



Durban Lesbian & Gay Community & Health Centre: Gender HIV/AIDS Analysis

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JOHAP The Joint Oxfam HIV/AIDS Program in South Africa seeks to strengthen the civil society response to HIV/AIDS through supporting integrated community-based services for HIV prevention and care, including a focus on gender and sexuality and the rights of people living with, and affected by, HIV/AIDS.



Executive summary

This Report looks at the work of the Durban Lesbian and Gay Community and Health Centre (Community Centre) in KwaZulu-Natal, South Africa.

The vision of the Community Centre is to empower the lesbian, gay, bisexual and transgender (LGBT) communities to enable them to claim their rights to equality, dignity and freedom.

The Community Centre strives for transformation of the LGBT community, and a more equitable, healthier society through a strategic focus on Rights and healthy sexual relationships.

Given the greater vulnerability this community has towards HIV/AIDS, the major foci of the Community Centre's work is HIV/AIDS prevention, treatment and care, and the creation of enabling environments for HIV/AIDS interventions for the LGBT communities.

This Report aims to draw out key lessons on how the Community Centre approaches gender and HIV/AIDS, and how these are incorporated into the Community Centre's work.

In addition, there is an analysis of current research and theory about HIV/AIDS and gender mainstreaming to provide a contextual framework for understanding the work of the Community Centre.

An analysis of the Community Centre in relation to these findings is provided in the final section.

Overall, the different approaches that the Community Centre uses to support and empower individuals depend on the needs, issues and concerns of the individual.

The aim of all the work the Community Centre undertakes is to promote human rights and enable the LGBT community to claim their rights to equality, dignity and freedom. These principles underpin the content and delivery of services.

Consequently the focus on HIV/AIDS, sexual health and human rights is integrated into all programs and reflected in all aspects of the Community Centre's service delivery.

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Not all persons appearing in the photographs are gay or lesbian.

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Executive summary	3
1. Introduction	4
2. Gender analysis purpose and methodology	5
3. LGBT, gender mainstreaming & HIV/AIDs in South Africa	6
4. The durban lesbian and gay community and health centre	10
5. Gender and hiv/aids analysis of the dlghc	14
5.1 LGBT gender mainstreaming	14
5.2 HIV/AIDs and gender mainstreaming revealed	16
5.2.1 LGBT gender roles and relationships	16
5.2.2 LGBT risk and vulnerability	16
5.2.3 LGBT behaviour and hiv/aids	18
5.2.4 Elements of desirable sexual behaviour	19
5.2.5 Intersections of gender constructions	20
5.3 Learning experiences and practice	22
6. Conclusion	24
Bibliography	26

The Durban Lesbian and Gay Community and Health Centre (Community Centre) in KwaZulu-Natal, South Africa, aims to empower the lesbian, gay, bisexual and transgender (LGBT) community by providing services, support and training to enable this community to claim their rights to equality, dignity and freedom within the context of transformation. The Community Centre offers a safe and secure space for the LGBT communities of Durban and KwaZulu-Natal. Core services include personal counselling and support groups, HIV/AIDS and sexual health education and support, legal advice, a reading and resource centre, a tourist and religions project, and specific services such as sport and social events.

The Community Centre is one of the civil society initiatives supported by the Joint Oxfam HIV/AIDS Program (JOHAP) which is managed by Oxfam Community Aid Abroad (OCAA) in South Africa. At present the goal of JOHAP is to "ensure the quality and cohesion of the civil society response to HIV/AIDS is improved as a result of its support for the development, documentation, evaluation and dissemination of good practice in HIV/AIDS work".

Consequently, JOHAP contracted an external researcher and an academic to undertake an HIV/AIDS gender analysis of the Community Centre work in relation to their beneficiary communities. The analysis aims to draw out key lessons on how the Community Centre approaches gender and HIV/AIDS, and how these are incorporated into the Community Centre's work.



Gender Analysis Purpose and Methodology

The aim of this analysis is to identify and articulate relevant (both positive and negative) lessons from the work of the Community Centre to inform work on gender mainstreaming in the field of HIV/AIDS. An initial review of documentation from the Community Centre was undertaken to understand the delivery of services and achievements to date. In order for the researcher to find out more about the theoretical and practical application of mainstreaming and integrating HIV/AIDS and gender into the work of the Community Centre, interviews were held with targeted program staff to document their views, experience and understanding on the issue. In addition, a focus group was held to explore the integration of HIV/AIDS and gender in the work of the Community Centre. The method included conducting two separate focus groups with male and female participants; however the participants requested that a joint focus group be held so that they could share insights amongst themselves as well. The facilitators ensured that everyone had an opportunity to speak and that no one person or group dominated the discussion. The interviews and focus group were held on 15 July 2004 at the Community Centre in Durban. Nineteen members participated in the focus group representing a range of gender and sexual orientations, race, class and cultures. Six interviews were conducted with staff using a semi-structured questionnaire.



In addition, an analysis of current research and theory about HIV/AIDS and gender mainstreaming was undertaken to provide a contextual framework for understanding the work of the Community Centre. Key insights from this analysis are highlighted in the next section, and an analysis of the Community Centre in relation to these findings is provided in the final section.

