programme guide for health care providers and managers
UNFPA, New York

This document offers step-by-step guidance on how reproductive health facilities can begin their own gender-based violence (GBV) projects. Three project options are presented in this programme guide. Project A involves displaying material about GBV (including information about where women can get help) in the public and private rooms of the facility. Project B includes displaying GBV material and also asking all clients about GBV. If clients say that they have experienced GBV, they are then referred to an outside group that provides the necessary care and support. Project C includes all of the activities of Projects A & B, and also offers on-site treatment for survivors of GBV.

The Office of the National Commission on Women's Affairs (2000)
Out of the silence: Fighting violence against women in Thailand
The Office of the National Commission on Women's Affairs, Thailand

This report is based on interviews with activists and key individuals from the fields of criminal justice, social welfare, human rights, health and government who are involved in the effort to eliminate violence against women in Thailand. The report contains detailed accounts of women's experiences

with violence and profiles the laws and existing systems' responses to the issue. Discrimination, sexual slavery and trafficking are common problems affecting many young girls, and violence against women, in general, negatively impact on children's development.

Tlou SD & Letsie L (1997)
Sexual harassment in tertiary education institutions: The case of the University of Botswana
Southern African Tertiary Education Institutions Challenging Sexual Harassment and Sexual Violence, Gaberone

Tlou SH (2001)
Women, the girl child and HIV/AIDS
United Nations Division for the Advancement of Women, New York

UNICEF (2000)
Domestic violence against women and girls
UNICEF, Innocenti Digest 6

Vetten L (1996)
'Man shoots wife': Intimate femicide in Gauteng, South Africa
Crime and Conflict 6

Gender has a notable influence on violent behaviour. The violence that women experience differs in both type and form from the violence that men experience. Women, for example, are vulnerable to sexual assault and domestic violence, in a way that men are not. Morris (1987) has identified some of the following characteristics as being quite specific to crimes against women: most women are victimised by men and are more likely than men to be blamed in some way for their victimisation. Homicides involving women (either as victims or perpetrators) are also understood to be influenced by different dynamics to those involving men. When men are murdered, they are typically killed by acquaintances and strangers, and, only occasionally, by a male or female intimate. Women, by contrast, are most likely to be murdered by male intimates and less frequently by strangers. It was in response to this observation that the term femicide was coined. .

Vetten L (1997)
Roots of a rape crisis
Crime and Conflict 8

South Africans' response to sexual violence is far from consistent. The rape survivor may be labelled either as a 'good' or 'bad' victim with serious implications for how women are treated by the police, courts and medical profession. This article aims to understand the factors creating and contributing to our rape-prone society.

Vetten L (1998)
Geography and sexual violence: Mapping rape in Johannesburg
Development Update 2(2)

Vetten L (1999)
The influence of gender on research: A critique of two victim surveys
Development Update 2(4)

Vetten L (1999)
Violence against women in metropolitan South Africa: A study on impact and service delivery
Institute for Security Studies, Monograph Series 41

Vetten L (2000)
Invisible girls and violent boys: Gender and gangs in South Africa
Development Update 3(2)

Vetten L & Bhana K (2001)
A preliminary investigation into the links between HIV/AIDS and violence against women in South Africa
Centre for the Study of Violence & Reconciliation, Johannesburg

This document is based on the report which illustrate how two of South Africa's epidemics – violence against women and HIV/AIDS – may be converging in new and lethal ways. Yet current responses to HIV/AIDS and responses to violence against women remain split from one another and typically exist as parallel rather than complementary initiatives. CSVR identifies and decribes current activities by civil society and government departments focusing on the links between violence against women and HIV/AIDS.

Vetten L & Bhana K (2001)

Violence, vengeance and gender: A preliminary investigation into the links between violence against women and HIV/AIDS in South Africa

Centre for the Study of Violence & Reconciliation, Johannesburg

Vetten L & Dladla J (2001)

En-gendering safety: Women's fear and survival in inner-city Johannesburg

Urban Health and Development Bulletin 4(1)

> How do women ensure their safety and recognise danger in a country where rape has become all-pervasive? In pursuit of some answers to these questions, we conducted focus groups and interviews with a variety of women living and/or working in inner city Johannesburg. These included homeless women, commercial sex workers operating in Hillbrow, female security guards working for Central Johannesburg Partnership (CJP), and women waste management workers. The descriptive preliminary findings outlined here form part of a larger, ongoing project exploring the relationship between space, time and sexual violence in inner city Johannesburg.

Vogelman L & Eagle G (1991)

Overcoming endemic violence against women

Social Justice 18(1-2):209-229

> This article seeks to ensure that gender oppression, and in this case the problem of violence against women in South Africa, is given the consideration it deserves in the construction of a new democratic society free of oppression. To define the parameters of violence against women, the incidence and origins of such phenomena in South Africa need to be detailed. Having established the relevant terrain, several strategies for overcoming such violence are then discussed.

Watts C & Garcia-Moreno C (2000)

Violence against women: An issue of importance for HIV/AIDS interventions

International AIDS Conference, Durban

> This paper discusses the links between violence against women and HIV/AIDS, focusing on commonly occurring forms of violence against women internationally, namely domestic violence, sexual violence, and trafficking for sex. Available evidence illustrating that world-wide, domestic violence, coerced sex and rape are common, will be presented. The ways in which physical violence, the threat of physical violence, and sexual violence and coercion may be important factors associated with HIV transmission for women of all ages and in a range of settings will be discussed. The importance of recognising that women who are infected with HIV are vulnerable to abuse is also stressed. It is important that HIV interventions recognise and respond to issues of violence against women. Some of the nascent initiatives to integrate violence into HIV activities, and the practical implications for research, HIV prevention and care of recognising the links between violence against women and HIV/AIDS, will be discussed.

Watts C, Kwaramba R, Nalovu M & Keogh PG (1998)

Women, violence and HIV/AIDS in Zimbabwe

International AIDS Conference, Geneva

> Violence against women (VAW) is a world-wide problem, with its roots in the power-inequalities between men and women. In Zimbabwe, the Musasa Project provides services for men and women experiencing abuse, works to challenge the acceptability of violence against women, and to reform the institutions that help support its perpetuation. In 1996 Musasa interviewed a representative random sample of 996 women about their experiences of physical, sexual, psychological and economically disempowering forms of abuse: 32% of women reported experiencing physical abuse since the age of 16; 25% reported being kicked, bitten, slapped or hit; 19% had been threatened with physical violence; 37% reported some form of sexual harassment or abuse. Most often the perpetrator was the women's current or former partner. 25% of married women reporting being forced to have sex when they did not want to; 18% of women's partners had boasted about or brought home girlfriends. Many report experiencing sexual, physical or psychological abuse. Physical and sexual violence is a common reality for many women, including adolescents, women in long-term relationships, and HIV+ women. Both violence and HIV thrive where women have low status and are marginalised. VAW is often seen as being peripheral to STD and HIV infection. The many intersections need to be explicitly addressed in HIV/AIDS prevention and counselling activities. Collaborative action with women's NGOs working to address VAW are needed to ensure the development of appropriate sensitisation, prevention and support activities.

Wojcicki JM (2001)
An acceptance of violence against sex workers and women who exchange sex for money: Survey results from Gauteng province and implications for HIV prevention
AIDS Bulletin 10(1)

This article demonstrates an acceptance of violence against sex workers and women who exchange sex for money particularly among uneducated South Africans and the African community in Gauteng province as indicated through survey results conducted in March of 1999. Intervention efforts need to address the violence that shrouds sexual life in South Africa and the normalisation of this violence particularly in regard to women who exchange sex for money informally in the townships and peri-urban areas in addition to commercial sex workers. In particular, prevention efforts should be addressed to informal settlements and other impoverished areas where women are most likely to exchange sex for money and where poverty and lack of education are most problematic. Failure to address violence against women will limit the effectiveness of prevention efforts that focus on condom use and/or other prevention strategies alone. Following the recent work of other researchers, this article stresses the importance of acknowledging violence as a central mechanism of HIV transmission in the South African context.

Women's Health and Development Unit (1997)
Violence against women information pack
WHO, Women's Health and Development Unit, Geneva

Women's Health Project (2002)
Challenges for women's health in South Africa and globally
WHP Review 41

Wood K & Jewkes R (1997)
Violence, rape, and sexual coercion: Everyday love in a South African township
Gender and Development 5(2):41-46

Wood K & Jewkes R (1998)
Love is a dangerous thing: Microdynamics of violence in sexual relationships of young people in Umtata
Medical Research Council, Pretoria

Violence within youth sexual relationships, in the form of physical assault and forced sex, has been identified by several authors. This report presents the findings of a study, funded as part of the National Crime Prevention Strategy, the aim of which was to gain an understanding of the circumstances and contexts of violence in young people's sexual relationships. Set in Umtata, a total of 30 in-depth semi-structured interviews were conducted individually with youth aged between 16 and 26 years, and in addition 12 mothers and 3 policemen were interviewed.

Wood K et al (1998)
He forced me to love him: Putting violence on adolescent sexual health agendas
Social Science and Medicine 47(2):233-42

Violence against women within sexual relationships is a neglected area in public health despite the fact that, in partially defining women's capacity to protect themselves against STDs, pregnancy and unwanted sexual intercourse, it directly affects female reproductive health. This paper presents the findings of a qualitative study conducted among Xhosa-speaking adolescent women in South Africa which revealed male violent and coercive practices to dominate their sexual relationships. Conditions and timing of sex were defined by their male partners through the use of violence and through the circulation of certain constructions of love, intercourse and entitlement to which the teenage girls were expected to submit. The legitimacy of these coercive sexual experiences was reinforced by female peers who indicated that silence and submission was the appropriate response. Being beaten was such a common experience that some peers were said to perceive it to be an expression of love. Informants indicated that they did not terminate the relationships for several reasons: beyond peer pressure and the probability of being subjected to added abuse for trying to end a relationship, teenagers said that they perceived that their partners loved them because they gave them gifts of clothing and money. The authors argue that violence has been particularly neglected in adolescent sexuality arenas, and propose new avenues for sexuality research which could inform the development of much-needed adolescent sexual health interventions.

World Health Organisation (2000)
Violence against women and HIV/AIDS: Setting the research agenda
WHO, Geneva

Violence and the fear of violence are emerging as important risk factors contributing to the vulnerability to HIV infection for women. The extent to which individuals who are HIV infected, particularly women, are vulnerable to violence is also an issue of concern.

World Health Organisation (2002)

Intimate partner violence

WHO, Geneva

> This article is based on the facts of intimate partner violence which is one of the most common forms of violence against women that is performed by a husband or intimate male partner. Although women can be violent in relationships with men, and violence is also found in same-sex partnerships, the overwhelming health burden of partner violence is borne by women at the hands of men. Intimate partner violence includes acts of physical aggression, psychological abuse, forced intercourse and other forms of sexual coercion, and various controlling behaviours such as isolating a person from family and friends or restricting access to information and assistance.

Zierler S, Witbeck B & Mayer K (1996)

Sexual violence against women living with or at risk for HIV infection

Journal of Preventative Medicine 12(5):304-10

> This study investigates factors associated with sexual violence against adult women living with and at risk for HIV infection. Women at least 18 years old and living in Rhode Island or southeast Massachusetts enrolled from 1987 to 1992 in a cohort study of heterosexual HIV risk. A total of 408 women provided interviews on lifetime experiences of rape and HIV-related risk exposures. Data are presented on 96 women reporting experiences with rape as adults, and 231 women who reported never experiencing rape or forced sex.

Zwane W (1998)

The challenge is to change ourselves

Centre for the Study of Violence & Reconciliation, Johannesburg

> Wandile Zwane, a social worker with the Centre for the Study of Violence and Reconciliation, writes of the need for a less individualistic approach to the problems faced by the poorest members of society.

Migration and Trafficking

Abrahams B & Hajiyiannis H (2001)

A baseline study to determine levels of knowledge, attitudes and practices in relation to reproductive health among male and female refugees aged between 10 and 24 years, living in Gauteng Province, South Africa

Centre for the Study of Violence & Reconciliation, Johannesburg

Abrahams N, Jewkes R & Laubscher R (1994)

Trafficking and girls

International Conference on Population and Development (ICPD), Cairo

Aggleton P & Haour-Knipe M (1996)

Crossing borders: Migration ethnicity and AIDS

The focus of this book is on the public health response in western societies to the AIDS pandemic, and its implications for social development, including migration and policies concerning migration. It examines the issues of AIDS prevention and care from the point of view of the migrant.

Bennet T (1999)

Preventing trafficking in women and children in Asia: Issues and options

Impact on HIV 1(2):8

This article is based on increasing concern about violence against women and the role of commercial sex in HIV epidemics has led to high-profile efforts to understand the forces that drive trafficking and identify the best options for preventing such exploitation fo women and children.

Bond V & Dover P (1997)

Men, women and the trouble with condoms: Problems associated with condom use by migrant workers in rural Zambia

Health Transition Review 7(Supp):377-391

Understanding cultural attitudes to condoms is of the utmost importance in promoting their use as a means of protection against HIV transmission. This article examines condom use in relation to what people see as the purpose of sex, what good sex entails and how this related to ideas of being a proper women or man. It seems that the underlying and pervasive ideal is that sex is essentially a procreative act, since an emphasis on male potency and male and female fertility often overrides anxieties about contracting HIV and other sexually transmitted diseases. Hence condom use is usually only negotiated within some short-term relationships and then not consistently. Whilst both men and women have negative attitudes to condoms, women because of their economic and ideological dependence on men are in a much weaker position to negotiate condom use.

Brockerhoff M & Biddlecom A (1999)

Migration, sexual behaviour and the risk of HIV in Kenya

International Migration Review 33(4)

Caldwell J et al (eds.) (1999)

Resistances to behavioural change to reduce HIV/AIDS infection in predominantly heterosexual epidemics in third world countries

Health Transition Centre Books, Canberra

Campbell C (2000)

Going underground and going after women: Masculinity and HIV transmission amongst black workers on the gold mines

International Journal of STD and AIDS 11(1):21-26

Campbell C (1997)

Migrancy, masculinity and HIV: The psycho-social context of HIV-transmission on the South African gold mines

Social Science and Medicine 45(2):273-83

Levels of HIV infection are particularly high amongst migrant workers in Sub-Saharan Africa. This paper presents a case study of one such vulnerable group of migrants – underground workers on the South African mines – and highlights the psychological context of HIV transmission in the mining setting. On the assumption that social identities serve as an important influence on peoples' sexual behaviour, the study examines the way in which miners construct their social identities within the parameters of their particular living and working conditions. Masculinity emerged as a leading narrative in informants' accounts of their working life, health and sexuality. The paper examines the way in which the construction of masculine identities renders miners particularly vulnerable to HIV infection.

Campbell C (1998)

Representations of gender, respectability and commercial sex in the shadow of AIDS: A South African case study

Social Science Information 37:687-707

> This paper seeks to illustrate the way in which social representation of gender shapes the sexual behaviour of female commercial sex workers selling sex to migrant workers on the South African mines. The paper examines strategies used by women to maintain a sense of gendered respectability in spite of their involvement in a stigmatised profession, strategies involving denial, justification and an appeal to alternate identities. Attention is given to the way in which such strategies undermine women's confidence to insist on condom use in the face of client reluctance. The implication of such representations and strategies for HIV prevention are discussed.

Campbell C (2000)

Selling sex in the time of AIDS: The psycho-social context of condom use by sex workers on a Southern African mine

Social Science and Medicine 50:479-94

> This paper provides a detailed account of the social organisation of commercial sex work in a squatter camp in a South African gold mining community. On the basis of in-depth interviews with 21 women, living in conditions of poverty and violence, the paper examines factors which might serve to help or hinder a newly implemented community-based peer education and condom distribution project aimed at vulnerable single women. Attention is given to the way in which the routine organisation of sex workers' everyday working and living conditions, as well as the strategies they use to construct positive social identities despite working in the most stigmatised of professions, serve to undermine their confidence in their ability to insist on condom use in sexual encounters with reluctant clients. However, even amongst this disadvantaged group of women, the interviews suggest that the tendency to speak of women's 'powerlessness' (as is the case in many studies of African women in the context of the HIV epidemic) is unduly simplistic and fails to take account of the range of coping strategies and social support networks that women have constructed to deal with their day-to-day life challenges. These strategies and networks could serve as potentially strong resources for community-based sexual health promotion programmes.

