Changing the River’s Flow Newsletter
Issue 01 / 2009

The Umbrella
Safe from GBV and HIV

 Dialogue is at the very heart of change

▶ GBV and its critical linkages with HIV and culture

▶ Community Dialogue has the POWER to make a difference
Acknowledgements

SAfAIDS would like to thank everyone who contributed to this edition of The Umbrella - Safe from GBV and HIV. Producing this publication would not have been possible without the valued contributors who provided articles, photographs, insights and valuable information to our readers. The NGO sector must be applauded for all the courageous work that is being done in the response to GBV and HIV in southern Africa, including all the CBOs, FBOs and those individuals who selflessly volunteer and contribute in small - yet - big ways to soothe the pains brought on by the twin epidemics.

Most of all, we would like to express our gratitude to all the individuals who provided positive feedback - and especially those who shared their personal stories and victories with us: those individual voices that continue to inspire change in all our communities - and give us hope for the future.

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African symbol of life transformation

SESA WORUBAN
"I change or transform my life"

This symbol combines two separate adinkra symbols, the "Morning Star" which can mean a new start to the day, placed inside the wheel, representing rotation or independent movement.

“As long as we take the view that these are problems for women alone to solve, we cannot expect to reverse the high incidence of rape and child abuse … and domestic violence. We do know that many men do not abuse women and children; and that they strive always to live with respect and dignity. But until today the collective voice of these men has never been heard, because the issue has not been regarded as one for the whole nation. From today those who inflict violence on others will know they are being isolated and cannot count on other men to protect them. From now on all men will hear the call to assume their responsibility for solving this problem.”

President Nelson Mandela - one of the greatest role models propagating peace in our lifetime - at the National Men’s march in South Africa, 1997
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Gender Based Violence (GBV) and HIV are modern-day realities requiring involvement from everyone. And everybody has a role to play in stopping the spread of HIV and creating a society free of violence, which supports people living with HIV.

Within the pages of The Umbrella – Safe from GBV and HIV Newsletter, the first issue under the SAfAIDS Changing the River’s Flow series programme - we seek to build bridges of hope and renewed energy towards responding to gender-based violence, HIV and the promotion of women’s rights within the context of culture across southern Africa. We anticipate that this Newsletter shall foster increased and widened dialogue for change between all stakeholders around these challenging topics and realities.

There are still tremendous challenges ahead for all of us in the struggle to address the realities of GBV, while also meeting seemingly insurmountable HIV prevention and treatment goals. And even when the challenges confronting us seem overwhelmingly difficult, the first step must be dialogue. Grounded in faith in our shared humanity, frank discourse can transcend all differences of background, values and perspectives.

Dialogue is at the very heart of change, and what is urgently required in the region is collective and continued efforts to pool the wisdom and experiences gained from efforts exerted to date, and actively promote dialogue among all stakeholders, custodians of culture, people living with HIV (PLHIV) and communities. Full attention should be paid to reflecting women’s perspectives and including the voices of young people, towards the eventual empowerment of communities as a whole.

Given the number of critical problems the southern African region is facing, mutual understanding is needed now more than ever. The UN designated this year as the International Year of Reconciliation, and 2010 the International Year for the Rapprochement of Cultures – clearly demonstrating the degree to which the UN values tolerance and dialogue as indispensable to truth and justice. According to Paul Kennedy, the UN was likened to a three-legged stool: the first leg represented measures to guarantee international security, the second leg improvement of economic conditions globally, and the third leg enhancement of understanding among the world’s peoples. He emphasized that “However strongly the first two legs were constructed, the system would fold - would collapse - if it did not produce ways of improving political and cultural understandings among peoples.” In a similar manner we must construct strong legs that face up to gender norms, sustain cultural dialogues and implement programmes, practices, policies and laws that address GBV and HIV related issues that uphold the rights of women and girls.

GBV is a major public health and human right challenge throughout the world, and efforts in enhancing the exchange of ideas and solutions in tackling these entrenched problems must be seen as a source of new creativity that presents infinite possibilities for us to realize the transformation from a culture of violence to a culture of peace. The role of cultural practices and structures in the southern African region in reversing both epidemics (GBV and HIV), through upholding the rights of women, is critical. Eroding the negative elements of culture, and simultaneously harnessing the positive evolution of culture, is at the core of the SAfAIDS “Changing the Rivers Flow” series programme, under which this Newsletter is established.

We have a challenge at hand that can be taken up by anyone, anywhere and at any time!

If there is anything on your mind, and you have anything you would like to share with us - or contribute a story or insight from you country, that can help to “Change the River’s Flow” - please contact the editor of The Umbrella – Safe from GBV and HIV on editor ctrf@safaids.net
Message from SAfAIDS Executive Director Lois Chingandu

Welcome to the first edition of the The Umbrella – Safe from GBV and HIV newsletter from SAfAIDS’ Changing the River’s Flow series. This issue comes at a time when responses to HIV are increasingly looking into the inter-linkages between gender, culture and HIV. Our concept of “Changing the River’s Flow” is motivated by our vision of culture as a powerful ‘river’ that is constantly changing and adjusting to evolving circumstances, and as such influencing. The newsletter focuses on challenging gender norms and dynamics in a cultural context; so as to address HIV related issues, and the vulnerability of women and girls in the southern African region.

In this issue we focus on presenting the intersection between gender, culture and HIV. The article on pages 13 to 15 takes a look at gender based violence (GBV), culture and HIV, and how this is addressed in various policy documents in the region. The role of policy and law remains vital to enabling a suitable environment for upholding the rights of women and girls, and subsequently implementing programmes and practices that facilitate this reality. On page 15 we also highlight the policy challenges in legislating for women’s rights that arise from the pluralistic nature of legislation in the different countries in southern Africa - countries that operate under civil, customary and religious laws.

In order to get communities thinking, talking and strategising about culturally determined negative practices, including gender based violence (GBV), that fuel the spread of HIV in their communities, SAfAIDS introduced the concept of Culture Dialogues. On page 16 to 17 we feature an article that presents the SAfAIDS Cultural Dialogue Model that arose from these community dialogue sessions. The model presents a unique approach to addressing issues of gender, culture and HIV through participatory community dialogues. The articles on pages 20 to 21, 26 to 27 and 29 to 30 present stories from different countries in the region on responses to the challenge of HIV and AIDS. These case studies showcase best practices and also present issues of gender, gender based violence, culture and HIV and AIDS as they impact on the lives of women in the region.

The summary of the publication “The Fourth Wave – Violence, Gender and HIV in the 21st century” to be launched in 2009 is the subject of our book review. The book presents insights and analyses of socio-cultural factors shaping the gendered course of the AIDS epidemic and responses to it. Page 31 presents information on books and reports that look at gender, gender, culture and HIV within southern Africa and beyond. On page 36 you will find information on the SAfAIDS Regional Resource Centre Initiative on were to access HIV and AIDS information services in the different countries in southern Africa.

I envisage this periodical to continue being a source of inspiration, hope and critical knowledge-base for regional stakeholders working with women, with communities, with PLHIV and policy makers, to inform and enthuse their gender and cultural transformative focus and efforts.

“Do the thing you fear to do and keep on doing it... that is the quickest and surest way ever yet discovered to conquer fear.”

- Dale Carnegie (1888-1955)
Understanding the intersections between Gender-Based Violence and HIV

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted in 1979 by the UN General Assembly, is often described as an international bill of rights for women that define what constitutes discrimination against women and sets up an agenda for national action to end such discrimination.

It is the only human rights treaty which affirms the reproductive rights of women and targets culture and tradition as influential forces shaping gender roles and family relations, and affirms women’s rights to acquire, change or retain their nationality and the nationality of their children.

Parties also agree to take appropriate measures against all forms of traffic in women and exploitation of women, and countries that have ratified or acceded to the Convention are legally bound to put its provisions into practice.

They are also committed to submit national reports, at least every four years, on measures they have taken to comply with their treaty obligations.

The Declaration on the Elimination of Violence Against Women (1993) defines violence against women as any act of gender-based violence that ‘results in, or is likely to result in, physical, sexual or psychological harm or suffering, whether occurring in public or private life, in the family, in the community, or perpetrated or condoned by the State’. Given this broad understanding of violence against women, the links between violence against women and HIV/AIDS can be made on many different levels.

The UN Special Rapporteur on Violence Against Women devoted her 2005 thematic report to the intersections of violence against women and HIV, and highlighted some circumstances where these links can be made - briefly discussed below.