3 Gender Mainstreaming

LGBT, Gender Mainstreaming and HIV/AIDS in South Africa

During the past ten years, there has been growing awareness that HIV/AIDS prevention, treatment and care programs require an engagement with gender norms and relations, since dominant understandings of “masculinity” and “femininity” have impacts on the way people behave and interact sexually. Many researchers (Thorpe 2003; WHO 2003) have acknowledged that unless HIV/AIDS programs have gender equality as an aim, an exceedingly high number of women will continue to be infected by the virus. Given that the research suggests that because of male domination and control women are frequently exposed to situations that could result in HIV infection, many health service organisations are attempting to empower women to take control of their bodies and to say No to unsafe sex. This strategy has its problems. Although empowering women is an important goal in reducing the levels of HIV infection, programs need to recognise that the norms dictating “masculine” behaviour may make it

difficult for many men to support women. What is therefore required are programs which incorporate and challenge men to embrace new, more egalitarian forms of masculinity, resulting in gender-relations based on equality (Richardson, 1999) and in women having more control over their sexual behaviour and reproductive health.

The founding provisions of the South African Constitution state that the Republic is founded on, amongst others, the following values:

- a) Human dignity, the achievement of equality and the advancement of human rights and freedoms.
- b) Non-racism and non-sexism.

These values underpin every policy and law, and provide the legislative means to ensure that the LGBT community, and indeed everyone, is treated fairly with human dignity. The Constitution has committed the country to the principle of non-sexism. HIV/AIDS work aimed at achieving equality between men and women is in keeping with the Constitution.

Yet the Constitution does not conflate sex and gender in the non-discrimination clause. According to Richardson (1999:3), “Central to an understanding of gender issues is recognition that gender is not just about men and women as biological categories. It is also about the dominant meanings and images of ‘masculinity’ and ‘femininity’, the nature of the relationship between these gendered images and stereotypes, and the nature of the relationship between the dominant forms of masculinity and those which are subordinated”.

What this suggests is that gender equality is not just about equality between men and women. Although challenging sexism is essential, challenging the way masculine identities are privileged over feminine identities is also necessary (Richardson, 1999). This requires an acknowledgement that within a society there are multiple definitions and expressions of femininity and masculinity (Connell, 1996). “These masculinities and femininities are socially constructed, contested, and changeable, as are gender identities of individual learners” (Richardson, 2001:42). Individual people’s identities and sexual behaviours are influenced by the gender norms and ideologies prevalent in their socio-economic and cultural contexts. It is naive to assume then that a woman brought up to believe that her husband is the ‘boss’ will say No to sex simply because of some new knowledge she has about HIV/AIDS. This is to ignore the way her “femininity” or gender identity has been constructed as different from, and inferior to, “masculinity”. For her, assertiveness may be seen to be a “masculine” trait and unsuited to a woman. The definitions themselves therefore require challenging.

When it comes to the containment and prevention of the spread of HIV/AIDS, research indicates that gender norms and ideologies can impact negatively on programs that are intended to reduce the spread of the disease and minimise the impact of HIV/AIDS on affected communities (NAAC, 2002). The impact and reach of HIV/AIDS is complex. According to research (WHO 2003; UN AIDS 1999) the effectiveness of HIV/AIDS interventions is “greatly enhanced when gender differences are acknowledged, the gender-specific concerns and needs of women and men are addressed, and gender inequalities are reduced”. Any HIV/AIDS prevention, treatment and care program must therefore start with an understanding of how sexism and gender ideologies maintain the vulnerability of certain groups to the disease. Such work must also consider how to best minimise the personal and social impact that HIV infections have on less powerful groups in society.

Mainstreaming gender into all facets of a program (NAAC, 2002: 17) can ensure that “gender inequalities are addressed in the design, planning, implementation, monitoring and evaluation of programs, and... that the beneficial outcomes are shared equitably by all – women, men, boys and girls”.

Despite the equality clause in the Constitution, unequal power balance in gender relations remains. For example, many men continue to believe that women should submit to their authority, and adopt subordinate and submissive roles. This may result in men refusing to use condoms, and women being unable to negotiate safe sex practices with their partners. “Some women experience the threat of, or actual, physical violence when

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attempting to negotiate safer sex through the use of condoms” (WHO, 2002:3). The distribution of the female condom and the development of a microbicide gel, which a woman can insert in her vagina to act as a barrier to HIV infection and sexually transmitted infections (STIs), provide important prevention tools that women can use (Khomanani 2004).

Women and girls are more susceptible to infection (Khomanani 2004) and consequently are infected by the virus to a greater extent than men. Reasons are physiological and sociological, involving norms and socio-economic factors. Biologically, women are more vulnerable to the virus as the vagina has a greater surface area than a penis, which increases risk of transmission through tearing; and semen remains for a longer time in the vagina increasing the risk of HIV transmission. Sociologically, dominant gender norms, and the way gender roles are defined, inhibit women from obtaining sexual health knowledge and having control over sexual and reproductive health and behaviour.

According to the Southern African AIDS Training Programme (2001) the following socio-economic factors need to be considered in the gender mainstreaming of HIV/AIDS programs:

- Deepening poverty and social inequality in the region, and limited opportunities for education and limited access to employment and capital leave women with few economic options. They often are obliged to exchange sex for money or favours, and are unable to negotiate safe sex practices. Therefore they are at greater risk of STI and HIV infections.
- Unequal power relationships based on gender and age encourages sexual abuse. This is often exacerbated by the marginalisation of women, increasing their sexual victimisation and HIV infection.
- A culture of silence surrounds the issue of sexual abuse, making it difficult to identify and address. Sexual abuse of young girls may even be sanctioned in some cultural contexts in South Africa.
- Prevailing norms of masculinity encourage young men to be sexually adventurous or even predatory, placing them and their partners at risk of HIV infection.
- Prevailing norms of femininity encourage women to be “innocent” and compliant when it comes to sex. This prevents young women from acquiring the necessary knowledge and assertiveness to protect them from HIV infection.
- Widespread cultural acceptance of multiple sexual partnerships for men undermines many HIV-prevention messages.