Carballlo M & Siem H (1996)

Migration, migration policy and AIDS

In: Haour-Knipe M & Rector R (eds.) Crossing Borders, Taylor and Francis, London: 31-49

Chirwa WC (1997)

Migrant labour, sexual networking and multi-partnered sex in Malawi

Heath Transition Review 7:5-15

> Using findings from interviews with 163 returned migrants to four districts in three regions of Malawi, the author discusses the possible links between migrant labour, multipartnered sexual activity, sexual networking, and the spread of AIDS in Malawi. The interviews were conducted in two separate studies in 1989-90 and 1993-94. The paper focuses upon the economic, social, cultural, and mobility factors of HIV/AIDS, and their effect upon the spread of the disease. Migrant labourers, like truck drivers, itinerant traders, and prostitutes should be seen as high-risk groups both at their places of work and in their areas of origin. The author also discusses the difficulties of research on HIV and AIDS among returned migrants. The sensitive nature of HIV/AIDS and the political context in which it is often understood in Malawi hinder its objective and effective analysis. Another limiting factor is the consideration of human rights issues when interviewing actual or potential HIV patients.

Chirwa WC (1998)

Aliens and AIDS in Southern Africa: The Malawi-South African debate

African Affairs 97:53-79

> This document discusses the politics of HIV/AIDS in relation to the operation of the system of oscillating labour migration in the Southern Africa region. It focuses on the repatriation of some 13 000 Malawian migrant workers from South Africa between 1988 and 1992 on account of fears that they would be spreading HIV/AIDS in that country.

Conco D (1997)

The impact of a migrant labour system on rural women's sexuality

Sexual and Reproductive Health Bulletin 4

Connolly M & Franchet C (1993)

Manila street children face many sexual risks

Network 14(2):24

Crush J & James W (eds.) (1995)
Crossing boundaries, mine migrancy in a democratic South Africa
Institute for Democracy in South Africa, Cape Town

de Coito T, Ralapeli S & Steen R (2000)
Forging multisectoral partnerships to prevent HIV and other STI's in South Africa's mining communities
Impact on HIV 2(1):35

This article is based on the collabouration between FHI and Harmony Gold Mining Company which aims at addressing the socio-economic issues and HIV/AIDS-related issues which are affecting the mining communities.

Decosas J (1998)
Labour migration and HIV epidemics in Africa
AIDS Analysis Africa 8(5)

Many studies show that mobile individuals such as long-distance truck drivers and migrant workers have a higher probability of being HIV-infected than their communities of origin. But there is a limit to the explanatory power of studies linking individual behaviour to risk of HIV infection. These studies cannot account for the variation in the level of HIV prevalence among sub-Saharan African countries.

Decosas J & Adrien A (1997)
Migration and HIV
AIDS 11(suppl A):77-84

Decosas J, Kane F, Anarfi JK, Sodji KD & Wagner HU (1995)
Migration and AIDS
The Lancet 346 (8978):826-8

A successful short-term solution to transmission of AIDS in Western Africa by migrants involves provision of accessible and acceptable basic health and social services to migrants at their destination. The aim is to establish a sense of security and community, which is a health requirement. When migrants are excluded from community life or victimised as carriers of HIV infections, they will be driven by basic survival needs and dysfunctional social organisation, which results in the rapid spread of HIV. Closing borders and mass deportation may not be an option. The long-term solution is population policy, environmental protection, and economic development. The focus on mapping the spread of AIDS must shift to a consideration of the migrant social conditions that make them vulnerable to AIDS.

Department of Health (1999)
HIV/AIDS and migration: A consultation
Department of Health, Pretoria

Duckett M (2000)
Migrants and HIV/AIDS
Development Bulletin 52:18-20

This paper outlines some of the imperatives that should drive attention to the rights of legal and illegal migrants to health, particularly in relation to HIV/AIDS. It is noted that migrants can be especially vulnerable to HIV/AIDS/STIs, but they are often excluded or simply missed in many prevention and care programmes. In terms of the effects of globalisation, it would seem that governments are required to ensure that this state of affairs does not continue. Evidence indicates that human rights and other ethical violations are occurring and need to be urgently addressed at local, national and international levels. In view of such, it is recommended that HIV/AIDS/STD prevention and care programmes for migrant populations should be developed with and guided by migrant communities, and involving substantial community mobilisation. Although some progress in preventing the spread of HIV to and from migrants have been documented, and projects addressing their needs have been made accessible, the challenge of dealing more comprehensively with the complex issues involved still remains.

Elliott L (1999)
Gender, HIV/AIDS and emergencies
Overseas Development Institute, London

HIV/AIDS is often neglected in emergency and displaced situations where agencies concentrate on providing basic needs, shelter and the treatment of disease. However, from the war zones of Rwanda, Bosnia and Sierra Leone to the stigmatised migrant communities of the industrialised North, there is

a body of evidence linking war and forced migration to the spread of HIV/AIDS. The impact of this is particularly acute on women and children as they make up the largest proportion of refugee and displaced people.

Epprecht M (2001)

Umteto ka sokisi: 'The rules of mine marriage' and the sexual content of homosexual relationships in early 20th century Southern Africa

AIDS in Context Conference, Johannesburg

Scholars who have pioneered the study of homosexual mine marriages among African men in South Africa have asserted that the relationship was modelled on the heterosexual practice of hlobonga or gangisa, that is, thigh sex in which the dominant partner only ejaculates between the thighs of the passive partner. This early form of safer sex was supposedly contained or enforced by a strict moral code that Moodie describes using the term umteto ka sokisi (the rules of mine marriage). This paper examines the sources available that shed light upon the history of male to male sexuality in southern Africa.

European Union (2001)

Trafficking in women. The misery behind the fantasy: From poverty to sex slavery. A comprehensive European strategy

The European Union, Department of Justice and Home Affairs, Brussels

Trafficking in human beings is an abhorrent and increasingly worrying phenomenon. It is of a structural, rather than of an episodic nature affecting a few individuals in that it has extensive implications on the social, economic and organisational fabric of our societies. The phenomenon is facilitated by globalisation and by modern technologies. Trafficking in human beings not only involves sexual exploitation, but also labour exploitation in conditions akin to slavery. The victims are subjected to violence, rape, battery and extreme cruelty as well as other types of pressure and coercion.

Fages V (1999)

Migration and AIDS in South Africa: A public health issue. Overview of African migration and AIDS in South Africa: Research and projects undertaken to date

UNAIDS, Pretoria

The report undertakes a contextual analysis of migration issues in South Africa, particularly immigration and migrant mineworkers' conditions. It explores the relationship between migration and HIV/AIDS and describes initiatives and projects at national and regional levels.

Family Health International (1999)

Crossing borders: Reaching mobile populations at risk

Family Health International, North Carolina

The report documents a range of projects with mobile populations supported under the AIDSCAP project. It highlights its efforts to raise awareness of the magnitude of the problem and in advocating for interventions that cross borders, particularly in Asia. Lessons learned from an India-Nepal cross border project and a refugee project in Rwanda are further considered.

Family Health International (2000)

Corridors of hope in Southern Africa: HIV prevention needs and opportunities in four border towns

Family Health International, North Carolina

This study has discovered that there is an exceptional HIV vulnerability at each border post, with a sociocultural context of acute female poverty and male and female mobility, spearheaded by truckers and traders. Further interventions are urgently needed to complement past and existing work at the borders. A major gap is the lack of interventions for truckers. Such interventions are urgently needed, both at the borders and perhaps through major regional trucking companies in Johannesburg, Harare and Lusaka.

Family Health International (2002)

HIV prevention and mobile populations

Family Health International, North Carolina

Gardner R & Blackburn R (1996)

People who move: New reproductive health focus

Population Reports, series J (45), Maryland

This paper focuses on the escalating number of migrants, refugees, and internally displaced persons who are becoming a new focus for reproductive health care programmes in developing countries.

Gibney L, DiClemente RJ & Vermund SH (eds.) (1999)

Preventing HIV in Developing Countries

Kluwer/Plenum

Girdler-Brown B (1998)

Migration and HIV/AIDS: Eastern and Southern Africa

International Migration Quarterly Review 36(4): 513-51

> The article reviews some of the current literature, published and unpublished, concerning migration and HIV/AIDS in the eastern and southern regions of Africa. The review indicates that very little research has specifically addressed the relationship between migration and HIV/AIDS. Special attention is given to following types of migration: rural-rural, rural-urban, urban-urban, and urban-rural migration.

Goodwin-Gill GS (1996)

AIDS and HIV, migrants and refugees: International legal and human rights dimensions

In: Haour-Knipe M, Rector R (eds.):50-69

Gysels M, Pool R & Bwanika K (2001)

Truck drivers, middlemen and commercial sex workers: AIDS and the mediation of sex in southwest Uganda

AIDS Care 13(3):373-85

> Although long-distance truck drivers have been implicated in the spread of HIV in Africa, there is a paucity of studies of their sexual cultures. This paper reports on a study of the sexual culture of drivers, mediators and commercial sex workers (CSWs) in a roadside truck stop on the Trans-Africa highway in southwest Uganda: 69 truck drivers, 6 middlemen, and 12 CSWs, were interviewed using semi-structured questionnaires. Interviewing truck drivers also entailed participating in the town's nightlife and spending much time in the bars. Truck drivers stop briefly at the truck stop for various reasons: to eat, sleep, have sex and sell goods they are carrying. Middlemen mediate the latter two activities. Middlemen buy goods from the drivers and introduce them to 'suitable' women with whom they can have casual sex. Most drivers have sex when they spend the night at the truck stop, and most make use of the services of the middlemen. The most important reasons why drivers use middlemen are that the latter speak the local languages and, in particular, know the trustworthy and 'safe' (HIV-negative) women. The CSWs use middlemen mainly because they are a guarantee that the driver will pay and they usually ensure that drivers pay well. The mediation system is becoming increasingly professionalised. Most drivers claimed to use condoms during casual sex, and this was confirmed by the CSWs. General use of condoms is encouraging, particularly given the context of a culture generally opposed to condoms. The idea that middlemen can recognise 'safe' women is worrying. However, given their key position, middlemen could form the hub of an opinion leader type intervention focused on drivers and the professional group of sex workers described here, providing condoms, advising about the importance of condom use in all causal sexual encounters, giving information about HIV and STIs, and possibly referring drivers and women to appropriate sources of HIV counseling and testing and STI treatment.

Haour-Knipe M & Rector R (eds.) (1996)

Crossing borders

Taylor and Francis, London

Haour-Knipe M, Leshabari M & Lwihula G (1999)

Interventions for workers away from their families

In: Gibney L, DiClemente RJ & Vermund SH (eds.) Preventing HIV in Developing Countries, Kluwer/Plenum, 257-282

Herdt G (ed.) (1997)

Migration and sexual sub-cultures in the era of AIDS: Anthropological and demographic perspectives

Clarendon Press, Oxford

> A study of what happens to sexual behaviour and the rules of risk-taking in sexual encounters when people migrate from rural to urban areas, from one city to another, and one country to another. Case studies include CSWs, sexual tourism, marriage and social pressure and homosexuality and bisexuality in emerging sexual cultures.

Heywood M (1996)

Mining industry enters a new era of AIDS prevention

AIDS Analysis Africa 6(3)

> Miners in South Africa are now more at risk of contracting HIV than of being in a mining accident. Some epidemiologists predict that the mines could be experiencing 12 000-40 000 deaths related to

AIDS by 2010. In 1986, HIV infection among mineworkers was 1/3 500. Gencor medical personnel now estimate that 20% of the company's employees are HIV-positive and that 30 workers are dying of AIDS each month. The mining sector is in a unique position to fight HIV because it already has an extensive medical infrastructure with the capacity to treat STDs effectively, a unionised workforce to provide a pool of peer educators, and recruitment agencies to extend HIV-prevention into rural areas. Obstacles to effective HIV/AIDS education include discrimination (workers are tested for HIV without consent, and dismissed, if found to be positive, regardless of union agreements); a psychological factor that is related to underground work and produces recklessness; poor living conditions; and illiteracy.

Hope KR (1999)

HIV/AIDS and the mobile population groups in Botswana

Ministry of Health, Gaberone

Hope KR (2000)

Mobile workers and HIV/AIDS in Botswana

AIDS Analysis Africa 10(4):6-7

This paper examines the impact of internal migration and external population movements and interactions on the spread of the HIV/AIDS epidemic in Botswana. A total of 292 mobile workers in selected rural and urban areas were interviewed. Focus group discussions were conducted in all sites. The study showed that migration has a significant influence on public health and HIV/AIDS spread in the country. The frequency of sexual intercourse among migrant workers and their return visits back home, intensifies the spread of HIV/AIDS. Unprotected sex is a primary mode of HIV/AIDS and sexually transmitted disease transmission among the population. Despite the high level of knowledge about HIV/AIDS, its transmission and effects, there remained an insufficient use of condoms. Areas that are sites of major development projects, where a large number of migrant workers concentrate, have higher HIV and STD rates than areas that are not.

Hope KR (2001)

Population mobility and multi-partner sex in Botswana: Implications for the spread of HIV/AIDS

African Journal of Reproductive Health 5(3):73-83

For cultural and economic reasons, Botswana has one of the most mobile populations in the world. People move around the country frequently for employment opportunities and because of the nature of the settlement patterns. Also, there is extensive multi-partner sexual activity in the country. This study analyses the relationship between population mobility and multi-partner sex and their implications for the spread of HIV and AIDS in Botswana.

Horwitz S (2001)

Migrancy and AIDS: A historical perspective

AIDS in Context Conference, Johannesburg

As the staggering HIV/AIDS statistics continue to soar academics, politicians, people in the medical sector, the media and the general public continue to debate the causes, patterns of distribution, strategies for prevention and possible cures for this pandemic. A growing body of writing has attempted, in differing ways and with varying emphasis, to ascertain whether there is a link between the patterns of HIV/AIDS in South Africa and migrant labour. Much of the literature, written during the 1980s, in this regard has focused on the mining industry. The mines and the desolate single sex hostels have long been associated with illness. While some have argued that the nature of migrant labour, which creates a geographic network between urban and rural areas, a market for prostitution in towns as well as the conditions on the mines and in the hostels which encourage and facilitate the spread of the deadly virus, others continue to deny the link between HIV/AIDS and mine migrancy. Proponents of the latter argument suggest that the shift from mining to manufacturing in the 1940s and the stabilisation of patterns of migrancy in the 1970s decreased the pre-eminence of migrancy as a factor in the spread of disease. This paper seeks to address these questions through locating the debate within a broader framework of the patterns of the spread of malaria, tuberculosis and STIs as they developed and changed with the fluxes in the migrant labour system from the last decade of the 19th century through the 20th century. While there are many differences between the AIDS virus and these diseases, this paper suggests that insight into the nature of the spread of these disease provides a unique opportunity to come to grips with the dynamic relationships between the epidemiological reality of diseases and the social context in which they play out. A historic look at the ways in which migrancy, economic situations, social relationships and power struggles have shaped the demography of malaria, TB and STI infection can provide valuable insight into factors shaping the patterns of diseases such as AIDS.

Hunt CW (1989)

Migrant labour and sexually transmitted disease: AIDS in Africa

Journal of Health and Social Behaviour 30:353-73

Ijsselmuiden C (1994)
HIV infection, migrancy and human rights in the southern African region: Consequences for intervention
International Conference on AIDS in Africa, Morocco

International Centre for Migration and Health (2000)
Consultation on population movement, HIV/AIDS, complex emergencies and reconstruction
International Centre for Migration and Health

Report of a consultation that was held in Kenya and that brought together military and civilian specialists from countries in the region (Cameroun, Cote d'Ivoire, The Democratic Republic of Congo (DRC), Nigeria, and Uganda) together with a small group of external staff. The consultation was the culmination of a series of regional data collection initiatives that had focused on the problem of HIV/AIDS in the military and what is being done to address emerging problems. It offers recommendations arrived at by the participants and outlines a course of action that should, and could, be taken in the region and especially in the countries concerned.

International Organisation for Migration (1998)
Migration and AIDS
International Migration Quarterly Review (Special edition) 36(4)

International Migration is a quarterly review by the International Organisation for Migration on current issues around migration. The special issue provides a comprehensive overview HIV/AIDS and migration issues globally and regionally (West and Central Africa, Eastern and Southern Africa, South-East Asia, Eastern Europe and Community of Independent States, Mexico and Central America).