1. Rape and sexual assault
Considering the fact that HIV is spread most frequently through unprotected heterosexual intercourse, rape and sexual assault are closely linked to women contracting HIV. As the UN Special Rapporteur notes: “Rape and sexual assault take away women’s control over when, with whom, and how they have sex, significantly increasing risk of HIV.” [Par 28]

2. Domestic and intimate partner violence
In a domestic setting, physical violence is often accompanied by sexual abuse, making it difficult, if not impossible, to have safer sex. With this in mind, it should also be noted that domestic violence also entails psychological and economic abuse. An example of psychological abuse would be where a wife knows that her husband has multiple sexual partners, but when she asks him to practice safer sex and undergo an HIV test, he refuses and may react with violence. This can seriously compromise the wife’s psychological and emotional wellbeing.
3. Violence related to condom usage
Vetten and Bhana (2001) note that women fear that they may encounter some form of violence if they insist on condom usage. Violence has been strongly linked to women’s suggestion to introduce condom use within a relationship or marriage, often in attempt to safeguard their own health, yet often viewed as inappropriate sexual decision-making or suggestion by male partners, and a suggestion of ‘distrust’.

4. Violence related to commercial sex work
Women’s lower socio-economic status is directly connected to their work in the sex industry. Women in the sex industry, with multiple sexual partners, have a higher susceptibility to HIV and violence than most other population groups. For example, surveys in South Africa have shown that sex workers in the “truck route” sex industry faced violent reactions, loss of clients or loss of income when insisting on condom usage.

5. Violence following disclosure of HIV status
Vetten and Bhana (2001) found that many women fear the possibility of being attacked once they reveal that they are HIV positive. These attacks may come not only from their partners, but also from the broader community. Stigmatization of people (and specifically women) living with HIV continues and stereotypes remain that people living with HIV/AIDS contracted the disease through some sort of deviant activity.

These examples provide only a few ‘snapshots’ of how violence against women can be both a cause and a consequence of HIV. There are also other areas of intersection that we have not explored here, most notably violence in armed conflict, in institutions and when in internally displaced populations (IDPs). An issue that has not been interrogated enough in southern Africa is the potential connection between HIV and traditional practices, including early marriage and widow inheritance, as well as harmful sexual practices such as ‘dry sex’.

Ultimately, it is important for us to recognize not only the fatal intersections between violence against women and HIV, but also the fact that these intersections can be traced back to women’s lack of sexual autonomy, their economic disempowerment and those aspects of societal and cultural norms that result in women’s inequality. Only then can we begin to address the symptoms.
We use the term gender-based violence (GBV) to include sexual and non-sexual physical violence and emotional abuse. We include the various forms of child sexual abuse within the definition of gender-based violence; and we recognise that both its survivors and perpetrators can be female or male.

In 2008, at the request of the United Nations Joint Programme on HIV and AIDS, CIET undertook a systematic review of literature on the relationship of gender-based violence to HIV and AIDS. It was concluded that dealing with gender-based violence could have a positive effect on the HIV epidemic, as long as the full concept and the longer-term dynamics that put survivors and perpetrators at risk of HIV are taken into account.

The focus was on relevance to policy in Southern Africa, but the literature search was worldwide.

A sizeable literature now links gender-based violence to HIV infection. Sexual violence can lead to HIV infection directly, as traumatic abrasions and lack of lubrication increase the risk of transmission.

Gender-based violence also heightens HIV risk indirectly by increasing the likelihood of high-risk behaviour. Several studies have shown that people with a history of childhood sexual abuse are more likely to be HIV positive and to behave in risky ways. Re-victimization compounds the risk. Perpetrators of gender-based violence are at particularly high risk of HIV infection, as they are more likely to force unprotected sex with people who have been victimized before, and who therefore are more likely to be infected.

**Considering gender-based violence perpetrators and victims together, perhaps as much as one third of the southern African population is currently involved in the vicious circle of gender violence and HIV.**

A number of trials have shown successful reduction of gender-based violence and its consequences for HIV risk. Interventions among survivors of gender-based violence to support their recovery, improve negotiating skills, and increase condom use can reduce their risk of getting HIV (secondary prevention).

Coping groups, education, counselling and adherence to anti-retroviral therapy can reduce further spread of HIV from infected gender-based violence survivors (tertiary prevention).

Dealing with gender-based violence could have a positive effect on the HIV epidemic.

Those responsible for HIV prevention policy need to recognize:

- the full concept of gender-based violence
- its direct and indirect implications for HIV prevention
- the importance of perpetrator dynamics
- that complex problems need complex interventions
- that HIV prevention programmes must include efforts to curb gender-based violence.

In the short term, national resources should be committed to configure locally relevant actions aimed at reducing gender-based violence and its effects on HIV risk. These actions should be implemented in stages in order to measure progress and make adjustments. Effective interventions are likely to include a structural component such as access to credit or earnings, and an awareness component covering survivors of gender-based violence, its potential victims and its perpetrators.
The fact that the survivor and perpetrator in this case are both well-known entertainers adds a public dimension to what happens privately in peoples’ homes every day, and it has sparked outcries from groups that offer support and services to survivors of domestic abuse the world over.

Brown finally spoke up for himself: “Words cannot begin to express how sorry and saddened I am over what transpired. I am seeking the counselling of my pastor, my mother and other loved ones and I am committed, with God’s help, to emerging a better person” and later formally apologized, calling the incident “unacceptable, 100 percent,” asking for forgiveness.

Brown attacked his girlfriend Rihanna in Los Angeles on February 8, 2009 and was arrested hours later. A Los Angeles police detective described a brutal attack in a search warrant affidavit, stating that Brown “hit, choked and bit Rihanna” and tried at one point to push her from the car. A probation report also describes two previous violent incidents that were never reported. He was accompanied by his mother when he appeared in court when the judge sentenced him to five years probation and six months community labour for the beating of Rihanna. The judge ordered the singer to stay away from his former girlfriend for the next five years and added that she wanted to ensure that Brown performs physical labour - highway cleanup, litter removal or other work – instead of community service, as well as mentoring young people. As part of his sentence he must also complete a year of domestic violence counselling. Brown was also warned that he could serve time behind bars if he violates any term of his probation, and that the sentence comes with a potential of time in a state prison if he should violate it in any way.

After the sentencing, Brown is quoted as saying he was “depressed” since the attack and that he “does not want to carry on that cycle”.

The young star with the clean-cut image has previously condemned domestic violence and has talked openly about the trauma he experienced growing up in a home plagued by domestic violence. As a child he had seen his mother being beaten up by her boyfriend. “Some people, their families go through domestic violence and stuff like that. I don’t want to mention the person’s name but there was somebody who hurt my mom. Me having to deal with that from the age of seven all the way through to 13, me seeing that and being visually abused by it - it affected me.” He claimed that the experience shaped his attitude towards women, and that “I treat them differently, because I don’t want to go through the same thing, I don’t want to put a woman through the same thing that person put my mom through”, and that witnessing the abuse made him a “scared and timid” child who wet the bed through fear.

When asked why his mother had endured the violence, he shrugged: “I guess when a woman’s in love, she don’t look at it right.”
Based on the details that have emerged from this unpleasant incident, we can assume that - like so many children in similar situations - he did not get the help he needed, underscoring the desperate need for professional intervention, GBV education, training of teachers and health care providers and early intervention for millions of children growing up in homes in which violence occurs.

As a society of diverse cultures we must teach the next generation that violence is wrong - and prevent a generation of children that will grow up at risk for becoming survivors or perpetrators of domestic violence.

This high-profile couple have unwittingly become the unofficial spokespeople for domestic and gender based violence (GBV). But violence against women and girls is not only restricted to the world of hip-hop. Physical and sexual violence against women and girls cuts across all age and race groups in all communities. We all know survivors of GBV in our own communities who need our help. Basic universal principles should guide our response: violence is never acceptable and every person has the right to live free of violence. Those who commit violence must be held accountable, and violence against women and girls is never appropriate, and nothing a survivor does, and nothing in a perpetrator’s background, ever justifies violence.

Survivors of violence need and deserve protection, support and privacy. They must seek counselling and healing, and publicly reach out to other women and girls victimized by violence. Perpetrators of GBV must break the cycle of violence, and ask other men to join them.

Do not choose silence: GBV is 100% unacceptable.

Reactions to the Chris Brown & Rihanna incident show us we have a long way to go
A quick look at Chris Brown’s myspace page shows us that the “survivor blaming” is well under way. Survivor blaming deflects the attention from the offender, and the comments really show us that we have a long way to go as it relates to gender based violence.

What we should be asking is how can we hold offenders accountable for their actions?

And accountability has to come from the community, the media, family and friends. Wrigley, upon hearing of the news, suspended its chewing gum ad campaign, which featured Chris Brown. It will be interesting to see what angle the media will take and how other public figures will respond, as the details of the story keep unfolding. But, one thing is for sure, when we respond to intimate partner violence with survivor blaming, we uphold such actions and behaviour and play a role in the cycle and reproduction of violence.

We must take a stand against violence against women in all its forms, from interpersonal violence to state violence, like harmful policies and government interventions that affect a woman’s ability to achieve freedom from violence and reproductive freedom. Stopping the survivor blaming and holding offenders accountable are first steps, but we also need to advocate for just and fair laws and practices for women.