In most cultures boys learn self-reliance. They also see ignorance as a sign of weakness (WHO, 2003). Consequently boys who embrace traits associated with the dominant masculinity tend not to seek help or correct information when they have health concerns. Even when they have knowledge about HIV/AIDS, this might not result in behaviour change. “This gap between knowledge and behaviour suggests a continuing resistance to condom use that can be explained, in part, by how young men view gender roles and sexual activity” (Barker 2003:2).

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Dominant gender norms and relations also affect same-sex couples. In some gay couples, for example, one of the men may be more “masculine” while the other more “feminine”. These gender characteristics then impact on their roles within the relationship, with the “masculine” man being more controlling, more promiscuous, and the one who penetrates during sexual intercourse. Like many women in heterosexual relationships, the other man may accept the partner’s dominance and control, and may struggle to insist that his partner practice safe sex. In relationships of inequality, threats of violence or abandonment may result in one of the partners being coerced into receiving unprotected anal sex. Unprotected anal intercourse, regardless of the partner’s gender identity (WHO 2003:2), “poses an especially high risk of HIV-infection for the receptive partner because the lining of the rectum is thin and can easily tear”. “The presence of sexually transmitted infections in the rectum may not be noticed, increasing the risk of HIV infection” (Khomonani 2004:16).

There are also many men involved in same-sex experiences or relationships who do not see themselves as being gay or bisexual. Similarly there are women having sex with women who do not see themselves as being lesbian. Research suggests that for many Africans, homosexual behaviours have nothing to do with a person’s identity (Richardson, 2004b). Instead, many Africans believe that the identity markers of ‘gay’, ‘lesbian’, and ‘bisexual’, are Westernised constructs; labels wholly unsuited to African sexualities and experiences. In addition, many Africans “see their looks or dress or mannerisms as defining them more than their desires –

or may see the sexual role they play (as penetrator or penetrated partner in a sex act) as more significant than the sex of their desired object” (Human Rights Watch, 2003:7).

Programmes aimed at reducing HIV/AIDS infections are unlikely to have an impact on these people, unless they recognise that men having sex with men (MSM) and women having sex with women (WSW) do not see themselves as being the same as gays, lesbians or bisexuals. Since homosexuality remains stigmatised (Human Rights Watch, 2003), people involved in same-sex behaviours or relationships may not wish to discuss their high-risk sexual behaviours with doctors or health care workers for fear of discrimination or being inappropriately labelled. Male youth and men who fear being labelled gay may engage in heterosexual sexual behaviour so as to prove that they are “normal”, thus exposing themselves, and all partners, to increased risk of infection. As “boys” and “men” they may also refuse to get advice on how to avoid HIV infection. Some MSM marry because of social pressure (NAAC, 2002).

Since the contemporary focus of most HIV and AIDS prevention and awareness campaigns in South Africa have addressed the heterosexual transmission of the virus, men who have sex with men lack sexual health information to enable safer sex practices and behaviour. In South Africa, there is also an incorrect belief and perception that the risk of infection from unprotected anal sex is low (Khomonani 2004). The risk of infection for women who have sex with women is very low, except if they have cuts in the mouth during oral sex.

Consequently, interventions should encourage men and women to recognise that intimate relationships, regardless of sexual orientation or gender, can be based on equality. Key factors to achieve this include improving negotiation skills, opposing violence against women and homosexuals, increasing sexual health knowledge and awareness, and promoting responsibility for healthy sexual relationships, disease prevention and reproductive health.

Organisations, mainstream programs and interventions that specifically address the lesbian, gay, bisexual and transgender communities, need to recognise how homophobia maintains unequal gender relations (Richardson, 2004a), and results in LGBT people being blamed for the HIV pandemic. They also need to consider which strategies reduce the harmful effects of homophobia on the lives of individual people, and ensure that LGBT people, MSM, and WSW, get the knowledge or support that they need. Studies show that LGBT people who receive LGBT-sensitive HIV instruction tend to have fewer sexual partners, less frequent substance abuse before sex, and less risky sex than LGBT people who did not receive such instruction (Cianciotto & Cahill, 2003). Studies in the USA (Clemens et al 1999) show that many

transgendered people are involved in unprotected sex, sex work, and substance abuse (sharing of needles), thus making them increasingly vulnerable to HIV infections. Although the term “transgender” is used to refer to individuals who adopt a gender identity that is not congruent with their bodies, a transgendered person can be lesbian, gay, bisexual, or heterosexual (Clements, et al, 1999). South African research is needed in this area.

Programmes where gender has been mainstreamed into HIV/AIDS intervention and all aspects of the program can result in a change in gender norms, attitudes and behaviours. According to Barker (2003:4) the following elements have contributed to young men having gender-equitable attitudes:

“Being part of an alternative male peer group that supported gender-equitable attitudes; having personally reflected or experienced pain or negative consequences as a result of traditional aspects of manhood (for example a father who used violence against the mother, or a father who abandoned the family); having a family member or meaningful male role models (or female role models) who showed alternative gender roles”.

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As individuals, vulnerable groups and society become more aware of gender norms, gendered relationships, risk and vulnerability of HIV infection; and new, more equitable understandings of masculinities and femininities emerge, so women and the LGBT community will have greater access to knowledge, community and health services, and a greater degree of control over their sexual health.