International Organisation for Migration (2000)
Report from the Regional Labour Migration Seminar
International Organisation for Migration

Jochelson K, Mothibeli M & Leger J (1991)
Human immunodeficiency virus and migrant labour in South Africa
International Journal of Health Services 21(1):157-73

The authors investigate the impact of the migrant labour system on heterosexual relationships on South African mines and assess the implications for the future transmission of HIV infection. The migrant labour system has created a market for prostitution in mining towns and geographic networks of relationships within and between urban and rural communities. A section of the migrant workforce and a group of women dependent on prostitution for economic support appear especially vulnerable to contracting HIV infection since they are involved in multiple sexual encounters with different, changing partners, usually without condom protection. Furthermore, sexually transmitted disease morbidity is extensive in the general and mineworker populations. Historically, migration facilitated the transmission of STIs and may act similarly for HIV. Problems of combating the HIV epidemic in South Africa are discussed.

John Snow International Project Support Group SAfAIDS (2001)
HIV/AIDS interventions for sex workers and mobile populations in Zimbabwe
John Snow International

Kennedy C (2002)
From the coalface: A study of the response of a South African colliery to the threat of Aids
Centre for Social Science Research, Working Paper 5, Cape Town

This paper gives an overview of scenarios used so far, both in the mining sector and at the firm level, to predict the costs resulting from the AIDS pandemic. A case study is presented of a South African colliery ('the firm'), which is one of many collieries that are a subsidiary of a major coal provider ('the holding company'). Various costs, that one would expect to indicate the effects of HIV/AIDS mortality and morbidity in the firm, are examined. This analysis is supplemented with anecdotal evidence from the firm studied. Responses of the firm to the threat of AIDS are discussed and directions for future research suggested.

Lurie M (1997)
Migrancy and HIV/STDs in South Africa: A rural perspective
South African Medical Journal 87(7):909

Lurie M (2000)

Migration and HIV/AIDS in Southern Africa: A review

South African Journal of Science 96(6):343-7

> This paper begins with a brief examination of the origin of the migrant labour system, reviews the literature on the role of migration in the spread of HIV and STD's in Southern Africa, and concludes by indentifying some areas in which further research is needed.

Lurie M (2001)

Migration and HIV in Southern Africa: Moving from theory to practice

AIDS in Context Conference, Johannesburg

> Southern Africa has both a rapidly growing HIV epidemic and high levels of population mobility. HIV/AIDS, and other infectious diseases, which spread from person to person, will naturally follow the movement of people. This paper begins with a situation analysis of migration and HIV/AIDS in Southern Africa. It discusses the historical roots of the migrant labour system, and presents a conceptual framework for understanding different levels of causation of the HIV epidemic – individual, environmental and structural – and interventions that may be targeted at each of these levels. Data from an ongoing cohort study which examines the role of migration in the spread of HIV and other sexually transmitted diseases will be presented. This study looks at HIV and STD prevalence in a group of migrant men from two rural South African districts who are working at two different migrant destinations, their rural partners, and a group on non-migrant couples.

Lurie M (2001)

Migration and the spread of HIV in South Africa

Unpublished dissertation

> This dissertation explores the link between migration and the spread of HIV in South Africa. A formative study followed by a cross-sectional behavioural and epidemiological study among migrant men and their rural partners, and non-migrant men and their partners measured whether migration was a risk factor for HIV infection for men and their partners.

Lurie M, Harrison A, Wilkinson D & Abdool-Karim SS (1997)

Circular migration and sexual networking in rural KwaZulu-Natal: Implications for the spread of HIV and other sexually transmitted diseases

Health Transition Review 7(Sup 3):15-24

> Patterns of migration do not simply arise out of chance. In South Africa, for example, migration patterns are a result of decades of legislation aimed at restricting the movements of the majority of the population and providing a steady flow of cheap black labour to the gold mines and other industries. In the new democratic South Africa, restrictive laws have been lifted but migration remains a way of life for several million black South Africans. This paper examines the social and epidemiological implications of widespread circular migration from the perspective of a rural South African health district. In particular, it reports the findings on the pattern and prevalence of migration into and out of the Hlabisa health district in rural KwaZulu-Natal, and the patterns of sexual networking of migrants and their rural partners. It concludes by examining the implications of these patterns of migration and sexual networking for the spread of HIV and other STDs.

Lurie M, Williams B, Sturm AW, Garnett G, Zuma K et al (2000)

Migration and the spread of HIV in southern Africa: Prevalence and risk factors among migrants and their partners, and non-migrants and their partners

International AIDS Conference, Durban

> This study measures the prevalence of HIV among migrant men and their rural partners, and among non-migrant men and their partners, in order to understand the role of migration in the spread of HIV in South Africa. Among the first 346 people recruited into the study, overall HIV prevalence was 20.5%. HIV prevalence among male migrants living on the gold mines in Carletonville was 27.7%; among their rural partners HIV prevalence was 15.2%. Prevalence of HIV among migrants in Richards Bay was 22.4% and it was 20% among their rural partners. Among non-migrant men, HIV prevalence was 17.8% and 12.9% among their partners. The study concludes that there is a very high burden of HIV disease in these populations. HIV prevalence among migrants is consistently higher than among their partners; and migrants and their partners have consistently higher rates of HIV compared to non-migrants and their partners. It calls for strategies to target migrants and their partners in order to slow the spread of the epidemic in Southern Africa.

Maduna-Butshe A (1997)

Women sex workers and the HIV pandemic: Stigma and blame in context

SAfAIDS 5(1):8

Malala J (nd)
The perceptions of the body illness and disease amongst sex workers in Hillbrow
Unpublished

Mantashe G (1995)
Labour migration in southern Africa
Presented at the National Union of Mineworkers (NUM) and COSATU International Policy Conference

Marck J (1999)
Long-distance truck drivers' sexual cultures and attempts to reduce HIV risk behaviour amongst them: aAreview of the African and Asian literature
In: Caldwell J et al (eds.) Resistances to behavioural change to reduce HIV/AIDS infection in predominantly heterosexual epidemics in third world countries: 91-100

> Although long-distance truck drivers have long been implicated in the early geographical spread of HIV in the African and Asian epidemics, driver sexual cultures are poorly described. The literature on African and Asian truck drivers is reviewed, revealing only three ethnographically-oriented studies of driver sexual cultures: Nigeria, Zimbabwe and India. Aspects of driver sexual cultures are gleaned from other sources for Kenya and Thailand and a picture of rather monolithic sexual cultures exists for Nigeria, where drivers have multiple regular partners at any one time, and India, where most drivers have multiple commercial partners at short intervals. Sexual cultures of Zimbabwean, Kenyan and Thai drivers may be more heterogeneous: larger numbers claim to be abstinent on the road; some have regular extramarital girlfriends; some occasionally, and some regularly, avail themselves of sex workers. As with other men in high-HIV areas, three main risk-reduction interventions have been attempted with drivers: increasing sexual health-seeking behaviour, increasing condom use and reducing partner numbers. Only four such programmes are well reported in the literature, in Tanzania, Zimbabwe, Kenya and India, and only the last three have reported on evaluation components. While drivers increase their sexual health-seeking behaviour if clinics become convenient to them on the road, and increase condom use, it is not clear that many of them are reducing partner numbers. In Nigeria, where drivers have mutually beneficial economic relationships with their many girlfriends, and India, where drivers may only be home once a year, partner reduction may be difficult to achieve. In Zimbabwe and Kenya some drivers continue in high-risk behaviour and their resistance to change may be due to fatalism, beliefs that it is unmanly to reduce partner numbers, and the insidious effects of being away from home and constantly solicited by sex workers. In India, free roadside tea parlours with STD clinics have been established; these have increased sexual health-seeking behaviour and condom use, and insulate drivers from sex workers. The American truck stop may be a similar social space to the Indian Free Tea Parlour and a possible model for making such places economically self-sustaining.

Moodie DT (with Ndatshe V) (1994)
Going for gold: Men, mines and migration
Witswatersrand University Press, Johannesburg

> This book investigates the lives of migrant black African men who work on the South African gold mines, from their own point of view and, as much as possible, in their own words. It examines the operation of local power structures and resistance, changes in production techniques, the limits and successes of unionisation, and the nature of ethnic conflicts in different periods and on different terrains of struggle. It examines how notions of integrity, manhood, sexuality, work, power, solidarity and violence have all changed over time, especially with the shift to a proletarianised work force on the mines in 1970s. While HIV/AIDS is not mentioned as such, the book gives a detailed account of notions of sexuality in mining communities.

Mupemba KS (1999)
The Zimbabwe HIV prevention programme for truck drivers and commercial sex workers: A behaviour change intervention
In: Caldwell J et al (eds.) Resistances to behavioural change to reduce HIV/AIDS infection in predominantly heterosexual epidemics in third world countries: 91-100 133-7

> The Zimbabwe National Employment Council for the Transport Operating Industry (NECTOI) began an AIDS education programme in 1992 targeting transport workers through their companies. An outreach programme was designed for long-distance truck drivers and their assistants through their contacts with sex workers, to stabilise or reduce incidence of STDs including HIV among truckers and their sexual partners along three major highways in Zimbabwe: to encourage condom use, especially in commercial sex, and to emphasise the dangers of unprotected sex and large numbers of sexual partners. AIDS awareness and condom use rose dramatically from 1992 to 1995. Most measures of risk behaviour showed smaller changes between 1995 and 1997. In this period the project worked intensively with sex workers patronised by truck drivers many of whom were still insisting upon unprotected sex. The NECTOI project is now helping companies to develop appropriate programmes. AIDS knowledge is high and drivers have a realistic notion of their level of risk. The main resistance to change is from drivers who knowingly persist in high-risk behaviour, believing it is not manly to restrict one's sexual activities to a single woman. Others succumb to the advances of sex workers

when drunk, lonely, infatuated or otherwise vulnerable. As with AIDS programmes in other parts of Africa and with other categories of workers, it is difficult to reduce the risk behaviour of persistently promiscuous males.

Mwizarubi BK, Mwaijonga CL, Laukamm JU, Lwihula G, Outwater A et al (1994)

HIV/AIDS education and condom promotion for truck drivers, their assistants and sex partners in Tanzania

NARESA, Focusing interventions among vulnerable groups for HIV infection: experiences from eastern and southern Africa, Nairobi, monograph 4: 109-18

National Council for International Health (1994)

Crossing borders: HIV/AIDS and migrant communities

National Council for International Health (NCIH)

Oucho J (1999)

Migration and AIDS in Africa: A research perspective

International Migration Review 33(4)833-56

Overs C & Longo P (1997)

Making sex work safe

Network of Sex Work Projects and AHRTAG, London

This book draws together a set of guidelines for sexual health promotion projects and services for sex workers. It covers key issues including policies and strategies, what is safe commercial sex, working with mobile populations and drug users, and planning and evaluation projects.

Parker R, Barbosa RM & Aggleton P (eds.)

Framing the sexual subject: The politics of gender, sexuality, & power

UCLA Press

Preston-Whyte E (1996)

Survival sex or the culture of sex work in South Africa

AIDS Bulletin 5(1)

Preston-Whyte E, Varga C, Oosthuizen H, Roberts R & Blose F (2000)

Survival sex and HIV/AIDS in an African city

In: Parker R, Barbosa RM & Aggleton P (eds.) Framing the sexual subject: The politics of gender, sexuality, & power, UCLA Press: 165-90

Sex work is about making money to remain alive, making money to feed one's children, and in, extreme cases, finding a place to 'hang out' or negotiating some modicum of physical safety and protection. In the city of Durban, South Africa, survival sex is rampant among commercial sex workers. It is noted that survival sex brackets sex work with other forms of small-scale informal money-making. Through the ethnographies presented in this study, one can begin to compare areas and nodes, within the total social field of sex work in Durban, in terms of characteristic 'risk factors'. It is noted that the features of the social background producing this vulnerability can then be mapped, providing indications of possible areas for support and intervention. Thus, it is suggested that a broad-based approach is needed to achieve a successful intervention in the HIV/AIDS field. This not only targets the HIV and health arenas, but also develops strategies to remove structural barriers to survival such as the inability to find alternative income sources. Finally, there is a need to empower women to take control of their own lives and sexual decisions through academic education and economic self-sufficiency.

Ramjee G & Gouws E (2000)

Targeting HIV-prevention efforts on truck drivers and sex workers: Implications for a decline in the spread of HIV in southern Africa

Medical Research Council, Policy Brief, South Africa

The role of a mobile population in the spread of the HIV has been documented in several countries worldwide. The role of truck drivers and sex workers in the spread of HIV has been studied in Africa, India, and the US. Due to the migratory nature of their occupation, truck drivers tend to have multiple sexual partners. The potential roles of truck drivers and sex workers in the spread of HIV in southern Africa are being explored through a combination of qualitative and quantitative studies among these population groups in South Africa.

Ramjee G & Gouws E (2001)

The role of truck drivers and sex workers In the spread of HIV In Southern Africa.

AIDS in Context Conference, Johannesburg

Ramjee G, Abdool Karim SS & Sturm AW (1998)

Sexually transmitted infections among sex workers in KwaZulu-Natal, South Africa

Sexually Transmitted Diseases 25 (7):346-50

Ramjee G, Gouws E & Stein Z (2000)

HIV prevalence among truck drivers in KwaZulu-Natal, South Africa: Implications for the explosive nature of the South African HIV epidemic

International AIDS Conference, Durban

The study aimed to determine the HIV prevalence, condom use, migration patterns and sexual behaviour of truck drivers frequenting sex workers at five truck stops along the trucking route between Durban and Johannesburg. Sex workers were trained to collect saliva samples from consenting male truck drivers and administer a questionnaire to collect information on demographics, travel patterns, condom use, frequency of sexual encounters with sex workers, anal sex practice and history of sexually transmitted infections (STI). It concludes that the high prevalence of HIV in this occupational group requires urgent interventions at the work place and at border posts between Southern African countries. This study describes the devastating impact on the workforce and economy within the Southern African Region. However the extremely high prevalence rates presented in this study cannot be generalised since the sample consists mainly of truckers who have contacts to commercial sex workers. Nonetheless this research highlights the urgent need to deal with the HIV epidemic across political boundaries as a regional issue.

Rao V, Gupta I, Lokshin M & Jana S (2001)

Sex workers and the cost of safe sex: The compensating differential for condom use in Calcutta

The World Bank, Washington DC

This paper describes the relationship between psychosocial factors and health related quality of life among 287 HIV-positive women using items from the Medical Outcomes Study HIV Health Survey to measure physical functioning, mental health and overall quality of life. Multivariate models tested the relative importance of sociodemographic characteristics, HIV-related factors and psychosocial variables in explaining these quality of life outcomes. A history of child sexual abuse and adult abuse, social support and health promoting self-care behaviours were the psychosocial factors studied. A history of childhood sexual abuse was significantly related to mental health after controlling for sociodemographic and HIV-related characteristics. Women with larger social support networks reported better mental health and overall quality of life. Women who practiced more self-care behaviours (healthy diet and vitamins, adequate sleep and exercise, and stress management) reported better physical and mental health and overall quality of life. The high prevalence of physical abuse and child sexual abuse reported by this sample underscores the importance of screening for domestic violence when providing services to HIV-positive women. That such potentially modiable factors as social support and self care behaviours are strongly associated with health-related quality of life suggests a new opportunity to improve the lives of women living with HIV.

Rees H, Beksinska ME, Dickson-Tetteh K, Ballard RC & Htun Y (2000)

Commercial sex workers in Johannesburg: Risk behaviour and HIV status

South African Journal of Science 96(6):283-4

Romero-Daza N (1994)

Multiple sexual partners, migrant labour and the makings for an epidemic: Knowledge and beliefs about AIDS among women in highland Lesotho

Human Organisation 53(2):192-205

Field research conducted in 1991-92 among a small segment of the rural population in highland Lesotho yielded valuable findings on the beliefs, knowledge, and risk factors related to AIDS. Women from 195 randomly selected households from the Mokhotlong district were interviewed as were 13 traditional healers. At the time of the study, only one case of AIDS had been acknowledged in the district and there were 44 reported cases nationwide. The Basotho women demonstrated a high degree of knowledge about AIDS: 85.6% of respondents identified sex with multiple partners as the most common means of transmission, 49.2% mentioned limiting the number of sexual partners (to two) as the most effective way of preventing infection, and 34.4% were aware of the risk of fetal transmission. The most common sources of information about AIDS were informal discussions with friends and relatives (40.5%) and government hospitals (38.5%); 89.7% considered it important that children learn about AIDS prevention, only 3.1% had ever used them; this low use level reflected husbands' opposition, lack of access, and misconceptions that condoms remain inside a woman's body after intercourse. 28.2% had been infected with a STD in the 6 months preceding the interview and 20.5% reported pelvic inflammatory disease in this period. 83.1% perceived sex with multiple partners involving the exchange of money or basic necessities (bonyatsi) to be a common, even necessary, social phenomenon in this impoverished area where husbands are frequently absent given dependence on migrant labour in Lesotho. 83% of respondents believed the practice of bonyatsi will accelerate in the future as more adolescents become involved and greater numbers of women receive no support from husbands. Unless viable economic opportunities are created for these women, the

widespread practice of bonyatsi will provide a vehicle for widespread transmission of HIV. Since condom use cannot be achieved without male support, educational campaigns aimed at men are necessary. Finally, traditional healers, who demonstrated a lack of knowledge about AIDS and its causes, should receive intensive training.

