

# Mujeres Adelante

Daily newsletter on women's rights and HIV – Mexico City 2008

## In Focus...

Cynthia Rothschild

# The L Word and the G Word

There must be 500 workshops here that have 'sexuality' in the title or in the tiny, almost illegible conference descriptions. Back to back, one would have to be here for a week to attend them all. But I'm still left with the feeling that something is missing. Maybe more important than that frame is *who* is missing, whose lives are somehow overlooked amidst the rich discussions taking place?

I'm wondering now about lesbians (and the epidemiologically-driven, but still rather flat term 'Women who have Sex with Women' [WSW]). I don't mean 'lesbians are missing' in a simple sense, because, as is the case since the inception of these AIDS conferences, we are consistently here, doing amazing work. But I still have questions about our visibility as activists, as defenders of HIV-related rights, as subjects of epidemiological inquiry.

First, homage to those who have preceded me in these AIDS conference spaces, and in this thinking. There are many lesbians who have organized at IAC events and who have had some of



these same concerns for close to two decades. And I still sit with two sets of questions: one about representation in conference proceedings, and the other set, in relation to ongoing lesbian and HIV advocacy and movement concerns.

Lesbians and 'lesbian issues' could and should be a part of so many discussions in this venue. And yet, they, and we, are not, or, lest I be too cynical,

we are not with *regularity*.

We and our concerns are a sporadic addition, an occasional bright light amidst the dark mood lighting in the session rooms and amidst the lovely chaos of the Global Village.

Let me start with two of the recent bright lights:

There was a great lesbian/WSW session on Tuesday in the 'Hot Topics Zone', where people from lots of different backgrounds and sexual orientations came together to strategize, to talk about sex, desire, violations, invisibility, movement building, the need for data on lesbians and HIV transmission, and the need for advocacy at upcoming AIDS meetings.

And in a large session on violence against women, an activist from Zimbabwe made a great contribution as a panelist – she highlighted violence against lesbians and how advocacy on this issue is particularly complicated in the current political climate.

Yet, there is a range of discussions where this same set of issues is not consistently raised. Here is one policy related example: in the development of the UNAIDS Global Fund-related

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We are not the problem

'gender guidance', there have been difficult discussions about the meaning(s) of the term 'gender', and how to maintain a focus on experiences and rights of women and girls, but also highlight the needs and concerns of gay men, MSM (just reverse the WSW from above), transgender people and men and boys.

Lesbians and gender now occupy a thorny position amidst a struggle that sadly reveals both sexism and homophobia within our social justice HIV universe: we are central, in theory, to both sets of analyses. But without the proper level of scientific and sociological inquiry, 'women and girls' means heterosexual, and 'sexual minorities' means men and transgender people. So there is risk, again, of our lives and concerns remaining too peripheral to both areas, since they have been cleaved rather awkwardly in two.

Last night, I heard a panelist talking about gender say that 'MSM have stolen the gender agenda'. Saying that *any* agenda within the HIV universe is stealing from another is tricky business. Agendas grow with visibility from social movement struggles. We get nowhere by arguing that abortion 'steals from' a women's rights agenda, or that AIDS 'steals from' a broad health agenda. Effective HIV prevention and effective human rights promotion require specificity, visibility, and recognition, especially in our universe of words, text, documents, and where, whether we are named or not, might mean access to



or denial of resources, or, in certain instances, life and death. That may sound dramatic. But I believe it is accurate. And it is accurate for lesbians.

In terms of transmission of the HIV virus in woman-to-woman sex, studies have said 'absolutely, women can transmit the virus to other women' and alternatively, 'it's very unlikely'. But overall, most studies do not even address the question. And in terms of violence against women, a central agenda in women's human rights advocacy, little data exists about lesbians and HIV. Too little women's rights advocacy addresses this question, just as too little human rights advocacy addresses lesbians as targets of state and community/family violence.

We need better means of addressing these omissions; we need allies to do their work, whether in research, production of scientific data or human rights reporting. And in the interim, lesbians will continue speaking out, making demands, holding workshops and

talking about sex, pleasure and desire amidst the whirl of AIDS organizing. I look forward to all of the above.