4 The Community Centre

The Durban Lesbian and Gay Community and Health Centre

Launched on 9 August 2000, the Community Centre began official operations in 2001 in response to meeting both community and youth needs identified by the KwaZulu-Natal Coalition for Gay and Lesbian Equality. Among these was a need for 'a safe space' and information on sexual health, 'safer sex' and more knowledge about HIV/AIDS and how to live a healthy lifestyle.

The 'safe space' refers to a place based on rights, where individuals can ask open and frank questions and get accurate information, demonstrate healthy relationships in practice, get support in the process of accepting their identities, and interact positively with individuals from all walks of life. The Community Centre is raising the profile of the LGBT community because their concerns and vulnerability to HIV/AIDS has been marginalised at the International HIV/AIDS conference in Durban in 2003, in that issues that affect the LGBT community regarding HIV/AIDS were not addressed. Consequently the Community Centre promotes proactive advocacy to promote an environment that is supportive of LGBT community.

The vision of the Community Centre is to empower the LGBT community by providing services, support and training to enable them to claim their rights to equality, dignity and freedom. The Community Centre strives for transformation of the LGBT community, and a more equitable, healthier society through a strategic focus on Rights and healthy sexual relationships. Given the greater vulnerability this community has towards HIV/AIDS, the major foci of the Community Centre's work

is HIV/AIDS prevention, treatment and care, and the creation of enabling environments for HIV/AIDS interventions for the LGBT communities.

This is translated into the following objectives:

- To maintain and uplift a vibrant HIV/AIDS Community and Health Centre to provide various services to the gay, lesbian, bisexual and transgender communities in Durban and of KwaZulu-Natal generally;
- To educate and train the lesbian and gay community in respect of HIV/AIDS prevention, treatment and care (including both home and community-based care);
- To provide personal counselling for gays and lesbians to promote an awareness of health and HIV/AIDS issues as they affect the gay and lesbian community;
- To provide any additional services to the lesbian and gay community as and when needs arise in order to fulfil the Community Centre's vision;
- To locate the work of the Community Centre within the specific South African context and within the context of various layers of disadvantaged sections of the gay and lesbian community; and
- To establish and conduct support and discussion groups for persons with HIV/AIDS.

The work of the Community Centre is broadly categorised into the following programs:

Personal Counselling

The personal counselling project provides individual and group counselling to members of the LGBT community experiencing difficulties with discrimination, sexual

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orientation, depression, suicide, rape, and 'coming out' and others. The role of the counsellor is to help clients find out about themselves, their goals, and how they can go about achieving these.

Counselling tends to focus on addressing issues of self-esteem, social stigma, relationships and how to be open and truthful to oneself and others about one's sexual orientation. Support groups focusing separately on lesbian and gay people provide opportunities for individuals to engage in dialogue to promote equitable roles, develop respect for self and others, and build their self-esteem and assertiveness.



HIV/AIDS and Sexual Health

The HIV/AIDS and sexual health education and support project aims to develop healthy sexual relationships based on the premise that there is a range of gendered and sexual relationships. Services include free condom distribution, counselling groups for people living with HIV, HIV drug treatment programs, an HIV buddy system, and awareness workshops. The home care volunteer outreach program conducts workshops in three working-class townships outside the city centre. These workshops provide education and training for LGBT individuals in the community who are not able to access the Community Centre.

Since the Community Centre is working towards societal acceptance of sexual and gender diversity, this project includes both the LGBT community and the public. The HIV/AIDS, Care and Law Outreach Training Programme provides participants with the language and knowledge to be able to openly express biological, physiological, and social aspects of their sexual relationships. It allows all participants to raise concerns and issues, and ultimately learn how to negotiate behaviour between partners. The workshops also consider feelings, relationship behaviour, roles, social norms, and the use of condoms.

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Equal Rights Project

Work in this program focuses on Human Rights training, advocacy and campaigns, and is coordinated by the legal advice desk and campaigns office. The lobbying and campaign program runs workshops for organisations on request, focusing on the intersection between sexual orientation, HIV/AIDS, and human rights. In addition, specific campaigns are undertaken, which promote awareness about same-sex marriages, voting rights for the LGBT community, and political parties.

Through the Equal Rights Project, the Community Centre promotes and supports individuals in claiming their rights to equity, fairness and social justice. This extends to working with other organisations to promote equitable gender human resource management and service delivery.

The majority of legal advice clients bring cases of discrimination to the Community Centre, be it from work, schools, or public places. A number of cases are dealt with through the CCMA. Another core aspect of the work is undertaking partnership agreements, particularly when it comes to the purchasing of property, adoption and immigration. Despite the provision of rights in the Constitution, the practice thereof and societal perceptions are inconsistent. Consequently the advice desk often deals with matters arising between parties whereby perceptions, knowledge and practices need to be dealt with. For example, in cases where maintenance is not being paid the legal advice desk will be asked by a client to intervene.

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Community Centre service delivery

The idea of a Human Rights organisation suggests that the services offered, and the organisational structure and culture promote the principles advocated. This notion challenges traditional hierarchical organisational structures since the emphasis is on roles and responsibilities being informed by the principles of equality, dignity, and freedom for all. However, this is not easy in practice. The Community Centre has a representative Board

(including men, women, different sexual orientations, race, and cultures) to whom the Management Committee reports, and who oversee the program managers and staff. A staff member indicated that although the Community Centre is trying to put into practice the theoretical approaches and values of the organisation is promoting, the daily practices could be improved.

