

HIV & GBV Prevention for **Transgender People**

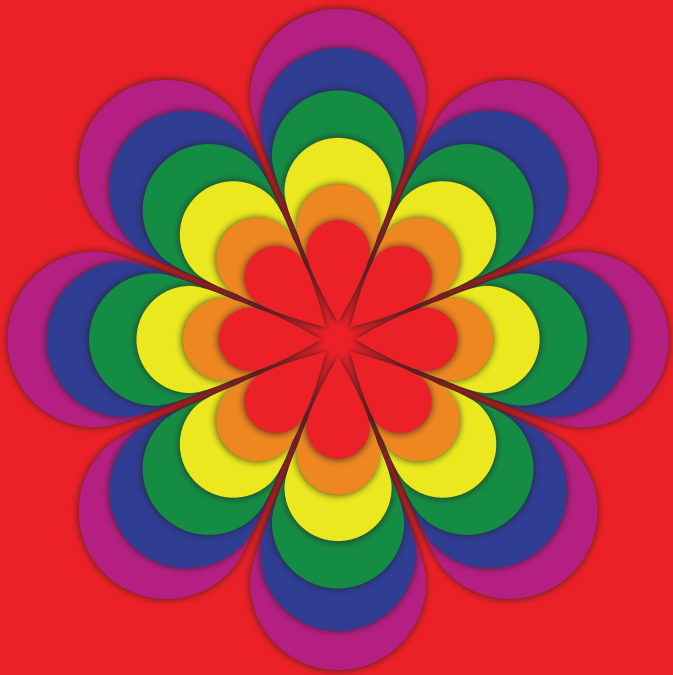
TOOLKIT
**HIV & Gender-Based
Violence Prevention
for LGBTI People**

*Advocating a
Rights-Based
Prevention
Approach!*



SAHAIDS

Southern Africa
HIV and AIDS Information
Dissemination Service



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1. Introduction

1.1 Who is this booklet for?

This booklet is for transgender people who want to find out more about being transgendered, about preventing HIV and violence and mitigating their impacts.

HIV and gender-based violence are still applicable to you, and you need to be equipped with the correct information on how to protect yourself and your partners. This booklet will give you information that will help you to ensure that you exercise your rights through relevant information and HIV and gender based violence prevention services in your community – whatever your sexual identity and practices!

This booklet is also useful for service providers and staff of NGOs and CBOs and anyone who works around HIV and gender based violence prevention and mitigation. The more you know about the challenges and needs of transgender men and women the better you will be able to design your programmes and services to meet these needs. Trans men and women have the right to correct information and quality services – whatever their sexual identity and practices!

This booklet is a celebration of the lives of all transgender people, in Africa and around the world. It is especially dedicated to those who had to pay with their lives - because of their gender identity.

1.2 Different concepts – what does it all mean?

AIDS

Acquired Immune Deficiency Syndrome, a disease in which there is a severe loss of the body's cellular immunity, greatly lowering resistance to infection and malignancy. The cause is a virus (the human immunodeficiency virus, or HIV) transmitted in blood and in sexual fluids.

Androgyny

Not having clear masculine or feminine physical characteristics or appearance.

Asexual

Lack of (interest in and desire for sex) sexual attraction.

Bisexual

A sexual orientation and identity. Bisexual people have an attraction to people of the same and opposite sex on various levels (emotionally, physically, intellectually, spiritually, and sexually). Not necessarily at the same time and not necessarily an equal amount of attraction.

Cisgender

Cisgender people are those whose gender identity matches their sex at birth e.g. a cisman would be a person who is born male and presents himself as masculine and a ciswoman is a person who is born female and presents herself as feminine. The Latin prefix *cis* stands for 'on the same side,' while the prefix *trans* stands for 'on the opposite side.' This has a more positive connotation than 'normal' or 'non-transgender.'