*Cynthia is a sexual rights/LGBT/HIV&AIDS/feminist activist based in New York.*

## Lost in the Debate on 'Gender'

Kate Griffiths

The debate over the meaning of 'gender', between a women's rights framework and comprehensive gender framework, in the forthcoming UNDP guidelines for national strategies, has been widely lamented for, at times, seeming to pit the needs and interests of 'sexual minorities' against those of 'women'.

The presentation by Patience Manidshona, as well as several comments from floor speakers, at Tuesday's seminar *Women's Rights Equal Women's Lives: Violence Against Women and HIV*, suggested that this framing of the debate ignores the needs and experience of lesbians, bisexual women (and female-to-male transgendered persons), when it comes to HIV and AIDS.

Referring to what Human Rights Watch has described as a 'pattern of violence' targeting lesbians in South Africa, Mandishona called to mind the brutal murders of Sizakele Sigasa, Salome Masooa, Thokozane Qwabe, as well as the widely publicized gang rape and murder of South African soccer player and activist Eudy Simelane, which have all taken place in the last year, among countless other attacks against queer women. She then warned that the wave of violence is beginning to 'spread' into Zimbabwe, where Mandishona works as an advocate for lesbian and bisexual women.

Her organization, Gays and Lesbians of Zimbabwe, (GALZ), has a difficult task in its attempts to 'fight' for gay, lesbian and bisexual

equality, given that homosexuality is outlawed, and has been declared intolerable by president Robert Mugabe. Mandishona argued that this level of stigma against lesbian and bisexual women increases their risk for violence, including sexual assault and rape, and consequently their exposure to HIV. This insight makes clear not only that the intersection of violence against women and HIV and AIDS is of particular importance to lesbian and bisexual women, but also that the issues empowerment of women and women's rights are ones not so easily separable from questions of rights for 'sexual minorities', as it may at first appear.

The path to ending violence against lesbian and bisexual women remains less apparent, given the two examples provided by Mandishona. While the need for legal reforms and protection for lesbians in Zimbabwe seems obvious, the South African example should give activists pause; the rights of lesbians and gays to live free from discrimination is enshrined in the South African Constitution, and South Africa was the fifth country worldwide to legalize same-sex marriage, the first to do so in Africa.

Nevertheless, stigma and violence against lesbians remains endemic in the country, suggesting that legal strategies may only be a starting point.

*Kate is a Doctoral Student at the City University of New York.*

## News from the Global Village...

### Todas las Mujeres, Todos los Derechos!

The Women's Networking Zone, organized by the **Alliance for Gender Justice**, has provided a vibrant and inclusive space for women from all over the world, led by women living with HIV, to dialogue around critical issues in the HIV and AIDS debate.

Continuing human rights violations raise women's susceptibility to HIV transmission and leave them more vulnerable to the impact of HIV and AIDS and related abuses. Ideologically driven funding conditions, policy and program makers' persistent denial of these abuses, and underlying inequalities result in responses that fail to address women's realities or promote and protect their fundamental human rights. Without these we cannot hope to see a reversal of the HIV pandemic.

#### Hear the voices of HIV positive women say why!

##### The Alliance for Gender Justice demands that:

- All women, including HIV positive women, have a **right**

**to decide about our sexuality and reproduction. NO** to forced sterilization! **YES** to informed choices around pregnancy and child-bearing.

- All women, including HIV positive women, have the **right to comprehensive health. NO** to the exclusion of sex workers, women in prisons, female injecting drug users to accessing basic health care! **YES** to ARVs for ALL women living with HIV!
- All women, including HIV positive women, transgender and intersex women, sex workers, prisoners and female injecting drug users, have a **right to autonomy, respect and dignity. NO** to exclusion from decision making fora that affect our lives! **YES** to full and meaningful participation!
- All women, including HIV positive women, have a **right to a life free from violence. NO** to violence in our homes, communities, schools, police-stations, health care services, and workplaces! **YES** to peace!