The majority of users of the Community Centre are Zulu males between the ages of 15 and 25 years of age, and who identify themselves as being "gay". Lesbians utilise the Community Centre to a smaller extent, and only a few individuals from the bisexual and transgender community have engaged with the staff and services. Reasons cited for this tendency are that public perceptions support the "trendiness of gayness", and that bisexuals and transgendered individuals are marginalised even within the gay and lesbian community. Lesbians appear to be less open in their sexual orientation, however they may be as in need of services and support as their male counterparts. Visitors to the

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Community Centre tend to come because they have participated in an outreach activity, have heard about the Community Centre and are curious, or because they are still 'passing off' as straight people and need advice.

The beneficiaries utilise these services because they know they are purpose specific to their requirements. Through the network of organisations and structures that are supportive of the LGBT community, the Community Centre is able to connect members for the matter to be taken forward or responded to appropriately.

Individuals are not 'labelled' when they enter the Community Centre and staff members claim that they do not judge someone because of how s/he looks or acts. Rather, it is through establishing supportive and caring relationships based on the services provided, that individuals get the courage to "come out" or "label" themselves. For the most part, this appears to happen when they are able to understand themselves, have developed their own identities, and have begun to demonstrate an improved self-esteem.



Of interest was an emerging hypothesis regarding the affinity of staff towards particular beneficiaries and visa versa. It appears that gay men who come to the centre feel more affinity towards the female staff, regardless of their sexual orientation, whilst lesbian women find it easier to confide in openly-gay male staff. Staff indicated that the affinity is also affected by how individuals identify with age, class and experience, and less so because of race.

One of the difficulties faced when working with marginalised and disadvantaged groups is in trying to reach them. Staff indicated that currently the most effective way is to go to music and dance clubs and meet LGBT members, or to raise awareness through network organisations such as sports clubs, tertiary institutions or non-government organisations.

The Community Centre is exploring channels to expand communication with the beneficiary communities and to increase the public image of the Community Centre. The Survey of Community Perceptions, which the Community Centre undertook in December 2003, indicates the need for the Community Centre to work more with communities and to focus on health, youth and women's issues.

The Community Centre is committed to research, monitoring and evaluation to improve effectiveness and to ensure programs are meeting strategic needs. Nevertheless, the Community Centre is experiencing difficulties in undertaking rigorous processes due to capacity problems and lack of participation by the LGBT community in research processes.



5 HIV/AIDS Analysis

Gender and HIV/AIDS analysis of the Community Centre

The approach and strategy of the Durban Lesbian and Gay Community Health Centre (Community Centre) is to mainstream gender and HIV/AIDS as discussed below.

5.1 LGBT gender mainstreaming

The advocacy and human rights approaches of the Community Centre aim to transform the LGBT community by encouraging individuals to claim their Rights as defined by the Constitution of South Africa, and by challenging factors that contribute towards gender inequalities and homophobia. The principles of equality, dignity, and freedom for all, underpin the Community Centre's philosophy and the support it provides to its beneficiary communities.

The different approaches that the Community Centre uses to support and empower individuals depend on the needs, issues and concerns of the individual.

From a program perspective, the Community Centre articulates a "gender-sensitive" and "gender-equity" approach. Each person is respected as a human being regardless of his or her gender and sexual orientation or identity. The different approaches that the Community Centre uses to support and empower individuals depend on the needs, issues and concerns of the individual. The gender-sensitivity comes from understanding the person's "inner world" and responding appropriately to his or her needs but in relation to the

person's context. Issues of stigma and discrimination are addressed through raising knowledge and awareness, and responding to people with sensitivity and dignity. "Discrimination" is defined by staff as treating the person with disrespect or as a "third gender".

The beneficiaries are challenged to examine and question cultural and societal stereotypes of "masculine", "feminine", and the roles of men, women, boys and girls, so as to promote more gender-equitable practices. The assumption is that more gender-equitable practices will not only reduce risky sexual behaviours, but also promote and develop equitable relationships which, in turn, will reduce gender-based domestic and homophobic violence, and promote the empowerment of lesbian, gay, bisexual and transgender individuals.

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The Community Centre challenges barriers that prevent the LGBT community from accessing community and government-based HIV/AIDS prevention and health services. For example, staff cited anecdotal evidence from individuals who indicated the difficulty they had had in talking to a doctor or clinic nurse about their health and sexuality, because of the stigmatisation of their sexual orientation. Consequently the health care they received was viewed as "poorer than for others" or did not meet their specific needs. Through awareness, lobbying, and the delivery of specific services, the Community Centre is breaking the silence around sexual and gender diversity, challenging hierarchical norms in relationships and society, and reducing the danger of sexual relationships through promoting and empowering individuals in sexual health.

Members of staff and beneficiaries, who participated in the focus groups, indicated that South Africa's laws and policies provide sufficient support for their needs. However, the practice within organisations and structures is problematic. Participants indicated that practices are gradually changing in Durban, and that they feel more accepted; many institutions are beginning to be more sensitive to them.

The staff indicated that the media is also gradually shifting towards a more LGBT gender-equitable approach.

The context-specific factors within each group and urban setting are considered at a program level and on an individual level by the Community Centre. The focus is on HIV/AIDS and sexually transmitted infections (STI) risk reduction, and on promoting healthy sexual relations for all, regardless of sexual orientation or HIV status. As one focus group member said: "Everyone faces the challenge of HIV and AIDS, (it is) central to sexual relationships and healthy living in South Africa today". Consequently the HIV/AIDS outreach education program targets youth at school and in tertiary institutions to primarily promote healthy sexual relations, and almost secondly to promote the acceptance and rights of the LGBT community. The outreach is not about who has "the most valid sexual orientation", rather it is about Human Rights and Sexual Diversity Rights.