Coming out

A term describing the complex process where an individual realises they are not heterosexual and the process of resolving related conflicts due to heteronormativity (where heterosexuality is being internalised and viewed as the norm). Coming out is a process of how one wants to be identified.

Condom-compatible lubricants

Water and silicon-based lubrications which do not increase the risk of a condom tearing.

Dental dams

A latex sheath (square) that serves as a barrier of protection against the transmission of sexually transmitted infections (STIs) during oral sex or tribadism (where genitals rub directly against each other).

Discrimination

The unjust or prejudicial treatment of different categories of people on the grounds of race, age, sex, sexual orientation, gender and gender identity and presentation.

Female condom (Femidom or Woman's condom)

A device that is used during sexual intercourse (worn inside the woman's vagina) as a barrier contraceptive and to reduce the risk of sexually transmitted infections.

FTM/Trans man

A transman, or female-to-male, starts his life with a female body, but his gender identity is male. Always use male pronouns in reference.

Gay

A male same sexual identity and orientation. Attraction between two males on various levels (emotionally, physically, intellectually, spiritually, and sexually).

Gender

Socially constructed characteristics assigned that may vary according to the times and the society or group one belongs to, and which are learned or assigned to women and men. It is a broader concept than the mere biological differences between men and women, and includes masculine and feminine traits. More power is afforded to males.

Gender-based violence

GBV encompasses various forms of violence directed at women, because they are women, and men, because they are men, depending on the expectations of each in a given community. For LGBTI people the violence is directed towards them because of their challenging notions of sexuality and gender identity and presentation.

Gender dysphoria

The medical diagnosis for someone who experiences a disconnection between their assigned and preferred gender. Some transgender people disagree with the categorisation of gender dysphoria as a medical condition because it relies on an understanding of what “normal” gender is.

Gender equality

A social order in which women and men share the same opportunities and the same constraints on full participation in both the economic and domestic realms.

Gender identity

Refers to a person's persistent and consistent sense of being male, female or androgynous. An internalised representation of gender roles and an awareness from infancy which is reinforced during adolescence.

Genderqueer

An umbrella term for gender identities other than man and woman that are outside of the gender binary (male and female) and heteronormativity. Genderqueer people may think of themselves as both man and woman (bigender), neither man nor woman (agender), moving between genders (genderfluid), and/or third gendered.

Gender role

Socially constructed or learned behaviors that condition activities, tasks, and responsibilities viewed within a given society as "masculine" or "feminine"

Hegemonic masculinity

This is the 'normative' ideal of masculinity to which men are supposed to aim. It is not necessarily the most prevalent form of expression, but rather the most socially endorsed. It is supported by the heteronormative model.

Heteronormative

A social construct that views all human beings as either male or female with the associated behaviour and gender roles assigned, both in sex and gender, and that sexual and romantic thoughts and relations are normal only between people of opposite sexes and all other behaviour is viewed as "abnormal".

Heteronormative model

The typical heteronormative family consisting of a father (male bodied person), mother (female bodied person) and offspring (*+ a dog and cat and white picket fence*).

Heterosexual/Straight

Attraction between two people of the opposite sex on various levels (emotionally, physically, intellectually, spiritually, and sexually) where the sex of the attracted person is the key to the attraction.

Homophobia

Irrational fear of homosexual feelings, thoughts, behaviours, or people and an undervaluing of homosexual identities resulting in prejudice, discrimination and bias against homosexual individuals.

Homo-prejudice

Prejudice against people of diverse sexual identities.

Homosexual

Attraction between two people of the same sex on various levels (emotionally, physically, intellectually, spiritually, and sexually) where the sex of the attracted person is the key to the attraction.

Human rights

The basic rights and freedoms that all people are entitled to regardless of nationality, sex, age, gender, health status, sexual orientation, nationality or ethnic origin, race, religion and language amongst others.

HIV Human Immunodeficiency Virus

A retrovirus that causes AIDS by infecting helper T cells of the immune system. The most common serotype, HIV-1, is distributed worldwide, while HIV-2 is primarily confined to West Africa. It is one of many sexually transmitted infections.