*Luisa and Sue are from ICW.*

## News from the margins... Daisy Deomampo

### Perusing the posters...

In a conference filled with a multitude of exciting panels and activities, the poster exhibit is a welcome respite from the chaos of running from session to session, and a unique opportunity to chat with fellow researchers and activists about innovative research on HIV and AIDS. A recent stroll through the poster exhibit revealed that many activists and organizations are involved in a range of projects addressing gender and HIV and AIDS.

Among the topics addressed were feminism and HIV/AIDS activism in South Africa. The poster, *Feminism in the Age of HIV/AIDS: Voices from South African activists*, by student researchers from the City University of New York, examined how women and men activists from diverse racial, ethnic, and socio-economic backgrounds articulate the history of feminism and women's rights movements in South Africa. Through the voices of activists themselves, this poster revealed the range of definitional issues that activists face when attempting to articulate their own understandings of 'feminism' and 'women's

interests', and how these issues affect the ways activists address gender equality in the context of the AIDS pandemic.

Working with men to foster gender equality was also a covered topic at the exhibit. *Can men be included in microfinance?*, presented by HOPE Worldwide South Africa, raised key questions regarding whether or not the empowerment of women can be strengthened by including men in microfinance programs. Posters also aimed to call attention to voices that are frequently neglected, and the Open Society Initiative for Southern Africa's poster, *Women who have sex with women: HIV is an issue that affects us! Exposing our marginalization*, made certain that lesbians' voices were heard. Finally, empowerment of women and girls around the world was a key theme of many posters over the last several days. Organizations, such as the Black Coalition for AIDS Prevention, revealed the importance of involving youth in developing prevention messaging for young Black women in Toronto, Canada, ensuring a high level of community ownership.

From informal support among HIV positive women in Trinidad, to migration, women and HIV in Asia and the Middle East, posters

encompassed a wide range of gender-related issues and geographical areas. Perhaps one of the guiding lessons to be learned from the breadth of issues and areas covered in the exhibit is that, as articulated in HOPE Worldwide's poster, local lessons are above all, local, and are not necessarily applicable everywhere. Lessons and strategies to respond to HIV and AIDS must be drawn from specific projects and local contexts, especially as gender is constructed within specific local discourses dictated by social and cultural norms.

Finally, not surprisingly the politics of funding was evident as one researcher assured by-passers that her poster indeed dealt with sex workers – despite the fact that the term was nowhere to be found in the title, which instead referred to *women traditionally targeted for HIV/STI services*. The politics surrounding the naming of this particular project – funded in part by USAID – demonstrated the constraints that many organizations continue to face in relation to funding, an ongoing issue for many activists at the conference.

*Daisy is a Doctoral Student at the City University New York.*

## Women's Realities...

Laura Villa Torres

# Las niñas, las adolescentes y las mujeres jóvenes frente al VIH

Del billón de jóvenes en el mundo entre 15 y 24 años, cerca de 10 millones están viviendo con VIH. Cada día alrededor de seis mil jóvenes adquieren el virus. Pero los datos son muy claros: son las mujeres jóvenes en general que tienen 1.6 más probabilidades de ser positivas. Más de un tercio de las mujeres viviendo con VIH tienen entre 15 y 24 años y las mujeres jóvenes representan el 60% de los casos de VIH entre las personas de esta edad.

En regiones más afectadas, como el África subsahariana y el Caribe, las niñas, adolescentes y jóvenes tienen una probabilidad 3 veces mayor que sus pares hombres de adquirir el virus. La edad es un factor determinante: intensifica la falta de empoderamiento y la discriminación que viven las mujeres.

Entre las circunstancias que afectan a estas mujeres se encuentran: la coerción y la violencia sexual; la falta de acceso a educación formal; la falta de educación en sexualidad; la negación de la sexualidad; la dependencia económica y la pobreza; la falta de empoderamiento para negociar relaciones sexuales seguras; la falta de legislaciones específicas que garanticen sus derechos humanos; la negación de la capacidad para tomar decisiones personales sobre sus vidas; el acceso limitado a servicios de salud sexual y reproductiva; la muerte de los padres debido al SIDA; los conflictos armados y la migración dejándolas como las proveedoras y cuidadoras primarias para sus familias. Todos estos factores pueden estar interrelacionados, creando un contexto que incrementa

exponencialmente la vulnerabilidad de este grupo de población.