In general, staff suggested that experts in gender studies and HIV/AIDS tend not to speak about LGBT issues: the focus tends to be on women and men. The literature tends not to consider how the distinction between 'feminine' and 'masculine' gay identities, or 'feminine' and 'masculine' lesbian identities, relates to the spread of HIV/AIDS. These differences in gender and sexual identities do affect how individuals view themselves, take on roles and responsibilities in relationships, access health services, and respond to core messages of sexual health, positive living and self-identity. It is an acknowledgement and acceptance of the diversity within the LGBT community that the Community Centre is advocating.



As one focus group member said: "Everyone faces the challenge of HIV and AIDS, (it is) central to sexual relationships and healthy living in South Africa today".





5.2 HIV/AIDS and gender mainstreaming revealed

5.2.1 LGBT gender roles and relationships

LGBT individuals occupy specific spaces and roles in society: in families, homes, places of work, community structures and society in general. Within each environmental and social setting, individual participants indicated that they take on specific roles dependent on the relationship and what they believe is expected of them. A participant cited how he took on an effeminate role in his same-sex relationship, whereas he demonstrated a more masculine role in a community structure.

The needs of the LGBT beneficiaries are different from beneficiaries of mainstream gender programs (focusing on women's issues or 'masculinity') as within each group and sub-culture, there are distinctive gender roles, relations and needs which influence how individuals respond to human rights and HIV preventative messages, behave sexually, or seek treatment, care and support. The Community Centre promotes

an individualised response to healthy sexual relationships, where individual responsibility for prevention and care is facilitated.

Participants indicated that there are expectations of attributes (stereotypes) that they respond to, and that they are urged by society to imitate 'normal' heterosexual relationships. Some do conform because they need to feel that they are accepted. However, through the support groups and services offered, the notion that a person must conform to dominant gender norms and roles is challenged. The Community Centre suggests that 'normal' relationships, in which one person plays a 'masculine' role and the other a 'feminine' role, might not promote equality, dignity, or freedom. Secondly, the notion is challenged because in same-sex relationships there is nothing wrong with one of the partners not wanting to take on the traditional 'opposite' sex role. For example, two women may not wish to have one party in the traditional dominant male role. The core message that the Community Centre promotes is that both parties have needs and that equality in the individual relationship is possible and worth working towards.

Homosexual communities in South Africa are still being subjected to violence, and there are many reasons for this (Human Rights Watch, 2003). LGBT individuals however often find it difficult to go for help to mainstream organisations such as police stations and clinics because they are made to feel guilty and of less worth, and because of the remarks made. For example, police told a gay man to "go and beat up your partner" when he reported MSM domestic violence.

One of the major focus areas of the Community Centre is to reduce the risk and vulnerability of the LGBT community and individuals through developing healthy sexual relationships based on sound information and access to condoms, femidoms and denti-derms. Information makes explicit the connection between sexuality and sexual health.

5.2.2 LGBT risk and vulnerability

Given the nature of sexual relationships, members of the LGBT group are more vulnerable to, and at a greater risk of, HIV/AIDS. Anal sex, for example, is a high-risk activity for HIV infection as the rectum is tender and tears can occur during penetration. In addition, the Community Centre reports that the condoms produced for the mass market are not strong enough for anal penetration, resulting in breaking and increased risk for contracting STIs and HIV. The Community Centre promotes the use of appropriate lubricants with condoms, however these are not easily available (due to costs). Members can also be infected from the transfer of semen or pre-ejaculation seminal fluid during oral sex, or from using unclean or shared sex toys. 'Cruising', which results because gays and MSM do not have other ways of meeting men, is also a high-risk behaviour. Vaginal fluids can also be shared resulting in HIV transmission between women.

One of the major focus areas of the Community Centre is to reduce the risk and vulnerability of the LGBT community and individuals through developing healthy sexual relationships based on sound information and access to condoms, femidoms and denti-derms. Information makes explicit the connection between sexuality and sexual health. This incorporates the prevention, detection and treatment of STIs, and the prevention, treatment and care of HIV and AIDS. In addition, the approach acknowledges that decisions are made, and behaviour occurs, within an individual's socio-economic and cultural context. Therefore, health rights, needs, concerns, and constraints, are raised and dialogued during workshops, support groups and counselling sessions.

It is acknowledged (Khomonani 2004) that vulnerability to HIV infection is associated with socio-economic marginalisation because of poverty, gender-relations,

and lack of access to sexual health information and services. The Community Centre staff indicated that LGBT members frequently leave their nuclear family and home environment because of not being accepted. In one case, a mother did not accept that her daughter's sexual orientation or relationship, and attempted to run her daughter and her partner over when she saw them walking hand-in-hand in the township. The daughter felt compelled to leave and "make it on her own". A son felt that he could not be himself nor have the type of relationships he wanted by living at home so he left the family nucleus to live on his own.

Research in the United States of America (Clements et al 1999) indicates that transgender members often 'end up on the streets' and in the sex-industry as means of survival. Although statistics and empirical evidence are not available for South Africa, the assumption, based on anecdotal evidence from the staff, is that the LGBT

Many individuals lack the power and coping skills to negotiate or conduct safe sexual practices and are therefore vulnerable, and more at risk, of infection (from STI's and HIV) and victimisation.

community are likely to undertake 'risky behaviour' as a means of survival or to cope with low self-esteem and depression caused by internalised homophobia. For example, they may participate in the sex-industry and become involved with substance use.