HIV prevention

Various ways of preventing HIV transmission, e.g. new technologies, condom and lubrication use, abstinence, PEP (Post exposure prophylaxis), PREP (Pre exposure prophylaxis) etc.

Internalised homophobia

When a homosexual individual internalises (make it their own) the shame and hatred projected onto gays and lesbians by a homophobic society.

Intersex

Born with ambiguous genitalia, or sex organs that are not clearly distinguished as female or male.

Lesbian

A female sexual identity and orientation which is an attraction between two females on various levels (emotionally, physically, intellectually, spiritually, and sexually).

MTF / Trans woman

A transwoman, or male-to-female, starts her life with a male body, but her gender identity is female. Always use female pronouns in reference.

MSM

Men who have sex with men. A sexual practice irrespective of sexual orientation or gender identity. An MSM can be hetero-, bi- or homosexual or trans. This term is more technical and is not necessarily an identity.

Patriarchy

A system of society or government in which the father or eldest male is head of the family and descent is traced through the male line. The wives / females are viewed as dependant. Roles assigned to men are considered superior and valued above females. Patriarchy forms the basis of discrimination against minorities like LGBTI people.

Serodiscordant couples

Refers to an intimate couple where one partner is HIV positive and the other HIV negative.

Service providers

In this handbook, service providers refer to anyone who could come into contact with sexual minorities accessing services for prevention, treatment and care. This could include nurses, doctors, and counsellors providing voluntary counselling and testing (VCT) and/or HIV counselling and testing (HCT) or supportive services. It also includes the management staff responsible for designing and monitoring the services. It could also include those who provide an indirect service, e.g. secretary, whom the LGBTI client will have contact with.

Sex

A biological construct of a human being. “*What’s in the pants?*” Male genitals - penis, testes, testosterone and genetic make-up and females’ – breasts, vagina, estrogen, progesterone and genetic make-up.

Sexuality

How people experience and express themselves as sexual beings, within the concepts of biological sex, gender identity and presentation, attractions and practices. Culture and religion have a huge impact on how individuals see themselves as sexual beings, especially within relations of power.

Sexual fluidity

Sexuality varying across time and situation, particularly for women. Fluidity offers a more inclusive definition than the more limiting conventional labels we have become accustomed to using to define sexual identity. Sexual fluidity, quite simply, means situation-dependent flexibility in women's sexual responsiveness. This flexibility makes it possible for some women to experience desires for either men or women under certain circumstances, regardless of their overall sexual orientation. In other words, though women—like men—appear to be born with distinct sexual orientations, these orientations do not provide the last word on their sexual attractions and experiences.

Sexual identity

The overall sexual self identity which includes how the person identifies as male, female, masculine, feminine, or some combination, and the person's sexual orientation.

Sexual minority

A group whose sexual identity, orientation or practices differ from the majority of the surrounding society.

Sexual orientation

Attraction between any two people on various levels (emotionally, physically, intellectually, spiritually, and sexually). Attraction to the other person's sex and/or gender presentation is the point of departure.

Sexual practices

All behaviour that creates sexual pleasure, practiced by one or more than one person, individually, or together.

Stigma

This is when a certain individual, with certain characteristics, e.g. HIV positive individual or trans woman, is rejected by their community or society because of that characteristic which might be considered as “abnormal”. These individuals’ lives might be at risk, possibly being threatened and abused.

Transgender

An umbrella term which is often used to describe a wide range of identities and experiences, including transsexuals, FTMs, MTFs, transvestites, cross-dressers, drag queens and kings, two-spirits, gender-queers, and many more.

Transphobia

The irrational fear of, and/or hostility towards people who are transgender or who otherwise transgress traditional gender norms. The most direct victims of transphobia are people who are transsexual. Because our culture is often very transphobic, transgender people can often have internalised transphobia and experience feelings of insignificance and self-prejudice.