By Maria Elena Perez, Director of Community Mobilization

http://latinainstitute.wordpress.com/2009/02/24/reactions-to-chris-brown-rihanna-news-show-us-we-have-a-long-way-to-go/

Useful resources based on the experiences and advice of people from across southern Africa within the context of GBV, domestic violence and HIV:

COUNSELLING GUIDELINES ON DOMESTIC VIOLENCE
Download the free PDF Domestic Violence counselling tool at:
http://www.preventgbvafrica.org/content/counseling-guidelines-domestic-violence

BEHAVIOUR CHANGE COMMUNICATION
Promoting positive change in adolescent behaviour is a complex process requiring an understanding of culture, as well as behaviour.
PDF available at:
Survivor blaming means: holding the survivors of a crime, an accident, or any type of abusive maltreatment to be entirely or partially responsible for the unfortunate incident that has occurred in their life.

Survivor blaming is a typical fascist trait, and the phrase was quickly adopted by advocates for crime survivors, in particular rape survivors accused of abetting their victimization, infamously expressed in arguments like "a raped woman in a short skirt was asking for it". People who believe that the world has to be fair may find it hard or impossible to accept a situation in which a person is unfairly and badly hurt.

This leads to a sense that, somehow, the survivor must have surely done 'something' to deserve their fate.

Another theory entails the need to protect one's own sense of invulnerability. This inspires people to believe that rape only happens to those who deserve or provoke the assault (Schneider et al., 1994). This is a way of feeling safer.

Historically survivor-blaming has often emerged in racist and sexist forms. It is also about blaming individuals for their personal distress or for social difficulties, rather than the other parties involved or the overarching social system in place.

A global survey of attitudes toward sexual violence by the Global Forum for Health Research shows that survivor-blaming concepts are at least partially accepted in many countries. In some countries, survivor-blaming is more common, and women who have been raped are sometimes deemed to have behaved improperly. Often, these are countries where there is a significant social divide between the freedoms and status afforded to men and women.

Adapted from: http://en.wikipedia.org/wiki/Victim_blaming

Intimate partner violence (IPV) is “actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner” (Saltzman et al. 2003). The term ‘intimate partner violence’ is increasingly replacing the synonymous term ‘domestic violence’ (WHO 2005a).
Statistics on Domestic Violence

Not such a different picture

GBV is a global epidemic

Compiled by Yngve Sjolund

In America today

Like Rihanna, the lives of African American women are even more diminished by violence, and one out of every three American women has been beaten, sexually coerced or otherwise abused in her lifetime. Intimate partner violence is the leading cause of death for African American women ages 15 to 45 years, and more African American girls and women are dying because of violence than car accidents or cancer. On average, three women are murdered by their husbands or boyfriends each day in this country.

In South Africa today

The Department of Justice estimates that one out of every four South African women are survivors of domestic violence. According to POWA 1 in every 6 women who die in Gauteng are killed by an intimate partner. It is difficult to get reliable statistics on violence against women in South Africa. Although the number of reported cases is very high, many cases go unreported. The incidence of battery or domestic violence is particularly hard to measure because the police do not keep separate statistics on assault cases perpetrated by husbands or boyfriends.

A research project in 1999 found that 90% of the women interviewed had experienced emotional and physical abuse, 71% had experienced sexual abuse, 58% experienced economic abuse, and 42.5% of women had experienced all forms of abuse. 60% of all cases of abuse were committed by partners, lovers or spouses, and according to a Medical Research Council study, young women are more subjected to assault and sexual coercion by partners and others.
Culture has been acknowledged in various regional policy documents as an important factor to consider when discussing issues of rights in Africa. The African Charter on Human and People’s Rights (1981) was the first to note the need to take rights into consideration, within the context of culture / tradition:

“The virtues of their historical tradition and the values of African civilization which should inspire and characterize their reflection on the concept of human and people’s rights”

However, the inter-linkages between culture, gender-based violence and HIV are only now beginning to be addressed in policy documents. This has taken a two-faceted approach: on the one hand because of the realization of how some cultural practices promote violence against women and increase their vulnerability to HIV, and on the other hand, policy documents such as the Declaration on HIV and AIDS (signed in Maseru, 4 July 2003), which does note that culture can be used to promote the rights of women so they are better able to protect themselves from HIV infection.

In the 1998 Addendum on the Prevention and Eradication of Violence Against Women and Children, to the 1997 Declaration on Gender and Development, SADC Heads of State noted the role of cultural beliefs in promoting violence against women. The addendum resolved to “Promote the eradication of elements in traditional norms and religious beliefs, practices and stereotypes which legitimize and exacerbate the persistence and tolerance of violence against women and children”.

The Declaration on HIV and AIDS (or Maseru Declaration) recognizes culture within the priority area for prevention and social mobilization on HIV. The declaration notes the need to reinforce multi-sectoral prevention programmes aimed at among others - upholding appropriate cultural values, and promoting measures to increase the capacities of women and adolescent girls to protect themselves from the risk of HIV infection - through prevention education that promotes gender equality within a culturally and gender-sensitive framework.
It is increasingly being highlighted that cultural practices, underpinned by patriarchal norms of masculinity and femininity, in particular, polygamy and culturally sanctioned extra marital affairs and gender role stereotyping - although this list is by no means exhaustive - can fuel the high prevalence of HIV. These cultural practices, manifested in both circular and religious practices through many incidences of sexual violence are a major factor contributing to HIV transmission.

Incidence of sexual violence - including marital rape, sexual relations with under-age children, incest, forced marriage and forced cleansing of widows in particular - pose serious risks to women. It is important to understand and take into account the existence of cultural practices in societies (in the southern African region) that would explain the high prevalence of HIV and AIDS were heterosexual relations account for the highest mode of HIV transmission on women.

However, many women and men do rely on tradition and religion to guide their lives - despite negative practices associated with culture - thus accounting for the continued adherence to religion and traditions that may play a role in HIV infection. The apostolic faith churches in Zimbabwe for example, had an estimated 2.5 million followers in 2005 (according to an article in the Zimbabwean paper The Sunday Mail - 19th September 2005) despite the apparent undermining of the rights of women.

The apostolic faith church – or vaPostori sect - in Zimbabwe has faced criticism because of its tacit approval of intergenerational marriages between older men and younger women and polygamy, two factors that explain the high incidence of HIV among young women in the region. Within the church, young girls are often married off to older men in the church who in most cases will be in polygamous marriages already. Women in these polygamous relationships and young girls in particular, who are married to older men, may not have the power to negotiate safer sexual relations because of their age and status within the church. Due to the secretive and closed nature of the church, it is difficult to ascertain the numbers of its members affected by HIV, however, the epidemic is acknowledged in their preaching.

A paper on “Religious affiliation and HIV transmission” on www.hopeforafrica.net noted that the closed nature of the apostolic churches can - through the creation of strong behavioural and gender boundaries - provide a ‘safe insulation’ from the outside world for its members. Theoretically, this could reduce HIV transmission. However, polygamy and underage marriages within this church are allowed and this is problematic as it increases women’s vulnerability to HIV. Moreover, women in these churches may not be able to protect themselves from contracting HIV, for example: from a husband who may not be a church attendee. This is one example that illustrates that church members may not be insulated for long from the outside world.

To their credit, this Apostolic sect - including several other Apostolic and Zionist churches - passed a resolution in September 2005, to do away with polygamy and other negative practices in their churches in an effort to combat HIV and AIDS.
All countries in southern Africa (except the Seychelles) have maintained a dual legal system with general law operating side by side with customary / religious law. Women's lives in the region are usually directly controlled by customary and religious law more than civil law - especially in terms of personal matters such as marriage, divorce, custody and inheritance. This creates serious challenges for ensuring women's rights, because constitutions do not provide for non-discrimination in matters of personal and customary law - nor do they provide equal rights in customary law.

Customary law (except in the case of Lesotho) remains unwritten, resulting in ambiguity and ambivalence in its application. The plurality of the legal systems creates uncertainty, competition and elements of manipulation and discrimination that work against women. Customary and Islamic marriages for example, (Civil law in Mauritius operates side by side with Islamic Sharia Law) are potentially polygamous and allow negative practices that discriminate against women. Among these negative practices are the marriage of young girls, widow inheritance and the extensive marital power given to men in matters of property and women's reproductive rights.

Some countries in the region have tried to integrate the different legal systems pertaining to family law and at times have passed legislation creating varying degrees of integration in their systems of family law. Legislation that has been passed includes the Botswana Marital Power Act in 2004 that sought to abolish marital power and ensure the equality of spouses married in community of property. South Africa enacted the Recognition of Customary Marriages Act 110 of 1998 that removes discrimination against women in customary marriages and abolishes the minority status of women married under customary law. Lesotho has the Married Persons Equality Act that provides for the equal status of women.