According to interviews with staff, many of the young people who utilise the services of the Community Centre indicate they turned to drugs to cope with their situations. However, these young people are usually unaware of the consequences of sharing needles, or exchanging sexual favours for drugs, food or shelter. Many individuals lack the power and coping skills to negotiate or conduct safe sexual practices and are therefore vulnerable, and more at risk, of infection (from STI's and HIV) and victimisation. Indeed, a large percentage of the young men who come to the Community Centre tend to be victimised, oppressed, and tend to be more effeminate and as a result they take on the more 'feminine role', role-modelling heterosexual relationships.





5.2.3 LGBT behaviour and HIV/AIDS

Mainstream HIV/AIDS policy and 'safer sex' campaigns ignore the LGBT community, MSM and WSW. The mass media campaigns addressing HIV, AIDS, condom use, fidelity and abstinence, are aimed at "feminine women and masculine boys" (Community Centre staff interview) engaged in heterosexual relationships. They ignore the range of other possible sexual relationships - those that are most marginalised by society – resulting in LGBT people not identifying with the imagery, culture or behaviours publicly shown.

As a result, the Community Centre focuses on providing sound information to the LGBT community on HIV/AIDS prevention, care and treatment relevant to the range of gendered and sexual orientated relationships, and in terms of promoting safe and healthy relationships based on individual rights.

The aim is to influence behaviour through providing sound information, access to facilitate safer sex (such as condoms, femidoms, and denti-derms), and opportunities for individuals to engage in dialogues or debates about appropriate and desirable sexual relations. The support groups and counselling arms/services of the

Community Centre provide opportunities for discussions about gender and sexual health, which further provide opportunities for "transformative power" of the Community Centre. Participants in the focus group reflected on their growth in understanding appropriate sexual behaviours and relationships through these forums.

Due to the needs of members of the gay and lesbian community living with HIV, the Community Centre provides training in home-based care and provides ongoing support and services for those infected and affected by HIV.

A few participants also indicated how they had 'grown' and developed positive self-esteem through engaging in these activities, and how they, as a result, felt more confident in being who they are in or out of a partnership. The extent to which actual behaviour is influenced has not been determined; however it appears that members use the Community Centre for a length of period before 'moving on'. This natural attrition is to be expected and indicates the Community Centre is not creating dependency: rather it is achieving the empowerment of individuals and facilitating the claiming of individual rights and responsibilities. Exit interviews are held with individuals who wish to leave the support groups and findings support this conclusion.

Due to the needs of members of the gay and lesbian community living with HIV, the Community Centre provides training in home-based care and provides ongoing support and services for those infected and affected by HIV.

5.2.4 Elements of desirable sexual behaviour

The information provided by the Community Centre is two-fold: the avoidance of behaviours which increase vulnerability and risk of transmission of HIV and STI's, and the promotion of desirable and safe sexual behaviour. This is provided in relation to an individual's sexual identity and lifestyle, given that norms and values shape a person's relationships and behaviours, and consequently his or her risk of getting HIV. The aim is to protect individuals from being exposed to the virus, and reduce the risk to others, including reducing the risk of re-infection of STI's and HIV.

The strategies used in raising awareness, counselling and training, are intended not only to impart information and distribute free condoms (including femidoms and dentiderms), but also to influence and promote desirable sexual behaviours.

This can only be achieved if individuals take responsibility for their own sexual health, and actively engage in transforming and developing equitable relationships with other people. Key to this is the empowerment and self-esteem of individuals so that their knowledge and new skills of dialogue can have a positive impact on their relationships and sexual health. But as indicated previously, it is naïve to assume that a person will simply change his or her sexual behaviour simply because of new HIV/AIDS information. For this reason, the Community Centre explores dominant cultural ideas about sexuality, and in fact, challenges the African idea that it is inappropriate to talk to young people about sex.

The Community Centre intends to develop a person's ability to have a relationship in which he or she can make his or her needs known, and also negotiate safe sex. Assertiveness is seen to be an important trait.

Furthermore, the harm reduction approach acknowledges the reality of young people's sexual experiences, something which is often denied in mainstream culture. The Community Centre intends to develop a person's ability to have a relationship in which he or she can make his or her needs known, and also negotiate safe sex. Assertiveness is seen to be an important trait.





5.2.5 Intersections of gender constructions

Lesbian, gay and bisexual

During the focus group with beneficiaries of the Community Centre, there was much intense debate about the terminology and identification of what it means to be “gay”, “lesbian”, “bisexual”, “transgender”, “transvestite”, “drag queen”, “metrosexual”, and “heterosexual”. For each term there are associated expectations, roles, behaviours, norms and values, and in some cases sub-cultures (such as feminine gay or masculine gay), which are socially constructed and contested. The social construction of gender and sexual identities within the LGBT sector of society is hugely complex, and individuals are likely to identify with particular understandings of

orientation and lifestyle, which are found in their socio-economic and geographic areas. In other contexts people may understand the meaning of the term differently.

For example, African men who have sex with men and women may not see themselves as being ‘bisexual’ (Richardson, 2004b). Yet in some contexts having sex with both men and women is exactly what makes a person bisexual. Gay people may also suspect that a bisexual person is simply going through a phase; in other words, that s/he is denying being homosexual. Consequently, there are inequalities in power and status within the LGBT community itself, which may make it difficult for some people to adopt a label. One staff member indicated that it is difficult enough to explain each of these

identities and lifestyles, and ensure that specific sexual health and rights messages are appropriate, let alone expect an individual to adopt a label.

The focus therefore is on helping individuals to learn how to accept themselves and others as they are. This approach promotes self-expression and allows individuals to define themselves and grow as they participate in activities. As one participant said: “Understand who I am and what I am all about”.