Transsexual

A transgender person in the process of seeking or undergoing some form of medical treatment to bring their body and gender identity into closer alignment. Not all transgender people undergo reassignment surgery.

Transitioning

The process of changing one’s gender presentation to align with one’s internal sense of one’s gender. For transgender people this may sometimes include sexual reassignment surgery, but not always. It could include hormonal therapy.

Transvestite

An individual who dresses in the clothing of the opposite sex for a variety of reasons and who has no desire to change or modify their body.

WSW

Women who have sex with women. A sexual practice irrespective of sexual orientation or gender identity. A WSW can be hetero-, bi- or homosexual. This term is more technical and is not necessarily an identity.

How do I know if I'm transgender?

Most transgender people realise at an early age that their assigned birth sex does not align with their preferred gender. The age of this realisation varies: some people come to this realisation as young as five or six years old, and others recognise this a bit later, around adolescence, at the age of 12 or 13.

Just a Note...

Gender identity is not the same as sexual orientation. A sexual orientation is about whom you love and feel attracted to, on various levels, over a period of time. Gender is an internalised representation of a gender role. The link between the two is the experiences of discrimination shared.

Trans people can have any sexual orientation.

2. What are my rights?

In South Africa, the Change of Sex Description Act was effectively amended in 2004 to read as follow:

“Anyone who has undergone a sex change operation or medical treatment that causes his or her gender to change can apply to the Director-General of the Department of Home Affairs to have the description of his/her gender changed.”

This implies that a person need not have completed the transitioning process, but be in the process of transitioning. The process of transitioning is irreversible – the individual’s readiness to transition must be substantiated by a surgeon or therapist and independent physician. This process of transitioning includes the change on the birth register.

- In South Africa, you are entitled to change your name officially and to receive a new identity book with your new name by applying through the Department of Home Affairs.
- You may use the restroom facilities of the gender you are now portraying. You have a right not to be discriminated against according to section 9 (3) of the Bill of Rights of the South Africa Constitution, but due to heteronormative society’s thoughts it is in some cases extremely difficult and trans people face challenges, including remarks, prejudice, harassment, reporting to security and arbitrary arrests. To be on the safe side, a letter from your therapist would explain the situation in cases where you are confronted.

In the rest of Africa, except for the transgender support services available in African countries other than South Africa (last page of this booklet), there are no confirmed health care providers to assist trans individuals with sexual reassignment.

Also, the needs and rights of trans individuals are mostly ignored. Unfortunately, trans people might face severe harassment, arbitrary arrests under the auspices of “Public Nuisance” or “Loitering” – formal and ‘informal’ punishment and imprisonment when “caught’ making use of public restroom facilities.



3. How do I start living in the gender of my choice?

Some young transgender individuals have the support of their parents or caretakers. If you have supportive caretakers, they may recognise that you are different from other boys / girls and they will take you to a psychiatrist or sexologist for assessment and support. With professional support, you will be supported to come to terms with your preferred gender and receive necessary treatment. This is the ideal world...

The following points are very important:

- As soon as you realise who you actually are, begin to accept yourself. Be aware that this is not an easy process, but many trans people have been through this challenging process and they have survived.
- Make absolutely sure with yourself that your preferred gender identity is different than your assigned gender (socially constructed identity assigned by family, friends and society as a whole) before coming out to anyone – even your best friend. Why? Because once you say “I am” It is said and can’t be retracted.