Para las niñas, adolescentes y mujeres jóvenes viviendo con VIH, el estigma y la discriminación es parte de la vida cotidiana. Comúnmente son culpadas por haber contraído el virus y son excluidas de sus comunidades. Se quedan solas, con escasas redes personales e institucionales de las cuales puedan obtener apoyo social y ayuda médica.

Hay acciones que ayudarían a mitigar estos factores, tales como:

- ⊙ Reconocer que las niñas, adolescentes y jóvenes son un grupo clave para el desarrollo de una sociedad; se requieren de recursos específicos que permitan que ellas lideren proyectos políticos, económicos y de desarrollo social.

- ⊙ Asignar recursos específicos para programas integrales de educación en sexualidad para ambos sexos, que tengan el enfoque de derechos humanos y salud sexual y reproductiva, con una perspectiva de género.

- ⊙ Asegurar que los programas dedicados a atender la violencia doméstica y sexual sean expandidos y que incluyan la provisión de anticoncepción de emergencia y profilaxis postexposición para VIH sin la necesidad del consentimiento de los padres y/o la prueba de que se sufrió violencia sexual para acceder al tratamiento.

- ⊙ Implementar acciones que garanticen el acceso a servicios de salud sexual y reproductiva, que incluyan microbicidas, la vacuna para VPH y los condones femeninos.

- ⊙ Desarrollar programas desde una visión holística que incluyan el cuidado de la salud continuo, prevención, pruebas voluntarias, consejería y tratamiento para niñas, adolescentes y jóvenes, y que pongan particular énfasis en su vida sexual y reproductiva.

- ⊙ Se debe asegurar que las mujeres jóvenes VIH-positivas puedan ejercer sus opciones reproductivas de manera voluntaria y segura, incluyendo el acceso a cuidado prenatal, parto seguro, prevención de la transmisión perinatal y el acceso al aborto legal y seguro.

- ⊙ Desarrollar procesos de participación activa de las mujeres jóvenes, sobre todo aquellas VIH-positivas, en la planeación, implementación, monitoreo y evaluación de los programas a nivel local, nacional, regional e internacional.

*Laura is from Ipas in Mexico.*

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## Women's Voices...

# The Diaphragm Lives!

Zena Stein, Ida Susser, Marion Stevens

Inexpensive – a single purchase may last for years – easy to use – and virtually hidden from the partner – the diaphragm! ... Would it give 'harm reduction' to HIV, as it did for pregnancy?

A session at the conference discussed the difficulty of getting policy makers to look anywhere except at randomized clinical trials. Although the outstanding researcher, Nancy Padian, has carried out such a trial, those who oversee these trials insisted that the experimental group be instructed to use a male condom, as well as the diaphragm, while the control group used the condom only. Unsurprisingly, many experimental participants – and who could blame them – rejected this instruction, and used the diaphragm alone. The trial was rated a failure, because the experimental group, and the control group, ended up with exactly the same number of new infections (and pregnancies).

Careful study of the findings of Nancy Padian's path-breaking randomized control trial of the diaphragm suggests that the diaphragm did act as 'harm reductive'. The efficacy of the diaphragm was clearly demonstrated by the findings that when many of those in the experimental group abandoned the condom and used the diaphragm alone, this method achieved equally good results.

Almost since the epidemic began, some of us have wondered if the vaginal diaphragm might not have a 'harm reduction' role in protecting women. Used by generations of women as an alternative to the male condom in preventing pregnancy, it did reduce, although not absolutely prevent, conceptions. It also gave some protection against other sexually transmitted infections. As understanding of HIV emerged it could be argued that the diaphragm gave protection to the cervix, the site of many of the cells that are infected by the semen.

The degree of protection the diaphragm achieves is uncertain, but its known merits have been neglected for too long. The evidence for protection given by the male condom never included Randomized Control Trials (RCTs) that examined the protection they give to women. In fact, the trials only traced the protection from sexually transmitted infection that they gave to sailors, spending their time ashore. In recent years, however, reports of male condom use – not RCTs – among discordant couples have been persuasive that consistent use gives protection for both partners.