All countries in the region have made specific constitutional provisions to ensure gender equality in their constitutions but the existence of dual legal systems have meant that women's rights are consistently violated.

Constitutional and Customary Law - Policy Challenges

“The existence of dual legal systems has meant that women’s rights are consistently violated.”
A unique and holistic approach to HIV prevention and mitigation

The SAfAIDS Cultural Dialogue Model: Capacitating communities to make the inter-linkages to effect positive change

By Lois Chingandu and Petronella Mugoni

There is a growing realisation among programmers in the region that, unless they take into consideration the roles that harmful cultural practices and gender based violence play in HIV transmission, and increasing women and girl’s vulnerabilities to the epidemic, the most well intentioned efforts cannot meaningfully address the HIV epidemic. This realisation perfectly positions the innovative SAfAIDS Cultural Dialogue Model as a holistic approach to HIV prevention and mitigation.

The SAfAIDS Cultural Dialogue Model presents a unique approach that utilises community dialogues as an entry-point to get communities themselves involved in thinking, talking and strategising about the culturally determined negative practices, including gender based violence (GBV) that fuel the spread of HIV in their own communities - as identified by themselves.

The model was born out of a realisation by SAfAIDS that there are better ways of working within communities to advance the gender equality agenda and to mitigate HIV and GBV - in ways that do not alienate the custodians of those cultures. The SAfAIDS Culture Model employs a strategy that seeks to deal with various context-specific cultural attitudes, perceptions and practices that influence the spread of HIV.

The Cultural Dialogue Model asks the bold question: “Do people have the power to change culturally determined gender relations? If so, and in light of evidence about the effect of these relations on the HIV epidemic, how can we change these relations?” It offers a relevant and novel approach to addressing the inter-linkages between women’s rights, culture, HIV and gender based violence. Work under the Model is undertaken with the realisation that good behaviour, in this case behaviour that reduces the incidence of HIV and GBV, is often decided by the social hierarchy rather than by an objective understanding of ‘good’. Therefore implementers within the Model place a special emphasis on initiating dialogue with - and getting the buy-in from traditional leaders, elders and other custodians of culture - in order to break the silence around the culturally-determined drivers of HIV and GBV.

The approach employs the use of dialogues with community members, including men, women, girls and boys around issues of culture in order to begin to confront and break the silence around some of the ‘unspeakable’ issues around sex, women’s rights and HIV.

During the dialogues and in any community interventions, SAfAIDS:

- Emphasises the role of community leaders and community members themselves as ‘experts’ in efforts to facilitate ways to uncover and to influence cultural practices in order to curb the spread of HIV in their own communities.
- Encourages critical thinking and a process of self-discovery on how specific cultural practices, including deeply entrenched and culturally sanctioned violence against women and the continued spread of HIV are inter-linked.

This process of dialogue and discovery – which also includes the innovative use of interactive theatre and role-play - has been found to be invaluable in allowing community members themselves to come up with practical and sustainable solutions which they are willing to stick with in order to address the challenges facing them.
Programmers and implementers working within the Cultural Dialogue Model do so with the knowledge, which is supported by research and a growing awareness among various stake-holders, that harmful traditional and cultural practices remain key drivers of the HIV epidemic in southern Africa. Among these harmful practices are widow inheritance and widow cleansing without prior HIV testing for both parties, girl child pledging which encourages inter-generational sex, culturally acceptable male-driven multiple concurrent partners - without condoms - and invasive virginity testing which results in the marginalisation of women and girls as a consequence.

Studies, by SAfAIDS and others, have also shown that in some communities, violence against women is condoned and acceptable as being ‘cultural’; that women who are subjected to domestic violence are at greatest risk of HIV infection due to their lack of power to negotiate for safer sex and that HIV positive women are far more likely to experience partner violence than HIV negative women.

In light of the growing realisation of the inter-linkages among GBV, culture and HIV, there is a very real need for programmers, activists and Governments to understand, appreciate and respond in order to appropriately address the sometimes simple and sometimes intricate ways in which women's rights, culture, HIV and gender based violence issues inter-link in order to improve the lives of people in the communities they serve.

The SAfAIDS Cultural Dialogue Model works with the pre-condition that the traditional leadership in the communities of operation are engaged so they can lead dialogues with members of their own communities in order to come up with context-sensitive and culturally acceptable solutions for themselves.

In order to effect real change at national, regional, continental and international level, it is important for organisations and programmers to approach and obtain the participation and partnership of local government leaders, Members of Parliament and the relevant Ministries in order to find ways to uncover the culture and context-specific solutions that will result in the reduction of HIV in the region.
The third Millennium Development Goal (MDG) aims to eliminate gender inequality at all levels, and at the most fundamental level we must take initiatives to disrupt the cycle of violence and hatred - and build a robust and pervasive culture of peace in its place. Dynamics of gender remain deeply entrenched in every aspect of our socio-political environments and we have a critical situation that requires full participation from society at all levels to achieve gender equality and empowerment of women and girls.

Annually we hear of campaigns, such as the “16 Days of Activism Against Violence Against Women and Children” or “Women’s Month” - and almost every day the media reminds us of the shocking statistics of rape, attempted rape, battery, assault, harassment, domestic and family violence - here in southern Africa - and the rest of the world. In addition, we also have a desperate situation in Africa where men are needlessly dying because of their egos and ideas about masculinity. Ideas like: “a real man doesn’t negotiate with a woman, a real man doesn’t use condoms, a real man doesn’t worry about his health status, a real man doesn’t get tested, and a real man has sex with multiple partners”.

In my work in the HIV field I see over and over again how vulnerable men really are. Men are still afraid of the stigma around HIV and are not getting tested for HIV. Men frequently use their wives and girlfriends to determine their status by ‘proxy’ - sending them for the HIV test - often resulting in violence and even sometimes the death of that woman when the test result comes back positive! Men do not know – or want to know - their HIV status and are not accessing treatment in time – with devastating consequences on family structures, as fathers, breadwinners and to our economy and workforce.

In researching the topic of ‘male vulnerabilities’ around existing information available on sexism, masculinities, gender and gender violence, and looking at the ‘roles’ of men and women and society’s expectations on men and women, as well as the ugly reality of domestic violence, alcohol abuse, and such challenges on family structures and how we raise our children (boys vs. girls) … we can clearly see that there is a very real ‘division’ between the sexes in the world today … aside from which bathroom we choose to use!

Considering the state of the world today and our universal yearning for peace and happiness, I raised a very basic question to a diverse selection of people I encountered socially or in the workplace. I asked both men and women, old and young, single people and married couples: “How can men contribute in bringing peace to the world?”

I did not get a single answer.

People were genuinely concerned and interested, considered the question seriously but appeared quite powerless in addressing an issue that is at the core of all humanity: peace and the happiness of living beings.

One topic – and one of the greatest tragedies of our time - did however come up time and again: men’s violence against women.

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Safe sex, spirituality and men’s role in propagating peace

**Men are vulnerable: but their role in reducing women’s vulnerability remains critical**

By Yngve Sjolund
Take a minute and ask some male friends: “How many times a day do you think about ways of protecting yourself from sexual abuse or assault? What precautions do you take?”

You would not get a single answer! Because … men don’t need to think about it … because sexual abuse and assault is a ‘women’s issue’!

If you asked the very same question to all your female friends - “How many times a day do you think about ways of protecting yourself from sexual abuse or assault? What precautions do you take?” - you would get a very different response.

The daily routine for most women includes a subconscious mental check-list: hold keys as a potential weapon for self-defence, park my car in a well-lit area, look in the back seat of my car before getting in, don’t go out alone at night, go out in a group, lock all the doors and windows at night, own a big dog or dogs, carry mace, pepper spray or a police whistle, install an alarm system, buy a firearm, meet men on first dates in a public place, make sure I have a car or lift or taxi fare, don’t make eye contact with men on the street, etc.

Clearly, these very real fears - and realities - of abuse, harassment and violence in modern society is not a ‘women’s issue’; but in fact … a men’s issue!

Perhaps we can together approach a solution to these challenging and life changing issues that affects the lives of all of us, especially those we care most about: our mother’s, daughter’s, sisters, aunts, grandmothers, wives, colleagues and girlfriends. And perhaps in the process we can build a peace-loving society – and reduce the spread of HIV.

A man, who is empowered to prevent GBV against himself, can also be empowered to prevent GBV against his female peers in the community, household and workplace. There is a lot that we can do. Men can change and grow. Men have a moral obligation to their communities, a responsibility to challenge other men’s behaviours and confront men who are violent and who put their partners at risk. As men we must find the collective will and make it our priority to bring humanity, peace and happiness to everybody in our world.

Every day that we don’t take action, the more our lives get off track, and the more our relationships deteriorate, and the more damage we do to our health and loved ones. And as a consequence you could lose your pride and self-respect – and you could ruin your life.