Now you know you want to live in the gender of your choice

Start living as the gender you prefer by:

- Addressing the issue with your parents and significant others and where applicable, your employer.
- Changing the way you dress to align with your preferred gender identity.
- Starting hormone replacement therapy to start the feminisation/ masculinisation process if you would like to modify your body development.
- Building a circle of friends who support your gender realisation and transformation. Getting support from other transgender people who have been through a similar process can be an important form of support.
- Living, eating, sleeping and drinking and being the gender of your choice
24/7

Steps to Sexual Reassignment

1. Get interviewed by a psychologist to gather information and to differentiate between those who are indeed transsexuals and other types of gender disorders.
2. Hormone therapy.
 - An endocrinologist (a medical doctor who specialises in the study of hormones and hormone related conditions) can offer monitoring of relevant blood chemistries and routine physical examinations.
 - This is especially important because hormone therapy may have some irreversible effects and may lead to mild or serious health-threatening complications.
 - However, monitoring by a qualified physician decreases the risk of running into complications.
3. Live 24 hours a day in the clothing that matches your preferred gender identity.
4. An orchidectomy (removing the sex glands of a male, also called castration) may be performed for the MTF transsexuals. Implants or breast augmentation and other optional non-genital surgical sex reassignment procedures are often done at this time.
5. A mastectomy (removal of the breasts) and hysterectomy (removal of the uterus) for the FTM transsexual is usually begun after one year of cross-living. Most patients consult a plastic surgeon for the mastectomy and a gynaecologist for the hysterectomy.
6. A final psychological evaluation is necessary before surgery will be decided.
7. Date of surgery is identified.
8. Post operative or follow-up care after is of utmost importance.

Special Considerations

- What extent and nature of gender change do you have in mind in terms of behaviour, dress, hormone treatment and surgery? The greater the change the more you will need to negotiate with others who could play a role, for example your medical insurance, employers, including management, co-workers, significant others and family members.
- How compatible is your body with the changes you are contemplating? The degree of compatibility could influence the degree to which you encounter resistance.
- Are you emotionally prepared? Be aware that you may need to disclose very intimate aspects of your life to strangers. If you feel ashamed, this will often be reflected back to you by others, especially those who are uninformed and suffer from transphobia.

Do you have the necessary financial resources? Are you aware of the costs involved and how you will meet them? Medical aids and medical insurance do not usually cover these expenses. If you run out of funds in the midst of the process, it could prolong the period of stress encountered during the transition period.

4. Being me –responsibly!

Protecting myself from HIV

Many trans individuals have sexual relations, either during transitioning or on completion of the sexual reassignment surgery. It is important to protect yourself against STIs, including HIV.

Important Note:

There is often an assumption that HIV interventions dealing with issues for MSM (men who have sex with men) automatically address the needs of transwomen and that interventions dealing with issues for WSW automatically address the needs of transmen. This is based on the false premise that transmen and transwomen necessarily have the same sexual practices and/or sexual preferences as ciswomen and cismen.

The reality is that transgender individuals have different physical sexual characteristics and may be somewhere on a continuum of transitioning their bodies.

Here is some HIV information and tips on enjoying responsible sex

- Transgender individuals, notably transwomen, have been shown by numerous studies to be particularly vulnerable to HIV. Such vulnerability is fuelled by their marginalised position in society, poverty and incumbent related higher rates of sex work.
- Remember that HIV is not caused by sex – it is caused by a virus.
- HIV is not spread through sex – it is spread through body fluids transferred from one partner to another (see below).
- For infection to occur, two elements are needed – high risk body fluid and an entry point into the HIV negative partner's bloodstream.