Schoofs M (2000)
Labour migration fuels AIDS Epidemic
SAfAIDS 8(1):14

This article is based on the studies conducted by Brian Williams of the Council for Scientific and Industrial Research. The results of the study show that many Carletonville miners do not wear condoms or even perceive themselves as in danger of becoming infected.

Schrijver A & Meheus A (1991)
Sexually transmitted diseases and migration
International Migration 29(1):13-28

STDs are communicable diseases transferred mainly through sexual contact. With more than 20 pathogens known to be spread by sexual contact, STDs are the most common notifiable infectious diseases in most countries. Despite some fluctuation in their incidence, STDs continue to occur at unacceptably high levels. For most notifiable STDs, the highest rates of incidence are found in 20-24 years olds, followed by people aged 25-29 and 15-19. Among sexually active teenagers, the highest incidence of STD infection is among the youngest teens. For most STDs, the overall morbidity rate is higher for men than for women. STD control programmes need to be designed and implemented with the understanding that migration has always been linked with STDs. Sexual preference, marital status, socio-economic status, place of residence, prostitution, migration, principal STDs, populations at risk, and prevention and control measures are discussed. Strategies to prevent STD transmission must remain flexible in order to adapt to prevailing conditions, with adequate clinical services being central in controlling STDs.

Shtarkshall R & Soskolne V (2000)
Migrant populations and HIV/AIDS. The development and implementation of programmes: Theory, methodology and practice
UNESCO/UNAIDS, Geneva

This book is based on the authors', researchers' and programme developers' experiences with migrant populations in Israel in HIV/AIDS prevention and related fields of sexual health and sex education. Examples are drawn from the work of two recent waves of immigration from Ethiopia and the former USSR. Based on their unique characteristics in interaction with a host culture, culturally sensitive HIV/AIDS prevention programmes were developed for the migrant populations while responding to their general needs.

Tarantola D (1999)
Impact of travel and migration on the spread of HIV: Risk vulnerability and mobility
Conference of the International Society of Travel Medicine, Montreal

UNAIDS (1998)
Migration and HIV/AIDS
UNAIDS, Geneva

UNAIDS (2000)
Mobile populations
UNAIDS, Geneva

UNAIDS (2001)
Population mobility and AIDS
UNAIDS, Geneva

This UNAIDS technical update presents an overview of issues at a glance. UNAIDS recommends that responses for migrant and mobile people must address HIV/AIDS prevention, care and support throughout their journey. Responses should be based on the social and contextual realities faced by migrants and mobile people should be part of an empowerment that improves their legal, social, economic, and health status.

UNAIDS (2001)
Migrants' right to health
UNAIDS, Geneva

The paper argues for changes at global, national and local levels to improve migrants' health (particularly in regard to HIV/AIDS/STIs and reproductive health). It outlines key existing laws, policies and best practices in relation to migrants' right to health and uses this framework of existing laws and policies to address ethical and economic dimensions, and to consider the effects of globalisation and the implications of policies for migrant health. It concludes with recommendations for the development of new policies to improve the health status of migrant populations.

UNAIDS (2002)
HIV prevention for mobile and displaced populations in Africa
UNAIDS, Geneva

It is generally accepted that extended or repeated overnight travel away from home and community is associated with a higher risk of HIV infection. Slowing down the movement of populations might slow down the spread of HIV but no prevention programme is proposing any strategy to impede mobility (with the possible exception of anti-human trafficking programmes). Instead, most programmes try one or a combination of three strategies to reach the more vulnerable of mobile populations, and to extend HIV/AIDS prevention services.

Varga C (2001)
Coping with HIV/AIDS in Durban's commercial sex industry
AIDS Care 13(3):351-65

This paper describes coping mechanisms used by commercial sex workers (CSWs) and their partners in confronting the threat of HIV. Data are part of a study exploring sexuality and HIV-related issues among members of the Durban commercial sex industry. Participants were 100 female CSWs, 25 male trucker driver clients and ten male personal partners. Data were collected using semi-structured questionnaires, focus group discussions and in-depth interviews. Analysis revealed high HIV-awareness and high prevalence of risky sexual behaviour. While they were acutely aware of the sex industry's potential role in HIV spread, study participants chose to remain sexually involved and engage in high risk sexual practices with both professional and personal partners. Among the most significant findings is the difference in study participants' handling of HIV risk and employing coping mechanisms in personal versus professional sexual situations. The implications of these coping strategies for HIV education, message development and intervention in the commercial sex industry and in general are discussed.

Wawer MJ (1996)
Urban-rural movement and HIV dynamics
In: Mann JM & Tarantola DJM (eds.) AIDS in the World II: 48-50

The rapid urbanisation currently taking place in developing countries is a major factor supporting the spread of HIV. Available urban and rural data on HIV prevalence from both industrialised and developing countries show higher rates of infection in urban centres relative to rural areas. Rapid urbanisation may result in permanent, temporary, or recurring seasonal migration, especially among men, from rural areas to cities in search of work. In such situations, strong economic, social, and familial ties remain between rural and urban populations, with substantial movement back and forth. Migrating and travelling persons are more likely to be young, economically productive, and at the greatest risk of contracting HIV. People who contract HIV in urban centres may then readily spread the virus once back at their rural homes.

Wolffers I (2001)
Programmes for mobile populations and their partners
In: Lamptey P et al (eds.) HIV/AIDS prevention and care in resource-constrained settings: A handbook for the design and management of programs. Family Health International, Washington

Women's Commission for Refugee Women and Children (1994)
Refugee women and reproductive health care: Reassessing priorities
Women's Commission for Refugee Women and Children, New York

Women's Commission for Refugee Women and Children (2002)
Refugees and AIDS: What should the humanitarian community do?
Women's Commission for Refugee Women and Children, New York

This document was produced by the Women's Commission for Refugee Women and Children under the auspices of the Inter-agency Working Group on Reproductive Health in Refugee Situations to provide user-friendly guidance and mobilise humanitarian actors working in refugee settings to address HIV/AIDS. The aim of the document is to stimulate policy makers, managers and implementers to strengthen their response to HIV/AIDS. It is not a comprehensive guide to HIV/AIDS programming in refugee settings. Readers are encouraged to utilise the key resource materials, among others, referenced at the end of this document.

Policies and Guidelines

AIDS Law Project (2002)
HIV/AIDS current lay and policy: Women, HIV and AIDS
AIDS Law Project, Johannesburg

AIDS Legal Network (2000)
HIV & AIDS using law to reduce women's vulnerability
The AIDS Legal Quarterly, AIDS Legal Network, South Africa

> The AIDS Legal Network believes that every real challenge lies ahead in getting mainstream gender organisations to work hand in hand with HIV/AIDS NGOs (and vise versa) and in developing a co-ordinated and sustained response which reduces the vulnerability of women to HIV. This special edition of the ALQ focuses on women, HIV and the law, aiming at developing discussions around this issue.

Brown M (2002)
Orientation guide to involve men in sexual and reproductive health
USAID, Washington

> This book has two goals: promoting gender equity for its own sake and using gender equitable approaches to improve sexual and reproductive health outcomes. It is intended as a tool for programme designers and planners, programme managers and policymakers as well as NGOs and community groups.

Decosas J (1999)
Mobility and sexuality: The policy dimension
Conference on AIDS, Livelihood and Social Change in Africa, Wageningen

> More than 20 million people, about 24% of western Europe's population, died in the plague epidemic of 1347–1351. During the influenza pandemic of 1917-1919, 20 million people died in India, 6.2% of India's population. In absolute numbers these statistics will certainly be overtaken by the HIV pandemic, although the numbers have to be interpreted in the context of a much larger world population. The main brunt of the HIV pandemic has, until now, been born by the African continent. By December 1998, an estimated 22.5 million adults and children in sub-Saharan Africa were living with HIV infection. Since the beginning of the pandemic, 11.5 million Africans are believed to have died of HIV related causes, 2 million of them in 1998. In an epidemic of infectious disease, time is the most important factor that determines its distribution. Unlike epidemics of influenza, however, the HIV epidemic progresses very slowly. It takes 15 or 20 years before an epidemic peak is reached, and some regions may just be at the start of an epidemic while others are already on the declining limb.

Department of Health (1998)
HIV/AIDS communicator's guide
Beyond Awareness Campaign, Department of Health, Pretoria

> This booklet highlights key points related to a wide range of HIV/AIDS issues and includes a comprehensive listing of contact information for people working in the field. The booklet forms part of a growing body of information materials developed by the HIV/AIDS and the STD Directorate of the Department of Health.

Department of Health (2000)
HIV/AIDS policy guideline: Prevention of mother-to-child HIV transmission and management of HIV positive pregnant women
Department of Health, Pretoria

> This document provides recommendations to prevent the transmission of HIV from mothers to children during pregnancy and childbirth and medical management of HIV positive pregnant women.

Department of Health (2001)
Clinical guidelines for managing HIV/AIDS infection in adults at hospitals
Department of Health, Pretoria

> This report outlines Gauteng's AIDS care strategy. AIDS care means supporting people with AIDS, providing medical and palliative care services, and supporting families and orphans. The Gauteng AIDS Care strategy defines a framework for delivering care. It directs resources towards the worst problems and is our best chance of managing the impact of the epidemic. The care strategy aims at

providing a continuum of care and has four legs: a) a non-medical component; b) medical care at the primary and hospital levels; c) care at home and support for affected families.

Grundlingh L (2001)

A critical historical analysis of government responses to HIV/AIDS in South Africa as reported in the media, 1983-1994

AIDS in Context Conference, Johannesburg

This paper investigates responses to HIV/AIDS in South Africa, particularly on government responses. It is part of a bigger project on the social history of HIV/AIDS in South Africa.

James D (2001)

'To take the information to the people': Life skills, HIV/AIDS peer-educators, NGO's and the State in the Durban area

Department of Anthropology, London School of Economics, London

Education in 'lifeskills' has been a central pillar of both the state's and NGO's strategy in combating the threat of HIV/AIDS in South Africa. This paper, based on research conducted in Durban in 1999, first outlines the confusing context of funding and educational practise in which this teaching has been taking place, and attempts to relate this to debates about the interlocking roles of state and civil society, it then examines how this type of education – thought of by some in this sector as a euphemism for 'teaching safe sex', but by others as an essential way of contextualising sex education in its broader context of women's empowerment and striving for equiatable gender relations – is understood in contrasting ways by senior NGO personnel and the largely unpaid volunteers who form the ranks of peer educators. These educators and their peers perceive them as driven primarily by an altruistic sense of community involvement in such programmes, and the prospects for future employment (and escape from the beleaguered world of township poverty) which they offer.

Kumaranayake L, Pepperall J, Goodman H & Mills A (1998)

Costing guidelines for HIV/AIDS prevention strategies

Health Economics and Financing Programme, London

This cost analysis document is a tool which can provide useful insights into the functioning of projects, as well as being a key component of cost-effectiveness analysis.

Madhu Bala Nath (2000)

Gender, HIV and human rights: A training manual

UNIFEM, New York

This manual aims to help trainers enhance their understanding of the gender dimensions of the HIV/AIDS epidemic. The manual is divided into four sections. Section 1 highlights the basic facts on HIV/AIDS and the growing global, national and regional challenges. Section 2 outlines a one-day training module on 'Gender Concerns in HIV/AIDS in Development' and includes suggestions for structure, agenda, methodology and training aids for the facilitator. Section 3 outlines a two-day training module on 'Gender Concerns in HIV/AIDS: A Human Rights Approach'. The fourth and last section pulls together the lessons learned during the use of the modules, both from the perspective of the facilitator and the participants.

Martin L & Alexander P (2001)

Responses to HIV/AIDS in South Africa's tertiary institutions: Policy, practice and shortcomings

AIDS in Context Conference, Johannesburg

This paper aims to highlight what has been and what is being achieved, in the hope that this might have some impact on those tertiary institutions that still lag behind. This particular project is part of a wider programme being undertaken by researchers at the Rand Afrikaans University (RAU) that also addresses the issue of why, despite considerable awareness about HIV, tertiary students are engaging in unsafe sex. This study shares the general concern to reduce AIDS-related suffering, it is also underpinned by a recognition that high rates of death among the present cohort of students will impact negatively on economic and social development, particularly given the chronic shortage of skills that now exists in South Africa.

Schneider H (2001)

The AIDS impasse in South Africa as a struggle for symbolic power

AIDS in Context Conference, Johannesburg

This paper aims to develop a better understanding of the impasses in AIDS policy by examining the non-governmental 'AIDS world' in South Africa, as a very particular sphere or social space, with its distinct mixture of histories, identities and networks.

Smith C (2002)
News, laws & legislation surrounding rape
Speak Out website: www.speakout.co.za

This article is based on a new rape law as well as the news, laws and legislation sorrounding rape. This article alleges that the South African Law Commision remains unduly focused on penetrative rape, without taking into account other forms of sexual invasion, such as oral sex rape.

Strategies for Hope (nd)
Stepping stones: A training manual for sexual and reproductive health, communication and relationship skills
Strategies for Hope, UK

This is a 240-page manual for trainers, and an accompanying workshop video of 15 five-minute clips (though the manual can be used without the video). Full, closely-guided instructions on how to run around 60 hours of workshop sessions, divided into 18 sessions over 10 to 12 weeks. It is designed to enable women and men of all ages to explore their social, sexual and psychological needs, to analyse the communication blocks they face, and to practise different ways of behaving in their relationships. The workshop aims to enable individuals, their peers and their communities to change their behaviour – individually and together.

Sutherland C (1992)
Paying for stolen kisses? Sexual harassment and the law in South Africa
Centre for the Study of Violence and Reconciliation, Johannesburg

J v M Ltd, the first reported case of sexual harassment in South Africa, was heard in the Industrial Court in February 1989. The case is worth examining in some detail as it provides a useful framework within which to discuss sexual harassment in South Africa. It highlights many of the problems associated with sexual harassment and illustrates the limited legal protection currently offered to employees. In looking at this legal protection, the focus of the paper is limited, primarily, to the provisions contained within the Labour Relations Act. No serious examination of the options offered by civil and criminal law is entered into.

The Interpress Service (2002)
Gender, HIV/AIDS and rights: Developing a training manual and module for the media
Gender, HIV/AIDS and Rights Conference, Expert Group Consultation, Zimbabwe

UNAIDS (1999)
Handbook for legislators on HIV/AIDS, law and human rights: Action to combat HIV/AIDS in view of it's devastating human, economic and social impact
UNAIDS, Geneva

The introduction of this report sets out the shocking statistics of the epidemic – 33.4 million people are currently living with HIV/AIDS. An effective response is required to avert the devastation wrought on communities around the world by the epidemic. This impact is disproportionately felt in developing countries and vulnerable populations (those whose human righs are already not fully respected). The background highlights important features of the Inter-Parliamentary Union (IPU) Windhoek Resolution (1998). It gives examples of political leaders who have made supportive public statements, and regional/national initiatives by parliamentarians who have made the HIV/AIDS and human rights connection. A brief outline is given of the international law basis of the International Guidelines on HIV/AIDS and Human Rights. These guidelines require state parties to human rights treaties to review, and if necessary amend, their laws, policies and practices to ensure compliance with defined norms. Certain rights, including health, nondiscrimination, privacy, education, information, autonomy, liberty, freedom of expression and association, and freedom from inhuman, degrading treatment or punishment are then examined specifically in the context of HIV/AIDS. The handbook analyses each of the 12 International Guidelines on HIV/AIDS and human rights and gives best practice examples of their implementation, in terms of content and/or process, at national and sometimes local and regional levels.