“The true challenges faced by humanity in the 21st century are that of making victory over violence a global movement.”

A quote from one of the greatest role models propagating peace in our lifetime: Daisaku Ikeda

(From the 2001 Peace Proposal to the United Nations)

Imagine a “new man” in southern Africa

A man who takes responsibility for his actions.

A man who respects himself – and women and girls.

A man who chooses a single partner over multiple chances with HIV.

A man who’s self worth is not determined by the number of women he can have.

A man who makes no excuses for unprotected sex, even after drinking.

As a society – of men and women - we must ensure that every individual can enjoy in full the right to live in peace and dignity.
Engaging men in the Zimbabwe national response to gender-based violence

By Leo Wamwanduka

Padare, which derives its name from the ‘dare’, uses participatory dialogues and workshops in its programming. Initially, the organisation engages traditional leaders in a two-day workshop that tackles various gender issues as they relate to men, such as gender, domestic violence, violent masculinities and the Zimbabwe Domestic Violence Act. At these meetings, traditional leaders develop commitment charters to show their commitment to non violence and to foster gender equality. The leaders, who are the opinion leaders in their communities, then convene community outreach programmes were they present their charters to the people in their own language. Padare uses these platforms to identify gaps in knowledge and attitudes and finds ways to tackle these, and the Padare/Enkundleni Men’s Forum on Gender is making strides in improving gendered relations between men and women - and ending violence against women - through the re-defining of masculinities in communities. The organisation has adopted a unique approach of re-constituting the Dare - a traditional Zimbabwean meeting place, where men used to gather to discuss men’s social and family issues - and come up with solutions, and using this as a platform to discuss gender issues in Zimbabwe. The organisation converted this traditionally male dominated space into a forum where men discuss gender equality issues.

The organisation has been well received by men who are attracted to the Padare methodologies of redefining masculinities and owes its success to participatory methodologies that it uses to engage with men in spaces where different categories of men are found. For example, religious men have been engaged in religious settings - while alcoholics and traditionalists have been targeted in spaces where they feel comfortable - thus ending the one size fits all intervention structure that characterise most interventions attempting to engage men.. From a membership of five in 1995 the organisation has mobilised over 10 000 men to date to support women’s empowerment and aim for the ending of violence against women in Zimbabwean communities.

In Zimbabwe the organisation is currently implementing a national response to gender based violence covering ten provinces of the country. Gender based violence is very prevalent in Zimbabwean communities with 99 percent of GBV survivors being women and the majority of the perpetrators being men. Padare has modelled its response in line with regional initiatives on engaging with men such as the “men as partners” as well as the “men engage” approaches to promote positive masculinities and role models amongst men and boys.

Success stories by Padare have been recorded, together with SAFAIDS in 2008, in the Odzi district; in the Eastern part of Zimbabwe were the organisation works with mobile and vulnerable communities, most who are gold panners. There were numerous recorded incidences of domestic violence, rape as well as man on man violence in this community. Upon intervention by Padare, there have been notable changes as rape cases have gone down and community consciousness on domestic violence has been raised. Padare sometimes encounters resistance from men who still hold on to traditional masculinities. Throughout the different provinces of the country where the organisation operates, the impression of manhood is that of excessive competition, aggression and violence. Although the largest chunk of oppression that exists in communities has been perpetrated by men on women, what is striking is that there has been evidence through Padare’s work that “not all men are equal” and
that there is further discrimination amongst men based on whether a man is from a rural or urban area, rich or poor and young or old. On the whole, Padare has realised that the way men view their own identity and masculinities, has a lot to do with whether they perpetrate gender based violence or not within their communities.

Over the years the organisation has realised that in order to work effectively with men in promoting gender equality, the following are key:

- **Helping men understand gender equality and equity principles through gender training.**
- **Approaching men as facilitators of change in their communities - and not oppressors who will violate women** - by involving men in community dialogues on gender and women’s empowerment issues.
- **Assisting men to deal with the loss of male privilege that comes with gender equality**, by promoting notions of happy families and non-violent masculinities as benefits that can accrue to men if they embrace gender equality.
- **Providing spaces where men are free to explore their fears and anxieties about gender equality.** This is key as men sometimes think that gender equality means “women wanting to be men” and “men turning into women”.
- **Challenging harmful cultural practices that hinder men from embracing gender equality**
- **Supporting men to determine ways of promoting cultural values of ubuntu / hunhu** that recognise all people as deserving equal dignity because they are human.
- **Helping men deal with female breadwinners** and not feel emasculated by no longer being the provider or “protector” of the household
- **Providing counselling services to male perpetrators of violence** and providing skills in peaceful conflict resolution.

Whilst responding to various issues, Padare has recorded enormous success in mobilising men to support female education, female leadership in communities and to engage traditional leaders like village heads and chiefs in dialogues on cultural practices like polygamy and wife inheritance that hinder the attainment of gender justice in Zimbabwe. These successes can also be attributed to the sustained collaborations with national partners - including the government and funding partners - who are currently supporting the work that Padare is doing in Zimbabwean communities.
INSPIRATIONAL ROLE MODELS

Big Sisters … are doing it for themselves!

Refiloe Seseane and Amelia Vukeya-Motsepe are the co-founders of a mentorship and empowerment initiative called 18twenty8 that provides role models and mentors for young girls and facilitates constructive conversations with young women through their “Big Sister” network. They also provide general support to young women of school leaving age as they enter university or prepare for their first jobs, and assist young women in developing career plans and life goals.

The concept and idea for the name “18twenty8” arose from their realization that this is the tender age-group - and time in a young girls life (18 – 28 years) - when she is faced with many modern-life challenges as she sets off onto her path into the future: from completing her schooling and the simple practicalities of getting a drivers licence - to the real difficulties she has to face in negotiating romantic and intimate relationships, safe from violence and coercion.

18twenty8 aims to reach as many young women from disadvantaged backgrounds in South Africa as possible and to help them to become qualified and competent professionals in all sectors of the economy.

Their mission is to provide financial assistance to deserving young women, including financial assistance to young women throughout their undergraduate studies.

Refiloe and Amelia are truly inspiring, positive role models who are working selflessly to create healthy possibilities for youth in South Africa today.

To give our readers some perspective on how far these two accomplished young ladies have come in their own lives, I asked these two ‘Big Sisters’ to please “Write a letter to yourself - when you were 18.”

Refiloe, write a letter to yourself - when you were 18!

Dear Refiloe

It’s not the end of the world. I know that it seems really tough and really bad right now but it really isn’t the end of the world.

I know that you are under a lot of pressure at home and that you are having a hard time coping with your parents’ divorce and that you have had to find part-time jobs since you were 15 to ease the financial strain. I know that you aren’t doing as well as you used to at school and that you have been feeling unmotivated and uncertain about your future. I know that you
Refiloe Seseane (29) is not only a diligent scholar but also an accomplished TV actress, presenter and eloquent voice over artist. Her most recent on-screen appearances include lead acting roles for the country’s top soapies - Generations and Rhythm City - and presenting the popular family game show Out of the Box.

Refiloe completed both primary and high school at St Dominic’s Convent in Boksburg (1986 to 1998) where she excelled at Drama and Public Speaking - and was awarded full colours for both – and a distinction in English when she matriculated.

Refiloe graduated with a distinction and an Honours degree in Economics from the University of South Africa (UNISA) and started her corporate career at Allan Gray in Cape Town, where she also volunteered as a mentor and tutor at TSiBA - an independent institution that provides free tertiary education for previously disadvantaged students to study a Bachelor of Business Administration degree. She will be starting her Masters mid-2009, and her ultimate academic goal is to have a Ph.D. in Economics.

Refiloe is passionate about her role as Big Sister to girls in Vosloorus, Benoni and Daveyton. She runs workshops for Little Sisters in Grade 11 and Grade 12 in consultation with Life Orientation teachers at schools in the Ekurhuleni South District.

Love always
Refiloe
Amelia, write a letter to yourself - when you were 18!

Dear Amelia

Congratulations on your acceptance to study law at the University of Witwatersrand.

It’s been a long road!

Your story is heartbreaking – so you should be commended for your hard work. Your two step mothers psychologically and sometimes physically abused and your step brother took advantage of you at age eight until eleven. Your uncle and family friend helped themselves too. You learned to take care of yourself at a very young age: washed, and cooked ... your innocence and your childhood gone. Your mother took over when you were eleven after all your struggles – and all you needed was to be loved and cared for. But the struggle for survival continued ... and somehow you ended up becoming self-destructive ... Who cared? You thought you were going to die soon anyway!