- Responsible sex is preventing risky body fluids from a HIV positive person making contact with a mucosal surface of an HIV negative person and entering their bloodstream;
- Such contact could include:
 - Semen, blood or vaginal fluid on any broken skin
 - Semen, blood or vaginal fluid in the eye
 - Semen, blood or vaginal fluid in the mouth, especially if the receptive partner has any oral lesions (cuts), sometimes not even known about
 - Semen or blood in the rectum
- Always negotiate for the use of protective barriers when you have sex with someone whose sexual history and HIV status you do not know for sure
- Use condoms correctly and consistently when having penile-vaginal, penile-anal, oral-penile sex and ensure the use of enough water-based lubrication during penile-anal sex;
- Use condoms and a water-based lubrication correctly and consistently when sharing sex toys
- Avoid the use of any oil based lubricants, for example body or hand cream, vegetable oil, petroleum jelly, on latex condoms which could cause the condom to tear within seconds of use
- Use dental dams or latex sheets correctly and consistently for cunnilingus (oral sex) and anilingus (anal rimming). Alternatively, use a flavoured condom cut along the side or non-microwavable cling wrap that is kept in place with water-based lubrication
- Use finger cots correctly and consistently for fingering. Alternatively, use a condom over your finger(s)
- Use non-powdered latex gloves for fisting or fingering
- Avoiding any exchange of HIV containing fluids e.g. blood, vaginal fluids, semen and possible HIV containing fluid, pre-ejaculation
- Ensure screening for HIV and other STIs every six months.



Dental dams



Finger cot



Water based lubricant

Protecting myself from violence

Intimate partner violence/domestic violence

Domestic violence affecting the trans community is a serious issue. Domestic violence is, sadly, very underreported. What we know is that trans people often have difficulty acknowledging the abuse taking place in their relationships, both to themselves and others, especially when the abused is still closeted and not out and open about his/her relationship and/or gender identity.

Sasha, a transwoman, is involved with Brian for three months. The first month was like heaven, and then Brian's drinking habits started to cause a lot of conflict. Sasha also used more alcohol than usual, because she found it very difficult to cope with Brian's increased jealousy and physical abuse, and coped better when under the influence. Sasha is financially dependent on her boyfriend, because it is very difficult for her to find a job in her village. She realised he might hurt her even more, and tried to leave him. He attacked her with a broken beer bottle and threatened "You will never leave me! I will tell everyone in the village your secret, and the Chief first! They will sort you out! You will be kicked out of here, or they will kill you! You are only safe with me! You are not a real woman, but you are my woman!"

Sasha stayed with Brian...

Are you being abused?

Any relationship features tensions from time to time but if the following controlling behaviours happen repeatedly you should consider speaking to a counsellor to explore ways to turn your life around.

Is your partner, ex-partner, a family member or someone in your home:

- Hitting you?
- Swearing at you?
- Forcing you to have sex or perform sexual acts against your will?
- Threatening to harm or kill you, your children, family members or friends?
- Putting you down by insulting and embarrassing you?
- Judging, criticising or bullying you?
- Making you feel confused, angry and teary?

- ☐ Causing you to feel sad, worthless, and dissatisfied?
- ☐ Harassing, following and/or repeatedly intruding on your privacy?
- ☐ Withholding finances and manipulating you with money?
- ☐ Threatening to “out” you to others?
- ☐ Do you wish that you could become more assertive?

If you have said yes to one or more of the above, you are being abused.

(www.womyn2womyn.co.za)

Violence on the basis of sexual identity or gender presentation

No trans person should be discriminated against or hurt in any way, especially for living an authentic life, true to their gender identity. Unfortunately, many experience various forms of discrimination and trauma directed towards them. A trans person's identity and gender presentation puts them at risk of various hate crimes directed at them, for example rape on the basis of their gender presentation driven by the bizarre and false notion that their identity can be “corrected”.

Here are some tips to protect yourself and what to do in case of an emergency:

- Stay safe by never walking alone; rather walk in a group, especially at night.
- When you visit a club, tavern or shebeen at night, ensure that you are not alone and that you are accompanied by a group of people whom you can trust. Never accept already open drinks or leave your drinks alone but instead ask someone who you trust to watch it for you if you have to leave it. Assess your vulnerability.
- Be aware of your environment and be more cautious when community members make hostile remarks towards you and try to get out of the situation as soon as possible.
- If you feel threatened in any way, report it to your local police and LGBTI or GBV organisation (for contact details see later in this booklet).
- If you experienced any form of violation or discrimination, seek help immediately (you can call a friend) or at your local LGBTI organisation, they will assist you further, to help you be safe and to receive the necessary counselling and/or support, especially if you don't feel comfortable reporting it to the police immediately.
- When you report any violation against you to the police, make sure there is someone with you to support you and ensure you get the service you deserve.
- Follow up on the progress of your case, even if you feel like you don't want to anymore.

manent employment is a struggle for many trans individuals. Others might even do sex work as a day job. If you are one of them, we want to remind you to take special care of yourself, since you may face double or even triple discrimination.