Meanwhile, as we well know, many women cannot convince their male partners to use a male condom, or allow a female condom. This is the rationale behind the enormous ongoing efforts

to find a microbicide.

It would be very important if, having no reasonable alternative, we could say to women:

First, try and get your partner to use a male condom or try to use a female condom. If these propositions fail – discretely insert your diaphragm as a tool for harm reduction. Every woman should be fitted with a diaphragm and shown how use it.

Who would oppose this simple option?

Theorists who argue against the diaphragm are afraid that women will abandon the male or female condom. However, surely we cannot deprive women of the diaphragm alternative, when so many people are failing to use anything at all.

Shouldn't women be educated and empowered to make their own choices?

*Zena is an Epidemiologist of Columbia University.*

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alternative...

## UPCOMING EVENT

### 08:15-10h30 – Plenary Session

#### Speakers:

**Chakaya Jeremiah, Kenya**

**Bruno Spire, France**

**Edwin Cameron, South Africa**

**Zonibel Woods, Canada**

The plenary will address the following issues:

- HIV and TB; HIV prevention: What have we learned from community experiences in concentrated epidemics?
- Criminal statutes and criminal prosecutions in the epidemic: Help or Hindrance?
- Investing in gender equality: Why women and girls matter in the AIDS response

Sue O'Sullivan

# Special report: Reflections on the Run

Now the conference is drawing to a close. We've worn ourselves out travelling back and forth between buildings, meetings, and searches for elusive friends and contacts. Carrying armfuls of materials and essential papers, we slide into fascinating sessions all over the Global Village, always heading back to the Women's Networking Zone, or our home base at the ICW booth. Dialogues, discussions and arguments have taken place in the Women's Networking Zone, and at the Positive Peoples' Zone, among many others. It's been a long week and yet, it's flown by.

Now it's time to take stock. Among women, what were the areas which sparked the most controversy or interest in the Global Village? In our opinion three areas have created the most informative, yet, contested discussions and debates. What is clear is that we do not always agree. No one can claim a position as the only truly feminist one. In the first issue of *Mujeres Adelante*, Anand Grover suggested that sex work would be an emerging issue at the conference. Other articles correctly identified other important issues for women, which included male circumcision, criminalization, and violence against women. In fact, all these were the subject of ongoing



discussion and debate. Nevertheless, we felt that there was a far greater realization in Mexico that women, including HIV positive women, are part of all the proliferating 'identities' claiming space in the Global Village – sex workers, IDUs, indigenous peoples, transgender women, HIV positive people's networks. Steps were also taken to acknowledge that although lesbians may not be particularly vulnerable to the sexual transmission of HIV through woman-to-woman sex, they may be IDUs, or sex workers, or occasionally have sex with men – all of which put them at risk of transmission.

It became increasingly clear

throughout the conference, that just because we are women, it does not necessarily follow that we agree on how to define, let alone solve, the hurdles women confront in the AIDS epidemic. But let's make it equally clear that there is a strong determination to work together for common goals and to listen to others' positions, even when we disagree. We value hard tussles over important issues, which will place women and HIV positive women right at the centre of AIDS discourses.

On the 'hot topics', the conference saw plenty of enthusiasm around plans to roll out male circumcision projects. Women were divided on the issue, although our guess is that more feminist health activists were wary than not. But some were in favor. A UNDP women's health worker said in a WNZ session, 'Why not? It might help and won't do any harm'. But other women are more cautious. The data can be interpreted in different ways, and the numbers of separated foreskins needed in order to make a difference may be much more difficult to achieve, than is being suggested.

**Lesson:** What we all agreed with is that male circumcision is a gender issue and as with all gender issues, an analysis throws up complexities and contradictions. This isn't a bad thing! A gender analysis which recognizes complexity and context will enable us as HIV positive activists, or women engaged in any number of ways in work around HIV and AIDS, to develop a vital and applicable '*politics of gender*'.