WITS, my dear is an opportunity of a life time, and it’s daunting, I know. You will soon know what university means – you have always wanted to be a lawyer. Remember when you were ten years old? You wrote a letter in your diary because you were sick and tired of that man doing those things to you at night – and your step mother making you feel like you do not belong in that house. You believed that as a lawyer you can protect others from being hurt like that! But because you wanted to die, you asked your sister to study law, but alas – now you will be doing it yourself. You are a very courageous young lady; you did not have R45 to process your application for registration ... on top of that you needed almost R20 000 for fees for the year, transport and boarding money ... but there was no turning back for you.

It’s June now, you have one jersey, two jeans, flops – and you are braving the cold to Oliver Schreiner School of Law like nothing matters. In your mind you know that you just need to focus and study hard and all the suffering and struggles will soon be over. Three more years to go!

Yours truly,

Amelia Vukeya
Amelia Vukeya-Motsepe completed primary and high school in Soweto but she matriculated from Hluvuka – a rural high school in Limpopo. Her graduation from The University of the Witwatersrand with an LLB degree made her the first graduate in her family and opened doors for an impressive career in the legal profession. She also holds an LLM degree from the prestigious Georgetown University Law Centre in Washington, D.C. in the United States of America. Amelia worked as a researcher under the auspices of Justice Kate O’Regan at the Constitutional Court of South Africa. She has also worked as an attorney at the Aids Law Project and currently holds office as Senior Associate at a highly-respected law firm, where, in addition to fulfilling the demands expected of one in her role, she continues to do pro bono work for people who cannot access legal resources especially those living with HIV. Amelia was recently awarded a scholarship to attend the UNESCO Chair & Institute of Comparative Human Rights Annual International Leadership Training Program in the USA in August 2009. She is one of the 2009 Mail & Guardian ‘300 Young South Africans you have to take to lunch’.

Besides her academic and professional achievements, Amelia’s unwavering commitment to the youth of Soweto is her other impressive attribute. She volunteers as an HIV counsellor and is very active in her role as Youth Co-ordinator at her Catholic church in Molapo in Soweto. Amelia’s dedication and unconditional support inspires young people to remain optimistic and goal-orientated despite their circumstances.

18twenty8 is a Section 21 non-profit organisation that supports young women from previously disadvantaged backgrounds and develops strategies for their educational and personal development.

Lack of education and access to resources contribute to many of the social ills that poor communities experience - such as hunger, unemployment, poverty and HIV - which is exacerbated by transactional sex. High and rising divorce rates are a contributing factor to the rise in female-headed households. A consequence of these female-headed households is the disproportionate burden of domestic responsibility that rests on the girls within them.

These responsibilities often include caring for younger siblings. These factors disrupt the schooling of many young women and stifle their personal development.

Furthermore, without an education, women’s career prospects and earning potential are limited. There is a strong need for an empowerment initiative like 18twenty8.

Although their main aim is to support young women between the ages of 18 and 28, those outside of this age bracket may also be considered. 18twenty8 provides young women with access to the resources that are necessary for them to be successful in their social, academic, emotional and professional lives.

They encourage young women to value their education because educated women are not only empowered, they are also more likely than their male counterparts to confer the benefits of their education to others.

Contact 18twenty8

www.18twenty8.org
info@18twenty.org
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The new Domestic Violence Act (2008) of Botswana does not recognise marital rape therefore leaving women involved in violent marriages exposed to HIV—especially as they are unable to access Post-exposure Prophylaxis (PEP) drugs.

According to the Botswana Network on Ethics, Law and HIV/AIDS (BONELA), “Law in Botswana presents a challenge in that the Domestic Violence Act of 2008 which does not recognise marital rape as a sexual violence offence and therefore, its victims have difficulties in accessing post exposure prophylaxis.”

An official in the Ministry of Health agrees that the silence of the law on marital rape “therefore creates serious challenges on how the health workers will respond. Presented with such situations the health worker has to refer to the authorities to give direction on the case.”

Although the Botswana National HIV/AIDS Treatment Guidelines Handbook (2008) stipulates that “Victims of sexual violence who present themselves for care within 72 hours of the assault should be offered post exposure prophylaxis,” this does not offer protection to married women who have been raped by their partners.

Kgomotso (not her real name) is one woman who has had to face the reality of HIV when she could not access PEP since she was raped by her husband.

She remembers bitterly that “the nurses at the local clinic laughed in my face after a friend had advised me to request (PEP) following the rape.” She recalls how the nurses callously told her that she had no other recourse as the law did not recognise such a thing as marital rape.

Kgomotso explains how her marriage to Mpho had deteriorated over a five year period because of Mpho’s unrepentant promiscuous behaviour. She explains that “Mpho’s promiscuous behaviour and his violent nature killed off the trust and hope of salvaging our relationship that we solemnised before a capacity crowd of friends and relatives at the local church back in our rural village of Mochudi. In our five years of marriage, Mpho hopped from one extra marital affair to the other. It was as if his civil servant post as an immigration officer worked in his favour - giving him a steady supply of new women from time to time.”

These extra marital affairs had left visible marks and strain on the marriage, such as frequent quarrels, constant need for treatment of different types of sexually transmitted infections and depression as Kgomotso tried to deal with what had happened to the relationship.

In an effort to protect herself from the possibility of any new infection from Mpho, Kgomotso finally decided to stop the sexual relationship with her husband, hoping that they could involve the elders and resolve the issue amicably - by either settling for a separation or working out things once more. This effort registered no success.

Kgomotso however opted to remain in the household as a housewife and depended on Mpho to ensure that their children remained at school even though they were now leading separate lives and sleeping in different rooms. Kgomotso explains that on the night of the rape, Mpho had come home drunk in the early hours of the morning, and - despite the breakdown their relationship and lack of communication - he violently forced himself on Kgomotso without protection demanding his conjugal rights as they had not formally divorced.

After the rape, Kgomotso tried to file a report with the police, but with no success - as the national legislature through the Domestic Violence Act 2008 does not recognise marital rape.
In the case of HIV infection, PEP is a course of antiretroviral drugs which reduce the risk of seroconversion after events with high risk of exposure to HIV. The Botswana AIDS Impact Survey III (BAIS III) indicates that HIV prevalence rate is 17.6 percent and that the prevalence rate among married couples is at 21 percent.

According to BONELA, there is a need to communicate the challenges of not recognising marital rape - as it renders the institution of marriage a haven for the spread of HIV and AIDS. “The marriage institution is not as safe as many might think … if marital rape continues to be unrecognised in the country’s statutes,” said a BONELA official.

The official also added that as a country, Botswana needs to look at the bigger picture and consider the implications of ignoring marital rape, as this undermines some international human rights conventions and commitments in instruments such as the Universal Declaration of Human Rights and the Convention on the Elimination of All Forms of Violence against Women and Children.

“We need to emulate trends in the region and internationally, where countries such as neighbouring Namibia and Zimbabwe - and the United States of America further a field - have legally instituted marital rape as rape and thus a criminal offence,” said the BONELA official.

Too often in humanitarian settings, the American Refugee Committee (ARC) realized that international organizations working on GBV and other programs operate without a vision for increasing local capacity, building partnerships, and providing opportunities for communities to guide programming. The unfortunate outcome is that local organizations and communities are sidelined, and projects lack local ownership and become unsustainable in the long-term.

ARC therefore launched programmes that build local capacity and use participatory approaches, as is highlighted by two of its global projects, the GBV Local Partnership Project and Through Our Eyes. In September 2008, ARC completed the first year of a State Department, Bureau of Population, Refugees, and Migration funded pilot project called the GBV Local Partnership Project to implement sustainable, community-driven GBV responses in Liberia, Pakistan, Rwanda, Southern Sudan, Thailand and Uganda. The project was implemented in both refugee and internally displaced settings.

The partnership project involves working with national organizations in conflict-affected countries to prevent and respond to GBV and decrease the gap in services that exists when a country transitions from relief to development.

The Declaration on the Elimination of Violence Against Women (1993) defines violence against women as any act of gender-based violence that ‘results in, or is likely to result in, physical, sexual or psychological harm or suffering, whether occurring in public or private life, in the family, in the community, or perpetuated or condoned by the State.’

Engaging in partnerships for change: GBV and conflict

By Chelsea Cooper and Leora Ward of the American Refugee Committee (ARC)
• ARC staff working in the area of GBV identified and partnered with qualified national or community-based organizations to increase their organizational and technical capacity by providing training, assessment tools, networking and small amounts of funding.

• ARC partnered with Widows, Orphans, and People Living with HIV/AIDS (WOPHA) in Southern Sudan to assist in transitioning the organization from a community-based group to a well-recognized and internationally funded organization with a strong mission statement, technically-sound skills, and a vision for the future. Through global networking and workshops, attended by local partners, these strategies will be transferred to other countries and GBV programs.

It is expected that this approach will help to strengthen local and national partners, increase local and national participation in the implementation of humanitarian and development programming, and strengthen regional and international networks which can result in more sustainable, locally driven programming.