UNAIDS (2000)
Tools for evaluating HIV voluntary counseling and testing
UNAIDS, Geneva

This document provides guidance on monitoring and evaluation of the various aspects of planning and implementing VCT. It provides tools for the evaluation of VCT as part of a national programme, as well as VCT services at specific institutions, independent sites and services for special groups, including community-based, NGOs. It includes monitoring and evaluation of VCT services associated with the prevention of mother-to-child transmission of HIV, and tuberculosis-preventive therapy (TBPT). This document revises and adapts previous draft guidelines and incorporates relevant operational research findings.

UNAIDS (2001)

Gender and HIV

UNAIDS, Geneva

This report argues that, to date, rape-related concerns have driven policy and legislative reponses to a far greater degree than concerns about other forms of violence against women.

UNAIDS (2001)

Resource packet on gender and AIDS

UNAIDS, Geneva

The resource packet on Gender and AIDS is a set of tools to illustrate the role that gender plays in the global HIV/AIDS pandemic. Although this packet was designed specifically for use by health development practitioners and policy makers, it can also useful to a variety of audiences. This packet contains three separate components: The gender and AIDS almanac, which offers a gender-focused overview of important topics related to the prevention, transmission and care of HIV/AIDS; Seven gender and AIDS fact sheets, which present and illustrate key points from the Almanac; and Six gender and AIDS modules, which provide practical guidelines to field practitioners on various aspects of conducting gender-sensitive HIV/AIDS work. The components can be used independently or in conjuction with one another to address the gender-related needs of people at risk for, living with, or affected by HIV/AIDS.

UNESCO (2001)

UNESCO's strategy for HIV/AIDS preventive education

UNESCO, New York

This document is a UNESCO strategy paper which will guide its actions in the area of HIV/AIDS in the coming years. It is focused on preventive education in the broadest sense, including advocacy at all levels, customising the message, changing risk behaviour, caring for the infected and the affected, coping with the institutional impact of the epidemic, as well as information-sharing and capacity-building to achieve these tasks.

United Nations Population Fund (2000)

Gender and HIV/AIDS: Leadership roles in social mobilisation

UNFPA, New York

The United Nations Economic Commission for Africa, in partnership with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and other co-sponsors, organised the African Development Forum, which took place at the United Nations Conference Centre in Addis Ababa, Ethiopia. The forum's purpose was to address and heighten awareness of crucial aspects in the fight against HIV/AIDS, such as political will and leadership, adequate resources and multisectoral approaches.

World Health Organisation (1999)

Putting women's safety first: Ethical and safety recommendations for research on domestic violence against women

World Health Organisation, Geneva

In order to guide future research in this area, the World Health Organisation has developed recommendations regarding the ethical conduct of domestic violence research. These build on the collective experience of the International Researchers Network on Violence Against Women (IRNVAW). They have been reviewed and approved by the WHO Steering Committee for the Multi-Country Study on Women's Health and Domestic Violence Against Women, and also reviewed by key members of the Scientific and Ethical Review Group (SERG) of the Special Programme on Research and Research Training on Human Reproduction (HRP). The recommendations are in addition to those outlined in the CIOMS International Guidelines for Ethical Review of Epidemiological Studies (1991).

Young F (1999)

Tool box for building strong and healthy community organisations working in HIV/AIDS and sexual health (Part one)

Department of Health, Pretoria

This tool box is designed to build on the work already undertaken by the South African non-governmental and community sectors. It has been developed to assist organisations to build their capacity so they can continue to play a significant role in the fight against HIV/AIDS and other STDs.

Sexual/Reproductive Health and Rights

Abdool-Karim Q & Morar N (1995)
Determinants of a women's ability to adopt HIV protective behaviour in KwaZulu-Natal, South Africa: A community based approach
International Center for Research on Women, Washington DC

Abdool-Karim Q & Preston-Whyte E (1991)
Sexual behaviour and knowledge of AIDS among urban black mothers: Implications for AIDS intervention programmes
South African Medical Journal 80(7):340-3

> This document is based on the study which was done in the townships of KwaZulu-Natal. The study found that urban black mothers were at high risk of acquiring HIV and, despite their knowledge of the modes of transmission and prevention of HIV infection, they had not begun using condoms as a risk-reducing measure, nor had they communicated the risk of unprotected sex to their teenage children.

Abdool-Karim Q & Preston-Whyte E (1994)
Women and AIDS in KwaZulu-Natal: Determinants of the adoption of HIV protective behaviour
Urbanis & Health Newsletter 20:309

Abrahams B & Hajiyiannis H (2001)
Conducting a reproductive health KAP survey with refugee young people in South Africa
UNHCR and Centre for the Study of Violence and Reconciliation

> This guide desribes a process undertaken to measure the knowledge, attitudes and practices about reproductive health among young urban-based refugees living in Gauteng, South Africa.

Ahlberg B, Jylkas E & Krantz I (nd)
Gendered construction of sexual risks: Implications for safer sex among young people in Kenya and Sweden
Reproductive Health Matters 7

Baez C, Manzana M & Moleme M (2001)
Knowledge, attitudes and practises of traditional birth attendants in Lejweleputsoa Health District

Barnett B (2000)
User, partner attitudes influence barrier use
Network: 20(2):23-26

Berger J (2001)
Tripping over patents: Interanational trade, compulsory licenses and essential treatments for HIV
AIDS in Context Conference, Johannesburg

Bisgrove Z & Viswanathan M (1999)
A framework for the analysis of family planning on women's work and income
Family Health International, North Carolina

> This paper, part of a series of working papers published by the Women's Studies Project at Family Health International, proposes a conceptual framework to examine the possible impacts of family planning use on women's work and income. Because use of family planning may have short-term and long-term effects on women's economic activity, the authors present separate frameworks for modelling both influences.

Blanc A (2001)
The effect of power in sexual relationships on sexual and reproductive health: An examination of the evidence
Studies in Family Planning 32(3):189-213

> This article reviews what has been learned to date about the role of gender-based power in sexual relationships in determining sexual and reproductive health outcomes. A framework for assessing the relationship between power relations and reproductive health is outlined and measurement issues are critically discussed. A summary is included of the main types of intervention approaches that have been implemented, as are a discussion of the programmatic, methodological, and ethical implications of the findings and recommendations for further experimentation and research. Although many challenges remain, results to date suggest that when the role of gender-based power is made an integral feature of sexual and reproductive health programmes, there is a considerable payoff for both women and men.

Campbell C, Mzaidume Y & Williams B (1998)

Gender as an obstacle to condom use: Implications for HIV prevention amongst commercial sex workers in a mining community

Agenda 39:50-7

Canadian AIDS Society (1986)

Community mobilisation kit – microbicides: A female-controlled method of preventing HIV and other sexually transmitted diseases

Canadian AIDS Society, Ottawa

This mobilisation kit is intended to provide education and awareness of women's risk of STDs and the need for new prevention alternatives for women; to educate the public about topical microbicides as a promising new prevention technology; to bring this issue to the attention of federal, provincial, and territorial health ministers through a letter-writing campaign.

Dadian MJ (2001)

Study examines package of services for prevention of mother-to-child HIV transmission

Horizons Report Spring: 8-10

de Bruyn M (2001)

Violence, pregnancy and abortion: Issues of women's rights and public health. A review of worldwide data and recommendations

Ipas, North Carolina

The project sought to look beyond the narrow focus of the impact of family planning on women's health. Studies also examined how women's family planning experiences — their contraceptive use and non-use, their pregnancies and childbearing, and their experiences with family planning and reproductive health programmes — affected other aspects of their lives, including their roles as individuals, as family members and as participants in the larger community. Some studies interviewed women's relatives, including husbands or partners, parents and in-laws, to determine how family interactions and power dynamics influence contraceptive experience and use.

Denny L (2002)

Challenges in providing PEP to survivors of rape

Gender-based Violence and Health Conference, South Africa

The conference attempted to raise awareness about intersection between gender-based violence and health and to find creative ways of building a violent-free society. The conference aimed to bring together international and national researchers, academics, health professionals, government departments and civil society organisations in defining a multi-sectoral response to gender-based violence.

Department of Health (1998)

South African demographic and health survey

Department of Health, Pretoria

The primary objective of the SADHS is to provide up-to-date information of fertility and childhood mortality levels; fertility preferences; awareness and use of contraceptive methods; breastfeeding practices; maternal and child health; awareness of HIV/AIDS; chronic health conditions among adults; dental health; and habits of lifestyle that affect the health status of adults. In addition, various anthropometric indicators such as height, weight, blood pressure and pulmonary flow were measured for adults. The survey results are intended to assist policymakers and programme managers in evaluating and designing programmes and strategies for improving health services in the country.

Department of Health (2000)

National HIV seroprevalence and syphilis survey of women attending public antenatal clinics in South Africa

Department of Health, Pretoria

This is the 11th annual report of the status of HIV prevalence in SA. The purpose of the study is to monitor HIV and syphilis prevalence trends among public antenatal clinic attendees. The findings are used to inform intervention programme guide policy formulation and as an advocacy tool for raising public awareness.

Doedens W (2000)

Sexual and reproductive health in conflict situations

Sexual Health Exchange 2:1-3

This paper discusses the influence of conflict and war on sexual and reproductive health of affected

people. During the International Conference on Population and Development in 1994, reproductive health was defined by the international community as a right and a matter of choice for every individual. This has led to the agreement among governments that, in crisis situations, they and the rest of the international community should honor all relevant legal obligations and to live up to international commitments to protect and promote the rights of refugees and displaced persons, including reproductive rights. It is noted that the needs of refugees and displaced persons are the same as those unaffected by displacement, if not more. Their vulnerability to problems, including reproductive health problems, increases their needs for preventive and curative care. Provision of adequate reproductive health services in these situations need to adopt programmes aimed at preventing sexual violence; prevention and treatment of HIV/AIDS and other sexually transmitted infections; services on fertility and family planning; programmes reducing maternal mortality and morbidity; prevention and treatment of complications of unsafe abortions; eradication of harmful traditional practices such as female genital cutting; and the promotion of adolescent sexual health.

Dyson T (ed.) (1992)
Sexual behavior and networking: Anthropological and socio-cultural studies on the transmission of HIV
Editions Derouaux-Ordina, Liege

Family Health International (1994)
Family planning and STD services
Network 14(4)

Most issues in this journal focus on integrating STD services with family planning programmes which may be an effective use of limited resources, but also raises many concerns.

Family Health International (1999)
Consequences of family planning for women's quality of life
Family Health International, North Carolina

Zimbabwe's successful family planning programme has led to greater contraceptive prevalence among women, increasing from less than 10% in 1980 to 48 % in 1994, with a decline in the total fertility rate from 6.5 in 1984 to an estimated 4.3 in 1994. Research documents the positive consequences of lower fertility on the health of women and children, suggesting that contraceptive use is one means to achieve a more satisfactory life. However, little is known about the cultural meanings of quality of life among women in Zimbabwe and how women perceive the effects of family planning on the quality of their lives.

Family Health International (1999)
The impact of family planning on women's participation in the development process
Family Health International, North Carolina

Socio-economic factors have limited women's role in Zimbabwe's development process. In part, this disadvantage is historic: In the Colonial era, men from rural villages migrated to urban areas to work in commercial agriculture and mining. There they acquired skills and technical experience – opportunities unavailable to women, who remained at home. Despite post-independence legislation that has led to more choices in education and employment, Zimbabwean women today remain subordinate to men in many respects. Family planning often has been promoted as a means to improve countries' economic development. Zimbabwean women have adopted modern family planning methods in large numbers, and fertility and family size have declined. However, the current economy, severely affected by structural adjustment and other factors, has limited the extent to which men and women have been able to realise the economic benefits of smaller families. Yet, it is nonetheless important to understand how contraceptive use affects women's lives and how lower fertility can enhance their ability to participate equally with men in their country's development.

Family Health International (1999)
Women's voices, women's lives: The impact of family planning. A synthesis of findings from the Women's Studies Project
Family Health International, North Carolina

Research findings from the Women's Studies Project are synthesised in this comprehensive report, which identifies 16 crosscutting themes that emerged from research on the impact of family planning on women's lives. This synthesis report includes information on the research process, lessons learned and future directions for research.

Fonn S (2001)
Getting cervical screening onto the agenda
WHP Review 37:30-31

Gardner J & Sloan J (2000)

Two years of safer sex promotion work in escort agencies and message parlours: a review of an NGO's successes and difficulties

Sex Worker Education and Advocacy Taskforce, Cape Town

This paper explores the Sex Worker Education and Advocacy Taskforce's role in working towards the establishment of fair and safe working conditions within massage parlours, escort agencies and brothels during 1999 and 2000. Strategies discussed include: gathering data on key occupational health issues; promoting a tailored safer sex intervention to sex workers; and mainstreaming the work of sex workers as a labour issue. Existing policy documents and legal actions that have facilitated this process will be discussed. The paper also addresses SWEAT's difficulties and learning, particularly in relation to monitoring of industry regulations.

Gibney L, DiClemente RJ & Vermund SH (eds.) (1999)

Preventing HIV in developing counties: Biomedical and behavioral approaches

Plenum Press, New York

Gilks C, Floyd K, Haran D, Kemp J, Squire B & Wilkinson D (1998)

Sexual health and health care: Care and support for people with HIV/AIDS in resource – poor settings

Health and Population Occasional Paper

The purpose of this book is to promote positive attitudes to care and support for people with HIV/AIDS, to review the approaches that are possible and to consider how different options can be made more widely available in resource-poor settings. It follows from a concept note 'Critical approaches to caring for people with HIV/AIDS' prepared for the then Overseas Development Administration (now DFID) in 1995. It is also intended to provide guidance for planners and policy makers on how best to utilise scarce financial and human resources for health and disease in general, and HIV/AIDS care and prevention in particular. It recognises that at present most activities are aimed at reducing HIV transmission and that this must remain the priority focus. However, as HIV/AIDS becomes the leading preventable cause of disease and death globally, the consequences of infection can no longer be ignored and comprehensive strategies to cope with the ever increasing burden of suffering are urgently needed.

Gregson S, Zhuwau T, Anderson RM & Chandiwana SK (1998)

Is there evidence for behaviour change in response to AIDS in rural Zimbabwe?

Social Science and Medicine 46(3):321-30

Data from a study conducted in two rural areas of Manicaland province in eastern Zimbabwe in 1994 revealed significant behavioural changes in response to a growing AIDS epidemic, including delayed onset of sexual relations, increased condom use, and more widespread monogamy: 1 237 women of childbearing age from the Mutasa and Chimanimani districts were interviewed about their knowledge of HIV/AIDS and high-risk behaviours. Knowledge was generally adequate, but there was a lack of awareness of both sexually transmitted diseases as co-factors and HIV's often long asymptomatic incubation period. Greater knowledge of AIDS was associated with a secondary school education, regular newspaper reading, radio and television exposure, and travel to urban areas. 468 women (43%) considered themselves in danger of contracting HIV, primarily because their husband or regular partner had other partners. Personal risk perception was associated with non-marriage, media exposure, and contact with medical services. 44% of respondents had taken personal action to avoid HIV, including abstinence (24%), monogamy (24%), and condom use (7%). Effective behaviour change was associated with greater knowledge of AIDS, personal experience of a friend or relative with AIDS, and personal risk perception; low female autonomy, marital status, economic status, male labour migration, and alcohol consumption were obstacles to change. Better informed single, divorced, and widowed women were more likely to report abstinence as a strategy to avoid HIV, while women who had friends or relatives with AIDS were more likely to cite condom use and avoidance of beer halls. There was no evidence of a strong upward pressure on fertility due to insurance or replacement effects being reinforced by fear of AIDS. The behaviour changes due to HIV are expected to exert further downward pressure on total fertility in rural Zimbabwe.