Other 'hot topics' included gender-based violence, or violence against women. *Mujeres Adelante* carried constructive articles on this subject at the very beginning of the conference. This was useful for

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women taking part in the unfolding workshops, dialogues and debates. In one session, women debated the meanings and uses of the words 'gender' and 'women', trying to settle on when and where to use these words. This session illustrated how important language is. Some grassroots participants reported that their members didn't know what gender meant; while one woman made it clear that gender was a way of understanding the relationship between women and men. But if you wanted to be specific about a need of, let's say, HIV positive women, you had to use the word 'woman', or she might get lost somewhere behind

'gender'. Someone else reminded us that gender is very fluid and doesn't refer only to 'women' and 'men'.

What about transgendered people, she asked?

**Lesson:** A gender analysis is essential to an in-depth understanding of how women, men, transgendered, intersex, and others play out their lives – in all areas. It is informed by the intersection of all the other 'forces' in our lives, including class, race and sexuality. We have to be specific about exactly who we mean when we talk about gender.

There are many other things we wanted to say, but we are running

out of space and time. And we are certain that each participant in the WNZ and in our case, ICW, would want to raise different issues. We haven't talked about criminalization at all, which really featured strongly throughout the week, but we'll have to leave that until the next time we join up.

**Lesson:** There's always too much to talk about and too little time at international AIDS conferences. But we had a fine time trying!

*Sue O'Sullivan and Luisa Orza have really enjoyed being correspondents for Mujeres Adelante! Thank You!*

**...just because we are women, it does not necessarily follow that we agree on how to define, let alone solve, the hurdles women confront in the AIDS epidemic...**

## In my view... Working in concert

*Scott Burris, Professor of Law,  
Temple Law School*

I think we are going to see a greater and greater convergence of health and human rights with human rights and human development movements generally. If you think about the health threats to people today, they are increasingly going to involve things like bad air, bad water, global warming, and climate change, that kind of thing. This converges with the increasing recognition in Social Epidemiology that it is not the thing you die of that you have to worry about. It is not the virus that infects you, but the conditions which created your vulnerability to that virus in the first place. It is recognizing that those conditions are things like social inequality, gender inequality, economic inequality and the structural violence forces that turn those conditions of inequality into health outcomes. Those are, of course, the same kinds of problems that are exposing

people to excessive vulnerability, because of lack of water and sanitation or crop failure and lack of food.

So I think for those of us working in the health and human rights movement in AIDS, the question is how can we reach beyond, how can we do what we do to ensure that people living with HIV, and at risk of HIV, get what they need to deal with the virus, while at the same time we are trying to see where we are really working in concert or should be working in concert with people we never think about? Such as people who think about food supply, water, or violence? Because these are all really issues that are related to what we do to and we are all really part of the same movement.

## In my opinion...

# Sex workers are part of the solution

I think it is very important to keep repeating, and repeating again, that sex work is work; and that sex workers are part of the solution. This is apparently not clear to a lot of people.

It is very difficult in a situation, where most of our governments are becoming more conservative and 'right-wing', to continue with our work. The chances for de-criminalisation are not good right now – even if I look at the criminalisation of HIV transmission, I get very scared, since we seem to look at the penal code for a solution. We are not thinking de-criminalisation, we are thinking criminalisation – and I am getting very scared about that.

[Claire Thiboutot, Stella, Canada]

One of the strategies for sex workers in Thailand is for people to see clearly that we are not victims – we are doing the job we have chosen to do. And that job has to be recognised under labour laws; and so, you are automatically an employee, and not a victim. We are not victims. We have a time we go to work and a time to stop. It is work. And people really have to get that clear.

[Liz Hilton, Empower Foundation, Thailand]



The lack of support from the women's movement is a historical 'fight' of many years. I am a sex worker activist for 30 years and in all this period; I have heard 'feminists' say – we need to better understand prostitution. They cannot understand that sex work is a work. I think this is because feminists have talked a lot about reproductive rights, but not sexual rights and that's why they have so many difficulties to understand our position. And they burden our struggle with their prejudices, and victimising us. In a way, these 'feminist' positions on prostitution are just like the Catholic Church's position on prostitution.

[Gabriela Leite, Brazilian Network of Prostitutes]

Supported by a grant from the Public Health Program of the Open Society Institute.

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**Printing:** Ad Libitum, Servicios Editoriales Integrales (5255)5484-8202



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