Complementing the Local Partnership Project is a grant from USAID’s Office of Women in Development to implement Through Our Eyes - a participatory communication project addressing GBV and harmful traditional practices (HTP) within conflict-affected communities in Liberia, Rwanda, Southern Sudan, Thailand, and Uganda.

• The project aims to amplify voices for change from within communities through the use of participatory communication techniques, with the long-term goal of strengthening the ability of communities to prevent GBV and HTP and increase demand for GBV services through targeted communication strategies.

• ARC provides video production training and mentoring to local groups to produce videos which are screened in small and focused community playback sessions. These sessions offer a forum for community dialogue about sensitive issues and possible solutions to violence that may not otherwise be publicly discussed.

Through Our Eyes builds mentoring partnerships between ARC staff and local community groups, promotes increased capacity of community groups to further advance behaviour change programming, and encourages community members to be the driving force behind preventing violence.

• ARC’s video team in Liberia has produced over 40 videos which have been shown in dozens of communities, and have been used for advocacy efforts at the national level. To support information sharing across the five country sites, “Master video trainers” from Liberia have travelled to Southern Sudan and Rwanda to facilitate trainings, screen videos, and share best practices and lessons learned with other video teams. At the conclusion of the project, a global workshop will bring together all of the five teams to share videos and experiences, and build a global network of community media experts working to prevent GBV and HTP.

• Those who do the majority of work to prevent and respond to GBV are local volunteers, staff, and community leaders. Targeted capacity building and the development of mentoring partnerships with national and community-based organizations will enable local actors to be more active in GBV interventions from the early stages and to continue that work well into the future.

• In order to promote smoother and quicker transitions from relief to development settings, and to ensure that survivors of GBV are receiving appropriate, culturally tailored, and sustainable support and services, it is important to design and implement programs that are most responsive to local needs and driven by the community.

• ARC has found that sustainable responses to GBV require durable solutions which must involve communities, local organizations, and networks in project planning, implementation and evaluation right from the onset of a humanitarian emergency. Capacity building must be central to all programming – that is, more funding and assistance must be allocated to increase local organizations’ technical and organizational skills to eventually be able to provide high quality GBV prevention and response services in their communities.

Partnering with local organizations from the onset of an emergency is extremely difficult, yet not impossible.

The two ARC projects have demonstrated that services can be transitioned to local partners with the appropriate methods and tools.
Domestic violence is often seen as “normal” and a “family matter”, therefore the larger community does not interfere. Secondary victimisation is commonplace and the survivor of violence is often the one criticised and judged by the community, as there seems to be the view that women deserve to be raped or beaten. A raped woman is usually blamed for having provoked the perpetrator by what she was wearing; a physically abused woman is accused of instigating the beating because she did not clean the house or did not cook dinner for her husband when he came back from work.

Several other barriers impede a woman from looking for help when faced with violence, such as the fact that women are unaware of their rights; the unequal power relations that exist between women and men on farms - and which place women in economically vulnerable and dependant positions; the lack of sufficient and accessible support and legal services and the inefficiencies of the police, healthcare and the criminal justice systems.

Stories of violence and abuse coming out of rural farms and in farming communities in the Western Cape of South Africa can be heartrending. The perversity of the violence is these rural communities, especially female farm workers who remain among the most marginalised and neglected groups in South Africa, living and working in an isolated environment that subjects them to greater victimisation than those in urban areas.

REACH seeks to find alternative strategies to address the various issues faced by the community. This year’s campaign on South African Rural Women’s Day will run under the theme, “Looking forward with hope I can be free…” and is to highlight the stories of women who have faced misfortune and tragedy - but are also stories of determination and success - despite the many obstacles and challenges survivors face. This is meant to inspire hope in others who may find themselves in similar situations and see no way out - and to assist family members or friends whose loved ones are facing similar circumstances. However, there is also the hope that these stories will reach a perpetrator who may see the pain and destruction that he is inflicting on his family or others through someone else’s story.

Rural farm worker communities in the Western Cape experience low wages, job insecurity, cramped and poor housing conditions, isolation, illiteracy and limited access to police, health and legal services. These factors play a role toward creating an environment were people are susceptible to sexual harassment, sexual violence, drug and alcohol abuse and HIV.

It is in light of this that REACH works to address violence against women. Some other initiatives by REACH include awareness raising projects, conducting research and other projects over the past four years since 2005. These initiatives have highlighted the one main factor that continues to trigger violence: the perception – and misconception- held by the community that violence against women is often justifiable and excusable.

It is against this background that an initiative to document the stories of the women in this community will be told - in a book to be named “Women out to Reach” - to highlight the plight of gender violence survivors. These stories will be part of this year’s campaign for the South African Rural Women’s Day, initiated by REACH (Rural Education, Awareness and Community Health), a non-profit and public benefit organisation which works to address violence against women.
An old monk and a young monk were walking through a forest when they came to a river bank and saw a beautiful young woman standing at the edge of the bank.

The woman told the monks that she was afraid to cross the river because she might slip and be carried downstream. She asked if one of the monks might help her across.

Now it so happened that these two monks were members of a sect which practiced celibacy and they had both taken vows never to touch a member of the opposite sex. But the old monk, sensing the extreme anxiety of the young woman, lifted her onto his back and carried her to the other side of the river.

The young woman thanked him and went on her way. The two monks continued on their journey, but the young monk was shocked and disturbed at having seen his older companion break his vow so nonchalantly. Finally, after three hours of walking and thinking, he could contain himself no longer and he burst out, "Tell me, old man, what did it feel like to break your vow of so many years? What did it feel like to allow sensuality to tempt you from your spiritual path? What did it feel like to have her smooth warm thighs wrapped around your waist, her breasts brushing against your back, her arms around your neck and her soft cheek almost one with your own?

Tell me, old man, what is it like to carry such a beautiful young woman?"

The older monk remained silent for several steps and then said, "It is you who should tell me what it is like to carry such a beautiful young woman.

You see I put her down three hours ago at the river, but you are still carrying her."

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David Wallechinsky & Irving Wallace
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The Fourth Wave – Violence, Gender, Culture and HIV in the 21st Century

The Fourth Wave brings insights and empirical analyses of socio-cultural factors shaping the gendered course of the AIDS pandemic and responses to it. The publication The Fourth Wave – Violence, Gender and Culture in the 21st Century shows the need to understand the social and cultural norms which increase risks for girls, young women and other risk populations. It re-examines the brutal impact of the pandemic on women and its tragic consequences, which has resulted in more women being affected by the pandemic than men.

The publication - coordinated by UNESCO and the Social Science Research Council (SSRC) - compiles articles from authors, policy makers and young scholars from around the globe. It includes research on the emerging epidemics in India and China, under-recognised epidemics in the Caucasus and advanced epidemics in sub-Saharan Africa.

The aim of the book is to develop tools to further improve programme performance by analyzing programmes from a gender perspective and within their broader socio-cultural context. The research is based on the assumption that addressing the gender dimensions of the pandemic and the implications for policy makers and practitioners requires a deeper understanding about how to support families and communities as they navigate the epidemics’ repercussions for household restructuring, gender and inter-generational relations, reproductive decision-making, livelihood choices, education planning, economic status and civic participation.

The research for this volume was defined by the question: “How and why is the response to the HIV epidemic failing women?” This is because of the growing feminization of the HIV pandemic and the aspects of culture that underlie it. By documenting the pandemic’s impacts on women and girls, it exposes the socio-cultural, political and economic processes which are shaping the trajectory of the pandemic and responses to it.

This publication is a result of a process beginning in 1998 when research was carried out by UNESCO and UNAIDS titled “A Cultural Approach to HIV and AIDS Prevention and Care.”

The cultural approaches in the project encompassed tailored strategies grounded on the traditions, beliefs, values and practices specific to a particular group and also mobilize the group’s cultural resources and assets as a basis for social engagement and development.

The publication is divided into four sections that look at:

- **The new geography of HIV.** This section provides case studies to question assumptions in current understandings of the HIV pandemic - and the ways in which it is gendered. It shows how different approaches need to take cognisance of local socio-cultural factors and economies to better mobilize existing community energies in the response to the epidemic.

- **Cultures of intervention.** This section focuses on global responses to the epidemic.

- **Cultures of response.** This section looks at how societies and individuals respond to HIV interventions, focusing specifically on unintended and unexamined responses. The essays in this section do not see culture as a barrier to intervention but uses it to analyse how interventions produce cultural forms and local responses.

- **Cultures of measurement.** This section gives a critique of data collection and knowledge production related to the pandemic within the context of a constantly evolving and dynamic social environment.
SAfAIDS has published a new series of training materials and tools, “Changing the River’s Flow” series, with a focus on challenging gender dynamics in a cultural context to address HIV. This series was developed after a pilot project that was implemented in the Seke rural district in Zimbabwe, where community dialogues were used to highlight harmful cultural practices. The series of books seeks to increase understanding of how culture is linked to gender inequality and HIV, addresses negative cultural practices and promote positive ones.