Harrison A et al (1998)

Gender, risk perception and protective practices in prevention of sexually transmitted diseases: Impact of a rural community health education programme

Reproductive Health Priorities Conference

International Planned Parenthood Federation (2000)

NGO alternative report for the Beijing+5 review: Focus on gender equity and women's rights in sexual and reproductive health

International Planned Parenthood Federation, London

As of March 2000, 165 countries making up more than two-thirds of the members of the United

Nations are party to the Women's Convention. The Convention on the Elimination of all Forms of Discrimination against Women is the most comprehensive human rights document addressing women's rights and providing the relevant context for guaranteeing women's sexual and reproductive health and rights. Although this figure has increased by 25 since the Beijing Women's Conference, discriminatory laws continue to govern marriage, administration of marital property and in the area of sexual and reproductive rights. As we assess global progress in women's status and in particular women's rights, gender equity and equality, we recognise that some progress has been made, however, in the area of reproductive rights there remain several barriers and challenges. This report provides a brief write-up outlining efforts by the International Planned Parenthood Federation's (IPPF) to implement some of the Critical Areas of concern from the Beijing Platform for Action.

Ipas (2001)
Ipas's vision: Protecting women's health, advancing women's reproductive rights
Ipas, North Carolina

Ipas (2001)
Reproductive health in crisis situations: Lessons from the field
Ipas, North Carolina

This section provides a definition of gender-based violence (GBV) and includes some statistics on the world-wide magnitude of GBV. Furthermore, it details the different forms of violence that women face every day ranging from sexual harrassment to female genital mutilation (FGM) and rape. Finally, it examines the impact that GBV has on women's sexual and reproductive health, illustrating the severe nature of the problem, women who have been subjected to violence in many cases experience trauma, depression, unwanted pregnancy or infertility and often chronic and fatal consequences like HIV/AIDS or death.

Jeeves A (2001)
Public health and epidemiology in the era of South Africa's VD pandemic of the 1930s and 1940s
AIDS in Context Conference, Johannesburg

This paper examines debates around the epidemiology of syphillis, the pioneering research that emerged as a consequences and the lessons drawn from it for the development of what today is called community oriented primary care (COPC).

Keller S (1995)
Good reproductive health involves many services
Network 16(1):19-22

Kelly K & Parker W (2001)
From people to places: Prioritising contextual research for social mobilisation against HIV/AIDS
Centre for AIDS Development Research and Evaluation, Johannesburg

This analysis is based on a number of studies of the contextual mediators of public response to HIV/AIDS in nine sites across South Africa. Data is presented in support of the argument that sustainability of behaviour change is contingent upon factors which are largely not within the scope of individual decision making.

Khonde N (2001)
Poverty, sexuality and opportunities for AIDS/STDs in the memory of the Kasapard (1970-2000)
AIDS in Context Conference, Johannesburg

This paper presents the recollections of Kasapards talking of the time when they were students at the Universite de Lumbumbashi, Democratic Republic of the Congo, around the themes of living conditions and sexuality.

Kline A & van Landingham M (1994)
HIV-infected women and sexual risk reduction: The relevance of existing models of behavior change
AIDS Education and Prevention 6(5):390-402

This article utilises constructs of the AIDS risk reduction model to examine condom use in a sample of 215 HIV-infected women in New Jersey, US.

Klugman B (2000)
Sexual rights in Southern Africa: A Beijing discourse or a strategic necessity?
President Fellows of Harvard College, Boston

Korongo A (2001)

Marital sexuality in the context of HIV/AIDS risk: An insight Into the preventative behaviour among Maragoli women in western Kenya

AIDS in Context Conference, Johannesburg

> Government and other HIV/AIDS intervention agencies have made sexual behaviour modification a major component of their preventive strategy in Kenya. As the impact of the epidemic becomes increasingly evident, there has been a worrying revelation that married couples are affected, yet there has been little attempt to understand HIV/AIDS preventive behaviour within the marital context. This paper which is based on quantitative and qualitative data collected among the Maragoli women of western Kenya, examines how married women perceive the risk of HIV infection, and the preventive strategies they adopt. The major finding of this study is that, even with high knowledge of the risk of HIV infection, due to their subordinate economic status and cultural inhibitions, a majority of married women have either low or no capacity to influence marital sexual behaviour related to HIV/AIDS prevention. It is concluded that HIV/AIDS prevention, especially among married women can only be realised by the empowerment of women economically and a change in cultural norms which control sexual relationships and deny women the right to determine their own sexual lives. It is recommend that increased educational opportunities and economic empowerment of women are an important component of the preventive strategy.

Lindsay B, Feijoo AN, Kvasnik S & Augustine J (2001)

An emergency option for preventing pregnancy after sex

Advocates for Youth, Washington DC

Matshazi N (2001)

Leadership course in gender and reproductive health

WHP Review 36:2-5

> This article is based on the leadership course which was facilitated by the Women's Health Project staff. The objectives of the leadership course in gender and reproductive health were to build institutional capacity in training institutions worldwide to offer regionally appropriate, high quality training in gender and reproductive health research, service- delivery and policy development; to increase the number of health planners, managers and policy-makers with both a gender perspective on health; and the technical skills-base needed to increase access, quality and comprehensiveness of reproductive health services.

Medical Research Council (1998)

South Africa: Demographic and health survey, preliminary report

Medical Research Council and Demographic and Health Surveys, Macro International

> This report presents preliminary findings from the 1998 SADHS. It provides the results for key maternal and child health indicators including medical care for mothers during pregnancy and at the time of delivery, infant feeding practices, child immunisation coverage and the prevalence and treatment of diarrhoeal disease among children. It also provides information on women's status, fertility levels, contraceptive knowledge and use and adult health conditions. More detailed results will be presented in the final report which will be published towards the end of 1999.

Mkhonza T (1999)

Exploration of difficulties women encounter in preventing STDs in heterosexual relationships

University of the Western Cape, Masters Dissertation

> South Africa has an incidence of about three million cases of STDs per year. Findings indicate that women between 2O-30 years are most at risk of contracting STDs. A number of health education models have been used to implement preventative measures to combat STDs. However, unsafe sexual behaviours prove difficult to modify. These difficulties could be exacerbated by the psychosocial constraints under which women negotiate safer sex. Hence, the present study seeks to qualitatively explore difficulties experienced by female black students when preventing STDs so as to identify factors contributing to their vulnerability to these infections and to establish the role played by self-efficacy in safer sex negotiations. Findings revealed that experiencing these infections is a stigmatising, painful condition which motivates women to be assertive about their male partners. It is further indicated that women experience the process of condom negotiations differently so that some find it easier to negotiate than others. This is attributed to psychosocial factors like power dynamics within gender relations, sexual myths, different socio-economic positions and cultural influences which confer varying degrees of power to men and women within sexual relationships.

Ntlabati P, Kelly K & Mankayi A (2001)

The first time: An oral history of sexual debut in a deep rural area

AIDS in Context Conference, Johannesburg

> This study involves and analysis of accounts of first and subsequent early sexual experiences in a deep rural area of the Eastern Cape in South Africa. The study explores the period from 1950 to the present and describes the changing nature of sexual experimentation and sexual debut. Contextual factors mediating these changes are explored with special emphasis on the changing regulatory practices around early sexual experiences. The introduction of female contraceptive methods and condoms are understood to have significantly changed early sexual practices and the surrounding cultural practices. More recent changes associated with access to mass media and knowledge of HIV/AIDS are also described. Data is introduced from studies of sexual debut done in other areas of South Africa to understand the particular challenges facing impoverished and rural youth in South Africa which differ from their rural and urban counterparts in important ways. Implications for HIV/STD prevention are discussed.

Ntozi J & Lubega M (1992)

Patterns of sexual behaviour and the spread of AIDS in Uganda

In: Dyson T (ed.) Sexual behaviour and networking: Anthropological and socio-cultural studies on the transmission of HIV, Editions Derouaux-Ordina, Liege: 315-33

Pool R, Maswe M, Boerma J & Nnko S (1996)

The price of promiscuity: Why urban males in Tanzania are changing their sexual behaviour

Health Transition Review 6: 203-221

> This article presents evidence of a substantial change in sexual behaviour among urban factory workers during the last four years; it discusses the nature of this change and the reasons for it. Fear of AIDS was the main motivating factor, followed by economic hardship. Because AIDS is incurable and because sexual relationships have a substantial transactional component, workers see themselves as paying the price of promiscuity with their lives as well as their dwindling financial resources. Respondents preferred partner reduction, and in particular sticking to one partner, to condom use. Condoms were not popular, mainly because of fears that they were impregnated with HIV and because of their association with promiscuous behaviour.

Population Action International (2001)

How reproductive health services and supplies are key to HIV/AIDS prevention

Population Action International, Fact sheet, Series 18

> This fact sheet is based on sexual and reproductive health services, including family planning. It examines the role that they play in the global effort to contain the HIV/AIDS pandemic.

Population Council (2001)

Power in sexual relationships: An opening dialogue among reproductive health professionals

Population Council, New York

> The discussions summarised in this report indicate that gender-based power inequalities hinder communication between partners, limit the ability of individuals and couples to talk about or achieve desired child spacing and family size goals, limit effective use of reproductive services, undercut men's and women's attainment of sexual health and pleasure, and increase substantially their vulnerability to HIV/AIDS and other sexually transmitted infections.

Population Information Program (1996)

New reproductive health focus

Population Information Program, The Johns Hopkins School of Public Health, Baltimore

> Migrants, refugees, and internally displaced persons are among the world's most vulnerable people. Clustered on the margins of cities or culturally isolated within them, housed in camps meant to be temporary, or without homes at all, they often have urgent health needs, including reproductive health. Programmes and relief agencies are beginning to respond to this need.

Rakwar J, Kidula N, Fonck K, Kirui P, Ndinya-Achola J & Temmerman M (1999)

HIV/STD: The women to blame? Knowledge and attitudes among STD clinic attendees in the second decade of HIV/AIDS

International Journal of STDs and AIDS 10(8):543-7

> This study aimed to determine the knowledge and attitudes towards HIV/STDs among women attending an STD clinic by interviewing 520 randomly selected women. Nearly all had heard of HIV/AIDS/STDs, with posters, pamphlets and the radio being the main source of their information. The years of schooling was the only predictive factor of knowing a preventive measure of HIV. Two-thirds thought they were at risk of contracting HIV from their regular partner. Knowledge of the

sexual habits of their male partners was low with 260 (50%) of the women distrusting their partner. Only 52 (10%) of respondents admitted to sex in exchange for gifts or money. In the event of a positive HIV test result, the perceived partner response would be to blame the woman for introducing the infection into the relationship. After a positive HIV test result, only 3.5% would resort to using condoms while another 3.7% would try to pass on the disease to other people. The quality of their knowledge of the transmission of HIV was low in spite of the fact that most respondents have heard of HIV/AIDS/STDs. Violence against women was expected in relation to a positive test result. There is a need for better educative effort on the modes of transmission and prevention of HIV, also in 'low risk' populations.

Ransom EI & Yinger NV (2002)

Making motherhood safer: Overcoming obstacles on the pathway to care

Population Reference Bureau, Washington DC

This booklet describes the current status of maternal health; gives an overview of efforts to address maternal morbidity (injuries sustained during pregnancy and childbirth) and mortality at the international level; suggests ways that governments can reduce maternal mortality; and highlights individual programmes that are working to overcome the obstacles to maternal survival. The focus is on success, as illustrated by stories of women whose lives were saved by innovative programmes.

Reproductive Health Alliance (2002)

Report on 2002 oversight hearing – Choice on Termination of Pregnancy Act

Reproductive Rights Alliance, South Africa

This document is based on the hearing which was to give opportunity to reflect on the impact which the legislation had on women's health and lives. The focus of the hearing was to engage with respective stakeholders who had played a direct or indirect role in the implementation of the law, to identify successes and challenges, with a view to deliberating on the ways in which the implementation of the law could be improved.

Reproductive Rights Alliance (2002)

Barometer: Five years of the implementation of the Choice on Termination of Pregnancy Act, 92 of 1996

Barometer 7

Barometer is a publication of the Reproductive Rights Alliance. It monitors the implementation of the Choice on Termination of Pregnancy Act in order to inform stakeholders within government and civil society on the status of the implementation of the law. The publication aims to provide updated, relevant information to policy makers, health system managers, health care providers and advocacy groups in order to facilitate communication and action to improve effective access to top services for all women in South Africa.

Troth A & Peterson CC (2000)

Factors predicting safe-sex talk and condom use in early sexual relationships

Journal of Health Communication 5(2):195-218

This study explored some of the antecedents and consequences of young adults' beliefs about safe-sex communication in their early couple relationships. The sample consisted of 237 unmarried, heterosexual Australian university students, 16 to 19 years of age, approximately evenly divided between virgins and those with sexual experience. Drawing on a model of couple sexual communication as the product of prior experiences with communication, assertion, and conflict resolution in the family of origin, we examined links between these variables and respondents' attitudes and practices of safe-sex discussion and condom use with their dating partners. The results showed that women and non-virgin men had more positive attitudes toward safe-sex communication than male virgins had. Difficulties with self-assertion outside of the sexual context and mothers' and fathers' use of avoidance as a conflict resolution strategy were negatively correlated with willingness to discuss safe sex, whereas mothers' more frequent safe-sex education was a positive predictor. The results of a hierarchical multiple regression analysis indicated that assertion, paternal conflict avoidance, and male gender were independent predictors of reluctance to negotiate for safer sex. At a behavioural level, positive attitudes to safe-sex discussion predicted having talked about AIDS and condoms with a dating partner as well as actual condom use by the subsample of daters who had experienced sexual intercourse. Implications for improving family and couple communication and for sex education were considered.

Tshukudu D, Rees H, Mqoqi N & Mqhayi M (1999)

The national introduction of the Female Condom and Emergency Contraceptive Pills Program

Reproductive Health Research Unit, Johannesburg

This document reports on the progress made on the National Introduction of the Female Condom and the Emergency Contraceptive Pills Programme and gives results of an interim analysis of data that

was collected over a 10 month period since the beginning of the project in June 1998. The aim of this study is to provide information on what is required at the sites to promote the use of female condoms among clients successfully, as well as the numbers and basic characteristics of clients who are most likely to accept this newly introduced device.

United Nations Population Fund (2000)

Preventing infection promoting reproductive health: UNFPA'S reponse to HIV/AIDS

UNFPA, New York

Wax C (1999)

Reproductive health and rights of young women in the Ammerville community at Fraserburg in the Northern Cape Province and the link with national populations concerns

Annual Conference of the Demographic Society, South Africa

This paper is based on the population policy of South Africa which promotes the view that South Africans, especially women and youth, should be helped to control their own lives. One of the 17 major national population concerns spelled out in the population policy for South Africa (March 1998) is the influence of teenage pregnancy in reducing human development potential.

Williamson N (1998)

How family planning use affects women's lives

Network 18(4)

This article describes 26 field studies of ten diverse developing countries. It concludes that by understanding intricate realities of woman's lives and the factors that affect their reproductive health, family planning programmes can offer services that match women's needs and ultimately improve the quality of their lives.

Wolff B, Blanc AK & Gage AJ (2000)

Who decides? Women's status and negotiation of sex in Uganda

Culture, Health & Sexuality 2(3):322

Women's ability to negotiate the timing and conditions of sex with their partners is central to their ability to control a variety of reproductive health outcomes. Focus group discussions and survey data from 1 356 women and their regular male partners in two districts in Uganda were analysed to explore the nature of sexual negotiation and to test hypotheses about the influence of women's work and marriage institutions on norms and behaviour regarding sexual decision making. Sexual negotiation is characterised by four stages starting with normative precedent for decision making about sex and progressing to communication, disagreement, and conflict resolution. Men are generally reported to have more influence over sex in these settings, but women can and do refuse sex under a variety of circumstances. Education and urban residence consistently enhance women's ability to negotiate sex. The effect of marriage and women's work characteristics depends strongly on district context. It is speculated that certain types of bridewealth agreement inhibit a woman's ability to influence timing and conditions of sex independently of other 'bargaining' resources she may control.

World Alliance for Breastfeeding Action (1998)

WABA position on HIV and breastfeeding

World Alliance for Breastfeeding Action

Wulfsohn AH (2002)

Does PEP work in South Africa?

Gender-based Violence and Health Conference, South Africa

Zeidenstein S & Moore K (eds.) (1996)

Learning about sexuality: A practical beginning

Population Council, New York

Family planning and reproductive health programmes have rarely considered sexuality, gender roles, and power in designing and providing services. Sex has been perceived as too 'private' and gender roles as 'impossible to change' and socially and politically 'sensitive.' This collection of essays by social and biomedical scientists, family planning and reproductive health providers, and health activists from over a dozen countries is intended to stimulate further thinking and action about sexuality within the fields of family planning and reproductive health.