You might be at higher risk for HIV transmission and/or gender based violence, especially if you are forced to keep it a secret.

You are not alone – even if it might feel like it! We encourage you to make use of the support organisations listed at the end of this booklet.

5. Where can I get support and resources?

Place	Name	Services	Contact
Transgender Support Service Organisations			
Cape Town, South Africa	Gender Dynamix	Transgender Advice Information & Support, Advocacy & Sensitisation Training	www.genderdynamix.org.za
Cape Town, South Africa	Intersex SA	Intersex Advice Information & Support, Advocacy & Sensitisation Training	Tel: +27 (0)82 788 4205 +27 (0)82 788 4205 www.intersex.org.za PO Box 12992 Mowbray 7705 Cape Town, South Africa
Pretoria, South Africa	Transgender & Intersex Africa	Transgender Advice Information & Support, Advocacy	Transgender.intersex@gmail.com +27 (0) 73 432 4499
Uganda	Support Initiative for People with atypical sex Development (SIPD), Uganda	Transgender Advice Information & Support, Advocacy	www.sipd.webs.com
Uganda	Transgender, Intersex and Transsexual, Uganda	Transgender and Intersex Advice Information & Support, Advocacy	www.titsuganda.org
Gaborone, Botswana	Rainbow Identity Association	Transgender Advice, Information & Support, Advocacy	PO Box 592328, Gaborone, Botswana

Place	Name	Services	Contact
Zambia	Trans Bantu		"Like" Trans Bantu Facebook page
Windhoek, Namibia	Outright Namibia	LGBTI Advocacy, Lobbying, Evidence Based Interventions & Movement Building	+264 61 245556 +264 81 252 8259 +264 81 142 1514 info@outrightnamibia.org outrightnamibia@gmail.com www.outrightnamibia.org 49 Pasteur Street Windhoek West Windhoek - Namibia
Harare, Zimbabwe	GALZ (Gays & Lesbians of Zimbabwe)	LGBT Psychosocial Support, Health Services, Research, Peer Education, Advocacy & Sensitisation Training	+263 (4) 741 736 info@galz.co.zw 35 Colenbrander Rd Milton Park, Harare
Malawi	Centre for the Development of the People (CEDEP)	LGBT Support, Health Services, Research, Peer Education, Advocacy	www.cedepmalawi.org
Mozambique	Lambda	LGBT Support, Health Services, Research, Peer Education, Advocacy	+258 41 62 66 www.lambda.org.mz

Gender-Based Violence Support Organisations

Johannesburg (Contact the Head Office for satellite offices in rest of Africa)	Gender Links	Equal and effective participation of all citizens in terms of gender	+27 (0) 11 622 4732 www.genderlinks.org.za 9 Derrick Avenue, Cyrildene, Johannesburg, 2198, South Africa
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Other Organisations, Information and Support

Place	Name	Services	Contact
Cape Town, SA	SWEAT	Sex Worker Advocacy, Research, Outreach and Development	+27 (0) 21 448 7875 0800 60 60 60 www.sweat.org.za 19 Anson Street, Observatory 7925, Cape Town, South Africa.
Cape Town, SA	ALN (Aids Legal Network)		+27 (0) 21 447 84 35 www.aln.org.za Suite 6F Waverley Business Park Dane Street Mowbray Cape Town 7700

This booklet was compiled with the valuable input of Liesl Theron, from Gender Dynamix and Alok Vaid-Menon, from Stanford University, intern at the time at Gender DynamiX.



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