Some interesting publications produced under this series are case studies from Mozambique, Namibia and Zimbabwe:

- Zimbabwean stories of “Best Practice” in mitigating the HIV crisis through a cultural and gender perspective – challenging gender dynamics in a cultural context to address HIV.
- Interrogating Culture, Women’s Rights and HIV in Namibia and Mozambique.

The series also includes training manuals and handbooks on the thematic area of HIV, GBV and culture.

SAfAIDS - Mainstreaming HIV, AIDS and Gender into Culture


This handbook is part of the “Changing the River’s Flow” series of publications from SAfAIDS that aims to support discussion around HIV, gender and culture. It is expected to improve understanding of how ‘culture’ affects the spread of HIV.

The handbook aims to motivate individuals and communities to begin to identify the things they do that increase or decrease HIV transmission.

It is meant for use by community-based organisations, Non-Governmental Organisations, or other groups who work with communities in southern Africa and offers information and practical guides to assist the different organisations. The handbook is expected to mobilise members of various communities towards cultural and social behaviour change that will prevent HIV transmission and enable them to better deal with the impact of AIDS.
This report looks at why the world is missing the target on a goal set in 2001 to reduce the rate of HIV infections from mothers to babies by half. It reports evidence that the global institutions in charge have been giving out inaccurate statistics. Despite the proclaimed successes, the study shows that countries are nowhere near the target set.

**SUGGESTED READING**


*SAfAIDS Regional Resource Centre Initiative: Providing HIV related Information*

Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS), in partnership with regional HIV and AIDS networks in southern Africa have collaborated to establish a Resource Centre Network, with the aim of providing and facilitating access to HIV and AIDS information resources for specified target audiences.

The Resource Centres, popularly known as *SAfAIDS Satellite Resource Centres* (SSRCs), seek to improve access to HIV and AIDS information for targeted audiences such as service providers, AIDS service organizations, programmers, researchers, policy makers, and PLHIV organisations. Pro-activeness is the main thrust of the operations of the SSRCs as they do not wait for users to request for information, but make efforts to actively share cutting edge information through repackaging and pro-actively disseminating information.

Other activities that are offered by the SSRCs include state of the art cyber cafes that enable users to use the internet to conduct research on HIV issues. There are also video viewing facilities where users can sit-in and view edutainment HIV videos which are already resourced within the Centres. Bi-monthly discussion forums on topical HIV issues are conducted to provide a platform for the sharing and exchange of information.

Please see Resources and Listings of services on the back page of this newsletter.
When I was 17 I met my first boyfriend, the father of our children. I met him at my Matric dance and it was love at first sight. I was very, very much in love with him. He was everything to me... but about eight months after we got married he began to smoke dagga [marijuana] and drink. He began to shout and swear ... something he had never done before. It was very shocking for me, but I never said a word or questioned him about it. I had great respect for my husband and at that time I believed that a woman is inferior, and that she must be obedient to her husband. Later he started drinking a lot and hitting me. I always ensured that my house was clean and neat so that when my husband returned from work everything was right for him. I did everything in my power to make my husband feel happy and lucky. I never ever told my family or anyone else how hard my life behind closed doors was.

At one stage I thought my husband would come right, but things only got worse. He didn’t give me any money and started sleeping out at night. When my husband returned home after a day or two out or whatever it was, I never got angry or asked him any questions ... but my heart was broken because I realized he was sleeping around. One day he went as far as bringing a woman home…. And so it went on for many nights.

One evening I prayed to God and asked him: “God help me, give me the courage to speak to my husband”. When he got home that night, he was very drunk, but I was fed-up, my heart was broken in pieces, it had to come out that moment. I gave him his food and went to sit by him to talk but when I confronted him he hit me hard...He stood up and switched on the music loud like he always did. And the slaps and kicks rained upon me. I just tried to protect my face, because I thought then that I could not go to work with blue eyes because I had to work for my husband and child.... He had sex with me, and then told me to lie on my stomach because he wanted to have sex with me in my anus. I started to cry and begged him to please not do it but he hit me the entire time. And so it went on the whole night. The following day my body was so sore ... but I had to walk to work, and as usual no-one was the wiser of how hard my life was. At one time I had to give up work because he was jealous about other men at my work. He sold our house, and we had to live in the bush. At night I had to keep my child away so he could sleep, if he woke up and found me sleeping he would hit me terribly. We always moved from place to place and I had to beg for food from other people.

Life was hard...but one day I grabbed my things and walked away.

“Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness that frightens us most. We ask ourselves, 'Who am I to be brilliant, gorgeous, talented, and famous?' Actually, who are you not to be? You are a child of God. Your playing small does not serve the world. There is nothing enlightened about shrinking so that people won’t feel insecure around you. We were born to make manifest the glory of God that is within us. It’s not just in some of us; it’s in all of us. And when we let our own light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear, our presence automatically liberates others.”

*Used by President Nelson Mandela in his 1994 inaugural speech*
SOURCES


Vapostori, http://www.religionnewsblog.com/12240/vapostori-sects-ban-polygamy
To access more information on HIV, GBV and Culture, contact the following Resource Centres in your respective countries:

<table>
<thead>
<tr>
<th>Country</th>
<th>Contact Details</th>
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<tr>
<td>Angola-SCARJOV</td>
<td>Sede: Estrada da Camama/Vianda (ao CALEMBA 2)</td>
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<td>Bairro da Paz - Kilamba Kixi</td>
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<td></td>
<td>PO Box 3085</td>
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<td>Luanda - Angola</td>
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<td>E-Mail: <a href="mailto:scarjov4@yahoo.com">scarjov4@yahoo.com</a></td>
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<td>Plot 767, Tati Road, Extension 2</td>
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<td>Lesotho-National AIDS Commission</td>
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<td>PO Box 11232</td>
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<td>Maseru 100</td>
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<td>Lesotho</td>
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<td>E-mail: <a href="mailto:molekop@nas.org.ls">molekop@nas.org.ls</a></td>
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<td>Website: <a href="http://www">www</a>. <a href="http://www.nac.org.ls">www.nac.org.ls</a></td>
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<tr>
<td>Malawi-MANASO</td>
<td>Chitetezo House(City Boutique Building)</td>
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<td>Haile Selassie Road</td>
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<td>E-mail: <a href="mailto:manaso@malawi.net">manaso@malawi.net</a></td>
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<td>Website: <a href="http://www.manaso.org">www.manaso.org</a></td>
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<td>Malawi-Blantyre City Assembly</td>
<td>Town Hall</td>
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<td>Civic Centre</td>
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<td>Private Bag 67</td>
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<td>Swaziland-NERCHA</td>
<td>National HIV and AIDS Information Centre</td>
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<td>Lamvelase Premises</td>
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<td>Zambia-Afyam Mzuri Joint Resource Centre</td>
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<td>Email: <a href="mailto:resourcecentre@afyamzuri.org.zm">resourcecentre@afyamzuri.org.zm</a></td>
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<td>Website: <a href="http://www.afyamzuri.org.zm">www.afyamzuri.org.zm</a></td>
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<td>Zimbabwe-SAfAIDS</td>
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<td>Avondale</td>
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<td>Email: <a href="mailto:info@safaids.org.zw">info@safaids.org.zw</a></td>
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WHERE TO GET HELP – South Africa

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<tr>
<th>Resource Centre</th>
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<tr>
<td>Stop Woman Abuse National</td>
<td>Johannesburg (011) 728 1347</td>
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<td>Durban (031) 23 2323</td>
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<td></td>
<td>Port Elizabeth (041) 55 5581</td>
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<td>Cape Town (021) 461 1111</td>
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<td>Life Line</td>
<td>Johannesburg (011) 728 1347</td>
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<td>Adapt</td>
<td>(011) 885 3309</td>
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<td>Advice Desk for Abused Women</td>
<td>(031) 204 4111</td>
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<td>Black Sash</td>
<td>(011) 834 8361</td>
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<td>Domestic Violence Assistance Programme</td>
<td>(031) 260 1588</td>
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<td>Masimanyane Womens Support Centre</td>
<td>(0431) 43 9169</td>
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<td>Nisaa Institute for Women's Development</td>
<td>(011) 854 5804/5</td>
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<td>People Opposing Women Abuse</td>
<td>(011) 642 4345</td>
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<td>People Against Human Abuse</td>
<td>(012) 805 7416</td>
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<tr>
<td>Trauma Clinic</td>
<td>(011) 403 5102/3</td>
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<td>United Sanctuary for Battered Women</td>
<td>(021) 572 5256</td>
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<tr>
<td>Wits Mental Health Society</td>
<td>(011) 484 1503</td>
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<tr>
<td>Women Against Women Abuse</td>
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