Youth

Advocates for Youth (2001)
Young people 'sound alarm' on HIV/AIDS prevention
Advocates for Youth, Washington DC

Balmer DH, Gikundi E, Billengsley MC, Kihuhi FG, Kimani M, Wang'ondu J & Njoroge H (1997)
Adolescent knowledge, values, and coping strategies: Implications for health in sub-Saharan Africa
Journal of Adolescent Health 21:33-38

Basen-Engquist K & Parcel GS (1992)
Attitudes, norms, and self-efficacy: A model of adolescents' HIV-related sexual risk behaviour
Health Education Quarterly 19(2):263-277

Using data from a cross-sectional, statewide survey of 1 720 Texas ninth-graders in 13 school districts, a model of psychosocial predictors HIV-related sexual risk behaviour is tested. Predictor variables in the model, based on variables from the theory of reasoned action and social learning theory, are attitudes, norms, self-efficacy, and behavioural intentions.

Buga GA, Amoko DH & Ncayiyana DJ (1996)
Adolescent sexual behaviour, knowledge and attitudes to sexuality among school girls in Transkei, South Africa
East African Medical Journal 73(2):95-100

In Transkei, South Africa, 25% of births are to teenagers, 75% of whom are unmarried. To investigate the factors associated with adolescent sexual activity and facilitate the design of preventative programmes, a self-administered questionnaire was provided to 1 025 females from 21 secondary schools: 74.6% were already sexually active; 18.7% had initiated coitus before menarche. Only 182 (23.5%) of these teens had ever used a modern method of contraception and 241 reported at least one pregnancy. Major reasons cited for initiating coitus included forced by partner (28.4%), peer pressure (20.0%) carried away by passion (15.1%) to prove normality (11.7%) and to prove love of boyfriend (10.1%). The reasons provided by sexually inexperienced girls for delaying intercourse included religious values (24.4%), fear of pregnancy (23.8%), wish to wait for marriage (20.0%), fear of AIDS (15.6%), not emotionally ready (8.6%) and fear of STDs and AIDS (6.4%). Knowledge of reproduction was low, with only 19% able to identify the fertile phase of the menstrual cycle. The majority of experienced (64.0%) and inexperienced (73.5%) girls disapproved of premarital sex while still in school; only 27.6% and 11.4%, respectively, supported the inclusion of sex education in the school curriculum. Overall, these findings indicate the early sexual maturation, early onset of dating, and poor knowledge of reproductive biology and contraception represent risk factors for unprotected sexual activity in this population and suggest a need for school-based family life education introduced before girls initiate sexual activity

Campbell C, Macphail C, Williams B & Mzaidume Y (2001)
Poverty, gender and the development of critical consciousness: Participatory HIV prevention by South African township youth
AIDS in Context Conference, Johannesburg

This paper examines the way in which social context shapes and constrains the likelihood of the so-called 'empowerment' of young township women within the context of a critical discussion of a school-based participatory peer education programme aimed at reducing HIV transmission in a South African township – in the context of current interest in participatory approaches to HIV prevention. In this area of interest, recent research found that HIV prevalence is 0.2% and 8% at age 15, and 39% and 58% for men and women aged 25 respectively. Despite high levels of infection and high levels of HIV related knowledge, levels of perceived vulnerability are low, and unprotected sex is common. Unsurprisingly, gender identity plays a key role in high-risk sexual behaviour. It is in the context of our interest in the way in which social relations of gender and poverty shape and constrain the possibility of changing gender norms as an HIV prevention strategy that this paper provides a critical case study of the potential of peer education to 'empower' young people to protect their sexual health.

Collins T & Stadler J (2001)
Love, passion and play: Sexual meaning among youth in the Northern Province of South Africa
AIDS in Context Conference, Johannesburg

This paper investigates some of the subjective 'reasons' for unprotected sexual intercourse presented by young people in the Northern Province of South Africa. A series of focus group discussions conducted with a total of 246 mixed sex youth (aged 15-21 years) and longitudinal case studies completed with 10 mixed sex youth (aged 16-21 years) have led to systematic mapping of discursive categories.

Coombe C (2001)
HIV/AIDS and trauma among learners: Sexual violence and deprivation in South Africa
University of Pretoria, Faculty of Education, Pretoria

Christopher S & Roosa MW (1990)
An evaluation of an adolescent pregnancy prevention program: Is 'just say no' enough?
Family Relations 39:68-72

This paper presents the results of a study that evaluated the impact of a premarital sexual abstinence promotion programme that targeted middle school-age children.

Cunningham RM, Stiffman AR, Dore P, Earls F & Warren G (1994)
The association of physical and sexual abuse with HIV risk behaviours in adolescence and young adulthood: Implications for public health
Abuse and Neglect 18(3):233-45

This paper explores the relationship between changes in HIV risk behaviours and physical and sexual abuse. A stratified random sampling procedure selected 602 youths from a sample of 2 787 patients seen consecutively at public health clinics in 10 cities. Face-to-face structured interviews conducted since 1984-85 provide a history of change in risk behaviour from adolescence to young adulthood. Univariate and bivariate analyses assessed differences in demographic and number and type of risk behaviours between those experiencing single or multiple types of abuse and those with no abuse history at all. The results show that a history of physical abuse, sexual abuse, or rape is related to engaging in a variety of HIV risk behaviours and to a continuation or increase in the total number of these behaviours between adolescence and young adulthood. This information might help practitioners to both prevent initial involvement in HIV risk behaviours and to prevent continuation of behaviours as youths move into young adulthood.

de Bruyn M & France M (2001)
Gender or sex: Who cares? Skills-building resource pack on gender and reproductive health for adolescents and youth workers
Ipas, North Carolina

This resource pack, which includes a manual, curriculum cards and overhead transparencies/handouts, provides an introduction to the topic of gender and sexual and reproductive health (SRH).

Dehne K & Riedner G (nd)
Adolescence: A dynamic concept
Reproductive Health Matters

This paper describes the social, economic, cultural, legal and health issues that affect the experience of adolescence. It shows that while young people around the world may experience the same physical changes and sensations during adolescence, the manner in which these are interpreted and give rise to social and legal proscriptions varies tremendously.

Dehne K & Riedner G (nd)
Sexually transmitted infections among adolescents: The need for adequate health services
Reproductive Health Matters

This article emphasises the need for STI services to teenagers to be high on the agenda of STI programme planners and adolescents' health programmers alike.

Dickson-Tetteh K, Pettifor A & Moleko W (nd)
Working with public sector clinics to provide adolescent-friendly services in South Africa
Reproductive Health Matters

Health care facilities can play an important role for adolescents in preventing health problems, in promoting sexual and reproductive health, and in shaping positive behaviours. The National Adolescent-friendly Clinic Initiative (NAFCI) is an accreditation programme designed to improve the quality of adolescent health services at primary care level and strengthen the public sector's ability to respond to adolescent health needs.

Eaton L (2002)
Unsafe sexual behaviour in South African youth
Norway Social Science & Medicine, Research Centre for Health Promotion, University of Bergen

A growing body of evidence points to the complexity of sexual behaviour. HIV risk behaviour is influenced by factors at three levels: within the person within the proximal context (interpersonal

relationships and physical and organisational environment) and within the distal context (culture and structural factors). This paper presents the findings of a review of research on the factors promoting and perpetuating unsafe sexual behaviour in South African youth. Papers included in the review were dated between 1990 and 2000 and addressed sexual behaviour of youth between the ages of 14 and 35 years.

Feijoo AN (2001)

ECPs are an important option for adolescents but barriers unnecessarily limit access to ECPs

Advocates for Youth, Washington DC

This study found that about 17% of sexually active teens did not use contraception at most recent sexual intercourse. Teens who use contraceptives, like their adult counterparts, do not always use them consistently or correctly. Compared to 'typical users,' unmarried, non-cohabiting women, including adolescents, tend to have higher contraceptive failure rates.

Feijoo AN & Pagliaro S (2001)

Teens and emergency contraceptive pills: Issues for health care providers & educators

Advocates for Youth, Washington DC

Use of emergency contraceptive pills (ECP) is a method of preventing pregnancy after unprotected intercourse, when regular contraception fails, or when a woman fears that her regular contraception may have failed. ECP is not the only method of emergency contraception available in the United States, but it is the method most commonly recommended for teenage women. As such, ECP is an option that could annually avert as many as 50% of pregnancies and consequent abortions among American teens. ECP cannot cause abortion because the pills have no effect after a pregnancy is established.

Harrison A, Xaba N & Kunene P (nd)

Understanding safe sex: Gender narratives of HIV and pregnancy prevention by rural South African school going youth

Reproductive Health Matters

Harrison A, Xaba N, Kunene P & Ntuli N (2001)

Understanding young women's risk for HIV/AIDS: Adolescent sexuality and vulnerability in rural KwaZulu-Natal

Society in Transition: Journal of the South African Sociological Association 32(1):69-78

Hlongwa L (nd)

Comparing the lifestyle of urban and rural youth: A case of two schools in KwaZulu-Natal

Reproductive Health Research Unit, Johannesburg

A study was conducted with school going youth in two settings – rural and township. This paper presents findings from these schools, indicating demographics of respondents, their media preferences, sources of information on sexuality and reproductive health, and sexual behaviour and practices.

Howard M & McCabe HB (1990)

Helping teenagers postpone sexual involvement

Family Planning Perspectives 22:21-6

The programme was implemented in health education classes. Classrooms of students were assigned to programme and comparison groups, sometimes randomly. The comparison group received the existing sex education programme of equal length taught in that school; the programme group received the Reducing the Risk program. The programme included 15 sessions, and was based on social learning theory, cognitive behavioural theory, and social innoculation theory. The programme placed a strong emphasis on avoiding unprotected sex either by avoiding sex or using protection. Activities were often experimental: there were many role-playing activities to build skills and self-efficacy. Questionnaires were administered at baseline, 6 months later, and 18 months later. A greater proportion of students who were abstinent before the programme successfully remained abstinent, and unprotected intercourse was significantly reduced for those students who became sexually active, especially among females.

International Women's Health Coalition (2000)

Generation 2000: Changing girls' realities

International Women's Health Coalition, New York

'Generation 2000: Changing Girls' Realities' is a film about adolescent girls in Nigeria, narrated by Jane Fonda in collaboration with the International Women's Health Coalition (IWHC).

Irvin A (2000)

Taking steps of courage: Teaching adolescents about sexuality and gender in Nigeria and Cameroon

International Women's Health Coalition, New York

Since 1990, the International Women's Health Coalition (IWHC) has supported colleagues in Nigeria and Cameroun who are working with young people on sexual and reproductive health and gender roles. In 1990, the recently established Action Health Incorporated (AHI) of Nigeria asked IWHC to support its efforts to reduce the incidence of teenage pregnancy. Since that time many other individuals and organisations have become interested in their work. In Nigeria, IWHC collabourates with the Girls' Power Initiative (GPI), the Conscientizing Nigerian Male Adolescents (CMA) program, the Empowerment and Action Research Center (EMPARC), the Adolescent Health and Information Project (AHIP), and, in Cameroun, Femmes, Santé et Développement, among others. This paper outlines some of the lessons about sexuality education that have emerged from our shared experience. The first section describes very briefly the changing context of adolescence in Cameroun and Nigeria. The second discusses what is meant by sexuality and sexuality education as well as some basic guidelines for teaching this topic. The final section outlines issues to consider when developing programmes in specific contexts. Although the ideas presented may not be shared by everyone who has been involved in these particular initiatives, they are the products of ongoing, collabourative experimentation, programme assessment, direct observation, and discussion.

Jackson E & Harrison A (1999)

Sexual myths around HIV/STDs and sexuality: The gap between awareness and understanding amongst rural South Africans

African Population Conference 3:153-176

Jewkes R, Vundule C, Maforah F & Jordaan E (2001)

Relationship dynamics and teenage pregnancy in South Africa

Social Science and Medicine 52(5):733-744

Teenage pregnancy is extremely common in South Africa. Whilst its 'problematic' nature is a subject of debate, it reflects a pattern of sexual activity which puts teenagers at risk of HIV. Currently one in five pregnant teenagers is infected with the virus. This creates a new imperative to understand teenage pregnancy and the pattern of high risk sexual activity of which it is one consequence. This was an exploratory study undertaken to investigate factors associated with teenage pregnancy amongst sexually active adolescents in an urban and peri-urban context. The study used a matched case control design, with 191 cases and 353 school or neighbourhood, age-matched controls. Subjects were under 19 years and recruited from township areas of Cape Town. A structured questionnaire was used to obtain information on socio-economic factors, contraceptive knowledge and use, and sexual behaviour. Conditional logistic regression was used to analyse the relationship between teenage pregnancy and the factors investigated. The results presented focus on relationship dynamics and their association with the risk of pregnancy. Both groups of teenagers had been dating for a mean of two and a half years and about half were still with their first sexual partner. The partners of the pregnant teenagers were significantly older, less likely to be in school and less likely to have other girlfriends. The pregnant teenagers were significantly more likely to have experienced forced sexual initiation and were beaten more often. They were much less likely to have confronted their boyfriend when they discovered he had other girlfriends. Multiple modelling shows that both forced sexual initiation and unwillingness to confront an unfaithful partner are strongly associated with pregnancy and also related to each other. We argue that the associations are mediated through unequal power relations within the relationship which are reinforced by violence. We further discuss indicators of greater intimacy within relationships of the pregnant teenagers which may suggest that more of the pregnancies were wanted than was suggested. Both of these conclusions pose critical challenges for health promoters.

Kaloff L (1995)

Sex, power and dependency: The politics of adolescent sexuality

Youth and Adolescence 24(2)

Kaplan M & Van den Worm Y (1993)

The relationship between South African adolescents' knowledge and fear of AIDS and their attitudes toward people who have AIDS

Journal of Social Psychology 133:581-583

In this study it was hypothesised that there was a correlation between (a) fear of AIDS and knowledge (b) less fear of AIDS and a positive attitude toward people who have AIDS, (c) knowledge of AIDS and a positive attitude toward people who have AIDS, and we examined whether there was a difference between adolescent males' and adolescent females' knowledge of AIDS and their attitudes toward people who have AIDS. Pearson correlation revealed that there was no significant correlation between knowledge of AIDS and fear scores and no significant correlation between knowledge and attitude scores for the total group. The present research confirms that there is a relation between fear and attitudes towards AIDS

Kaufman CE, de Wet T & Stadler J (2000)

Adolescent pregnancy and parenthood in South Africa

Population Council, Policy Research Division Working Paper 136, Washington DC

South Africa's total fertility rate is estimated to be one of the lowest in sub-Saharan Africa, less than 3.0 births per woman nationally and declining. At the same time, adolescent childbearing levels remain high; more than 30% of 19 year old girls are reported to have given birth at least once. Using evidence from focus groups conducted in urban and rural areas in South Africa with young black women and men, and with the parents of teenage mothers, we consider the experience of early parenthood. Specifically, the analysis explores four aspects of teenage childbearing as it relates to key transitions into adulthood: the advent of a pregnancy and the decision to terminate or carry the pregnancy to term; the conditions under which 'damages' (a fine for the boy's behaviour that also effectively assigns paternity even if no marriage follows) are denied, paid, or refused; the impact of early childbearing on school, work, and marriage; and consequences of premarital childbearing on future relationships, including subsequent fertility. The study has found that in South Africa, in contrast to many other settings, teenage mothers may return to school once they have given birth and that this opportunity is strongly related to a long delay before the birth of a second child. Education is also strongly associated with the valuation of brideprice: girls who are better educated bring a higher price, which may encourage parents to support their daughters' schooling, and perhaps also their return to school following early pregnancy and childbirth. Babies born to teenage parents are extremely vulnerable. Because the baby is usually born premaritally and subsequent marriage between mother and father is uncommon, the support and maintenance of the child are subject to paternal recognition and commitment. The presence of a baby also generally means a lower brideprice for a future marriage; first-born children are sometimes kept secret from prospective grooms to maintain higher brideprice.

Kelly K & Parker W (2000)

Communities of Practice: Contextual mediators of youth response to HIV/AIDS

Beyond Awareness Campaign, Department of Health, Pretoria

Reports on results of an investigation of youth response to HIV/AIDS in six sentinel sites across South Africa. The sites cover rural and urban communities and the study draws on a sample of 760 youth and young adults (15-30 years of age). Firstly, the study examines the media and communication contexts in which youth response to HIV/AIDS is embedded. Secondly, the study looks closely at factors which mediate HIV infection risk management practices amongst youth. Specific issues covered include factors influencing: sexual activity and frequency; age at sexual debut; age differentials between sex partners; sexual negotiation and decision making; condom acquisition and use; and prevention choices. Thirdly, in examining social mobilisation and care trends, the following issues are examined: attitudes and changes in attitude to people directly affected by HIV/AIDS; interpersonal communication and advocacy; and community level mobilisation. The study points to the need to move beyond largely untheorised and unresearched message-based education efforts which have characterised South African attempts to respond to the AIDS crisis amongst youth. The study rather endorses a framework for development oriented intervention, which is action research based and which is proactive in identifying and addressing the contextual factors which mediate youth response to HIV/AIDS.

Kelly K, Parker W and Oyosi S (2002)

Making AIDS our problem: Young people and the development challenge in South Africa

Save the Children (UK), Pretoria

This study involves an exploration of the challenges of HIV prevention in two different communities, based on the findings of Pathways to Action, a literature review of youth behaviour in South Africa. The study includes exploration of the mediators of HIV/AIDS response in each of these communities; engaging young people in the challenges of reorienting their personal, interpersonal, communal and social lives in a way that is conducive to HIV prevention and engaging the community context through exploring and addressing the community and social dynamics (including service delivery) that impact on young people's responses to HIV/AIDS.

Khumalo Z (2000)

Self report factors related to HIV/AIDS among Zululand university students

University of Zululand, Masters dissertation

Kimani P & Obanyi G (2000)

Kenyan youth take the stage to challenge HIV/AIDS myths and stigma

Impact on HIV 2(1):19-23

This article focuses on combating HIV/AIDS myths and stigma through organising performances by and for youth in communities in Kenya, with performances that stimulate thought-provoking discussions about the HIV/AIDS epidemic.

Lammers C, Ireland M, Resnick M & R Blum (2000)

Influences on adolescents' decision to postpone onset of sexual intercourse: A survival analysis of virginity among youths aged 13 to 18 years

Journal of Adolescent Health 26(1):42-48

Previous research has focused on risk factors associated with early onset of sexual intercourse among adolescents. This study hypothesises that protective factors identified for other health compromising behaviours are also protective against early onset of sexual intercourse. The study sample included 26 023 students in grades 7-12 (87.5% white, 52.5% male) who did not report a history of sexual abuse in a statewide survey of adolescent health in 1988. Bivariate analyses were stratified into early (13-14 years), middle (15-16 years) and late (17-18 years) adolescence and by gender, Cox proportional hazards survival analysis, stratified by gender, was used to determine risk and protective factors associated with delayed onset of sexual intercourse. Variables showing a significant bivariate association with lower levels of sexual activity across all age groups and genders were: dual-parent families, higher socio-economic status (SES), better school performance, greater religiosity, absence of suicidal thoughts, feeling adults or parents cared, and high parental expectations. High levels of body pride were associated with higher levels of sexual activity for all age and gender groups. In the multivariate survival analyses, variables significantly associated with delayed onset of sexual activity for both males and females included: dual-parent families, higher SES, residing in rural areas, higher school performance, concerns about the community, and higher religiosity. High parental expectations were a significant protective factor for males but not for females. While many protective factors are not subject to intervention, the present analyses indicate that teen pregnancy prevention may be enhanced by addressing family and educational factors.

Leclerc-Madlala S (2002)

Youth, HIV/AIDS and the importance of sexual culture and context

Centre for Social Science Research, Cape Town

This paper focuses on the socio-cultural context in which the enactment of 'high-risk' youth sexual activity takes place. It is divided into two parts: the first examines the general body of research on HIV/AIDS and youth, with particular reference to South Africa; the second discusses some recent findings from ongoing ethnographic research at St Wendelin's, a peri-urban Zulu speaking community in Durban, on aspects of sexual culture that enhance the spread of HIV/AIDS. Currently it is estimated that between 30-40% of the adult population of KwaZulu-Natal is HIV infected (Whiteside and Sunter 2000). As a whole, African communities in the greater metropolitan Durban area, and indeed throughout KwaZulu -Natal province, represent high seroprevalence epicentres for HIV/AIDS.

Lewis J (2000)

Mobilising gender issues – Report from the living for tomorrow project on youth, gender and HIV/AIDS prevention

Nordic Institute for Women's Studies and Gender Research, Norway

This report presents an overview of the work undertaken by the NIKK Living for Tomorrow project. The project was based at NIKK in Oslo and ran for three years from 1998-2000 with central collaboration with youth programmes in Estonia. In response to the urgent need for young people to become more actively and effectively involved in stemming the HIV/AIDS epidemic, Living for Tomorrow aimed to combine gender theory and research with action implementation to approach sexual safety and HIV prevention with a challenging focus on gender.

Machel J (nd)

Unsafe sexual behaviour among schoolgirls in Mozambique: A matter of gender and class

Reproductive Health Matters

This study examines the reasons why young women aged 14-20 in Maputo, Mozambique were engaging in risky sexual behaviour, and to ascertain whether the spread of HIV is due to socio-economic factors and/or patriarchal beliefs and mores, or both.

Macquarrie K (2001)

Making VCT more youth-friendly: Designing services to reach young people

Horizons Report 5-7

Not all VCT services designed primarily for adults are effective and appropriate for young people. This article examines cases in Uganda and Kenya.

Manzini N (2000)

Sexaul initiation and childbearing among adolescent girls in KwaZulu-Natal, South Africa

Reproductive Health Matters

This paper is based on a 1999 survey in South Africa which identified age of sexual debut and child bearing among adolescent girls in KwaZulu-Natal.

Mbizvo MT et al (1995)

Reproductive biology knowledge, and behaviour of teenagers in East, Central and Southern Africa: The Zimbabwe case study

Central African Journal of Medicine 41(11):346-354

Murphy DA, Rotheram-Borus MJ & Reid HM (1998)

Adolescent gender differences in HIV-related sexual risk acts, social-cognitive factors and behavioural skills

Journal of Adolescent Health 21(2):197-208

Variations in perceived HIV risk, peer and partner social norms regarding safe sex, self-efficacy, outcome expectancies, and risk-reduction skills (condom use competence and safe sex negotiation) based on gender and sexual risk level were assessed among heterosexual, sexually active, inner city adolescents. Lower sexual risk status was significantly associated with positive partner norms toward safer sex and with favourable partner reaction outcome expectancies. Interaction effects between gender and sexual risk level were found. Outcome expectancies related to approval from others for safer sex were lowest for females in the low-risk group and for males in the high-risk group. Females perceived peers as more positive about safer sex practices, while males perceived sexual partners as more positive. Additionally, females had higher self-efficacy for making condom use enjoyable and planning to avoid risk situations, but were less comfortable than males when demonstrating condom skills. Adolescents' HIV prevention programmes must be tailored for gender and risk status.

Ngwenya S, Madonsela T, Morewane R & Malekutu D (1999)

Public health's response to adolescents' sexual and reproductive health's needs: Three case studies from rural health clinics in Northern Province

Pattman R (nd)

Researching student identities and addressing AIDS in institutions of higher education in Southern Africa

University of Botswana, Gaborone

This paper suggests that appropriate and effective sex education must focus upon student sexual cultures and how students construct their identities in relation to others, especially in relation to people of the opposite sex.

Planned Parenthood Association of South Africa (1992)

Responsible teenage sexuality

Planned Parenthood Association of South Africa, Johannesburg

PPASA's Responsible Teenage Sexuality is a comprehensive book for anyone working in the field of sexuality education. It has 25 modules covering topics such as; anatomical and physiological changes, emotional development, relationships, decision making, contraceptives, sexual abuse and many other issues. This book has been successfully used in the PPASA schools programme by teachers and PPASA educators.

Population Reference Bureau (2000)

The world's youth 2000

Population Reference Bureau, Washington DC

This paper consists of four parts. First, the theoretical developments and empirical record on teenage childbearing and on marriage and union formation for the region are outlined, paying particular attention to Caldwell, Orubuloye, and Caldwell's (1992) thesis positing a 'new' type of fertility transition for the region, a recent analysis of DHS trends by Kirk and Pillet (1998) and Cohen (1998), and the arguments put forth by Bledsoe and Cohen (1993). After describing the methodology and data, the way in which each aspect of early childbearing and marriage unfolds for young people as they take on adult responsibilities is described. Finally, the theoretical and policy implications of our findings are discussed.

Population Reference Bureau (2001)

Youth in sub-saharan Africa: A chartbook on sexual experience and reproductive health

Population Reference Bureau, Washington DC

This journal deals with HIV priorities and responsibilities, getting good medical care, stories of HIV positive women, pap smears for survivors of sexual abuse, general women's news, nutrition in the HIV positive woman, the ups and down of drug levels, fungus among us and the importance of sequencing in treatment options.

Richter L (1996)

A survey of reproductive health issues among urban black youth in South Africa

Society for Family Health, South Africa

The Society of Family Health (SFH) approached CERSA (Pretoria) and the Transvaal School of Public Health in January 1995 with the request to undertake a survey of reproductive health issues among urban black youth in cities in South Africa that were going to be included in a social marketing campaign to promote AIDS awareness and the increased use of condoms among young people. After some discussion, a draft proposal and questionnaire was produced and this was reviewed both in South Africa and in the US. The final proposal and questionnare modified along the lines suggested by reviewers, was approved by the Ethics Committee of the Medical Research Council and submitted to SFH in April 1995.

Rutenberg N, Kehus-Alon C, Brown L, Macintyre K, Dallimore A & Kaufman C (2001)

Transitions to adulthood in the context of AIDS in South Africa: Report of Wave 1

Population Council, New York

This document is a prospective study of reproductive behaviour and sexual health of adolescents in South Africa as well as their education and employment experiences, family and environmental conditions, and other factors in their lives that may influence their sexual behaviour and choices. The study is designed to make an important contribution to our understanding of how the national Life Skills Programme works and its effectiveness in changing the behaviour of students.

Skinner D (nd)

How the youth in two communities make decisions about using condoms

AIDS and Society Research Unit, University of Cape Town, Cape Town

This paper examines how the youth in two communities near Cape Town make decisions about condom usage. The research collected information from 43 in-depth interviews, two focus groups and a survey of 406 respondents.

Swart-Kruger JM & Richter L (1997)

AIDS-related knowledge, attitudes and behaviour among South African street youth: Reflections on power, sexuality and the autonomous self

Social Science and Medicine 45(6):957

Thorpe M (2001)

Shifting discourse – Teenage masculinity and the challenge for behavioural change

AIDS in Context Conference, Johannesburg

This paper explores teenage gender relationships and sexuality in the context of the HIV/AIDS epidemic, with a focus on masculinity and its relations to risk-taking behaviour.

UNAIDS (1999)

Sex and youth: Contextual factors affecting risk for HIV/AIDS

UNAIDS, Geneva

This document addresses young people and risk taking in sexual relations; community responses to AIDS; and use of female condoms, gender relations and sexual negotiation.

UNICEF (nd)

Youth speak out for a healthy future

UNICEF, New York

This study was commissioned by UNICEF and carried out by the National Progressive Primary Health Care Network (NPPHCN). The purpose of the study was to examine young people’s knowledge and experience of sexuality and to investigate the most appropriate communication channels for sexual and health messages. This study came at an opportune time for the National AIDS Programme (NAP) of the NPPHCN which had been in the process of developing a training module on sexuality speak-out forums within communities in which it worked. The purpose of these forums was to bring together parents, students, teachers, principals and religious leaders to talk about introducing sexuality education into the school curriculum. They provided an opportunity for communities to debate what should be included in such a curriculum, who should teach it and what methodology should be used.

Van Eden K (1998)
Rites of passage as the basis of programme development for young people at risk in South Africa
University of Cape Town, Masters dissertation

Attempts to understand the mechanisms which lead adolescents into socially unacceptable behaviour by exploring the potential for using the notion of de-labelling as the basis for intercepting and transforming juvenile deviance. Rites of passage are focal and are described in detail in an attempt to assess the value of rites of passage for youth at risk in South Africa. The research aims to understand rites of passage in order to formulate a framework of guidelines to make present programmes more effective and to strengthen the foundation for future work in programme development. The study also explores rites of passage in the development of a programme of de-labelling and designs a rites of passage programme. The main themes of the study are: looking at the consequences of self and public labelling in terms of labelling theory and Erikson's psychosocial theory of adolescent identity formation in an attempt to understand how young people redefine themselves; exploring the role of the mythical hero, and discussing traditional initiation; and describing and evaluating a pilot rites of passage project which serves as the basis for the development of a de-labelling programme. The findings of this study suggest that it is possible to reinstate rites of passage in the form of a de-labelling programme. It is suggested that there is a need to go beyond an isolated programme by providing containment of young people in the form of community support and mentoring.

Varga C (1997)
Sexual decision-making and negotiations in the midst of AIDS: Youth in KwaZulu-Natal
Health Transition Review 7(Supplement 3):45-67

This paper addresses issues surrounding sexual negotiation and decision-making among black South African youth in the face of AIDS. It explores choices made by young men and women regarding sexual activity and the extent to which it is influenced by HIV/AIDS.

Varga C (1999)
South African young people's sexual dynamics: Implications for behavioural responses to HIV/AIDS
In: Caldwell J et al (eds.) Resistances to behavioural change to reduce HIV/AIDS infection in predominantly heterosexual epidemics in third world countries

HIV infection among South African youth is escalating rapidly. Recent (1998) estimates suggest that 21% of women between the ages of 15 and 19 years are infected, nearly double the previously recorded (1997) rate of 12.7% in this age group. This chapter explores the potential contribution of sexual dynamics to the spread of HIV among youth. Data were collected through focus-group discussions, narrative research method, and in-depth interviews. Study participants were Zulu-speakers aged between 11 and 24 years. Results suggest that safer sexual practices and partner agreement on means to prevent HIV infection are hindered by several factors, including sexual violence and coercion, condoms' negative symbolism, gender imbalance in sexual decision-making, and peer pressure concerning sexual performance. Nonetheless, there are signs of potential for behavioural change. Awareness of HIV's life impact and self-perceived risk of infection is growing. Young people are questioning gender stereotypes leading to unsafe sexual behaviour.

Varga C (2000)
Young people, HIV/AIDS, and intervention: Barriers and gateways to behaviour change
Development Bulletin 52

Varga C & Makubalo E (1996)
Sexual (non) negotiation among black African teenagers in Durban, South Africa
Agenda 28:31-8

Weiss E, Whelan D & Gupta GR (2000)
Vulnerability and opportunity: Adolescents and HIV/AIDS in the developing world – Findings from the women and AIDS research program
International Center for Research on Women, Washington DC

In developing countries up to 60% of all new HIV infections are among 15-24 year-olds, with females outnumbering males two-to-one. Vulnerability and opportunity argues that the factors that influence sexual risk among youth, such as the lack of information and services, are social, cultural, and economic forces that result in gender differences in sexual experiences, expectations, and the ability to adopt HIV/STD preventive behaviours. These factors have their roots in the power imbalance characteristic of gender relations found in childhood and adolescence, with women having less access to critical resources than men.

Wood K, Maepa J & Jewkes R (2000)
Adolescent sex and contraceptive experiences: Perspectives of teenagers and clinic nurses in the Northern Province
Unpublished

The aim of the study was to contribute to the accessibility and quality of contraceptive provision for teenage women in the Nothern Province.

Wood K, Maforah F & Jewkes R (1996)
Sex, violence and constructions of love: adolescent sexual relationships in an African township in Cape Town
Medical Research Council, South Africa

Wood K, Maforah F & Jewkes R (1996)
Sex, violence and constructions of love among Xhosa adolescents: Putting violence on the sexuality education agenda
Medical Research Council, Technical Report, South Africa

World Health Organisation (1997)
Coming of age: From facts to action for adolescent sexual and reproductive health
WHO, Geneva

This guide focuses on the sexual and reproductive health of adolescents and provides guidance on the actions that should be undertaken in three phases over a 5-6 month period to carry out a rapid situation analysis of adolescent sexual and reproductive health.

World Health Organisation (2002)
Young people and HIV/AIDS: Opportunity in crisis
UNICEF, WHO and UNAIDS, Geneva

This report contains new data about why young people are key to defeating the global HIV/AIDS epidemic, including results from more than 60 national surveys. This report also underscores the urgent need for governments and civil society everywhere to work with young people on effective prevention, treatment and care strategies for them.