The Community Centre maintains that the context of HIV/AIDS has been taken out of the LGBT community. In recent times one of its priorities is to bring HIV/AIDS prevention, care and treatment, and health issues, back into this sector. The emphasis is on moving beyond biological aspects of men and women; rather to look at what it means to be a “proud” man or woman, psychologically, putting aside lesbianism. Often doctors and health services only respond to a person being “gay” or “lesbian” and forget that s/he is first and foremost a person in his/her own right.

The Community Centre sees its clients as being males or females who happen to be gay, bisexual, or lesbian, and considers health issues from this perspective. This approach results in discussions about what is going on in an individual’s body, lifestyle and mental health. However, the Community Centre also recognises that in some instances a gay man or lesbian may not acknowledge that s/he is a man or woman, because some communities maintain that a real man or woman cannot be a homosexual, and so socially constructed meanings are incorporated into discussions.

At the Community Centre “we are therefore extra cautious, careful, sensitive in working with them – have to keep acknowledging differences and acknowledge their presence and include them in the workshop or seminar so that we are not accused of being discriminatory or marginalising individuals” (staff member).

Transgender

Anecdotal evidence from transgender members of the community indicate that because their gender identities do not correspond with their physical bodies, they see themselves as another gender, but this does not always manifest in the need to undergo a sex change. What members are seeking is to be treated with respect for who they are and to feel approved as individuals. Transgender people are largely ‘invisible’ within Durban, within the LGBT community, and even within the Community Centre. When members have come forward to the Community Centre this has resulted in meaningful discussions and insights, and given support when requested. Staff indicated that they are beginning to understand and be more sensitive towards transgender needs and concerns, and consequently are able to incorporate transgender issues into their presentations, literature and core messages they advocate. Concern was expressed that transgender individuals are not coming to the Community Centre, and staff feel that they have not reached the “inner sanctum” (staff member) of this marginalised group.

In terms of transgender inclusion, in the content of the work of the Community Centre, staff indicated the importance of how the term is explained to minimise confusion, and how individuals are able to relate to this label. Sensitivity is required in order for this sector not to be seen as “less of a man, woman, gay or lesbian person”. The public and groups understand and accept gays and lesbians, but when the idea of “transgender” is brought into discussions, it is not easy for many people to understand. According to staff, gay and lesbian groups are frequently unwilling to hear about and discuss those who “play around with their gender identity and behaviour”.

The medical sector find providing health services to the transgender community difficult. They have indicated to counsellors and staff that they are not necessarily equipped to engage with the range of sexual identities beyond lesbian and gay. Doctors have indicated that they treat all clients equally, but a transgendered patient comes with additional experiences and differing HIV/AIDS and sexual health needs.

At the Community Centre “we are therefore extra cautious, careful, sensitive in working with them – have to keep acknowledging differences and acknowledge their presence and include them in the workshop or seminar so that we are not accused of being discriminatory or marginalising individuals” (staff member). Very few openly bisexual and transgender youth come to the Community Centre and utilise the services on a continuous basis. Possible explanations are that “they may feel excluded because don’t identify with any of the staff”. Furthermore, research in the USA has found that transgendered

individuals find it easier to access health and prevention services if there are transgendered staff members (Clements et al, 1999).

The Community Centre strives to ensure that all material addresses each sector of LGBT. This has been successfully achieved with the lesbian and gay sector, and they are striving to understand and include sensitive and relevant content to meet the needs of the bisexual and transgender youth, as well as for those that identify themselves more as “inter-sexual” or “queer”. Staff are constantly trying to balance the messages to specific groups and individuals to ensure that a range of information is provided to meet diverse identities and needs.

The purpose of the Community Centre is to support them in claiming their Rights but this can only be achieved if they utilise the services. Consequently, the Community Centre is beginning to focus on opening doorways for members to come to the Community Centre and reflect on possible barriers, both internally and externally, which may hinder their access and entry to this supportive structure.

The Community Centre at present is lobbying for their rights and creating public awareness to increase acceptance of these beneficiaries, in order to encourage them to make use of the Community Centre and the services it can offer.

5.3 Learning experiences and practice

The services/resources approach, elements and practice of the Community Centre suggest a number of emerging “promising practices” to mainstream gender and HIV/AIDS within a human rights and healthy living framework.

*Promising practice:
Integrate Rights and HIV/AIDS*

The approach of the Community Centre is to integrate Rights and sexual health into all aspects of their work. A specific focus on HIV/AIDS prevention, treatment and care cuts across all programs and the delivery of services. The focus is on building knowledge and on influencing behaviour to promote healthy sexual relations and to enable the claiming of human rights.

As one participant said:
“We are people, like all other people. Don’t see us as separate from the rest as we are equal to the next person. See us firstly as human beings”.

The public education campaigns consequently focus on sexual health and HIV/AIDS awareness for everyone, and place LGBT issues centrally in understanding sexuality, sexual health and HIV/AIDS. This approach allows for the appreciation of the diversity of humans whereby individuals acknowledge each other as human beings.

As one participant said: “We are people, like all other people. Don’t see us as separate from the rest as we are equal to the next person. See us firstly as human beings”.

Promising practice: Prevention activities alongside enabling activities

The Community Centre provides sound information and raises awareness to prevent HIV transmission, STIs and inappropriate sexual behaviour. This allows the LGBT community to make informed decisions. However the Community Centre moves beyond only prevention activities by providing activities to change behaviour. Through support groups, counselling and home based care, the value and self-worth of individuals is encouraged and facilitated, to enable them to negotiate safer sexual practices.

In addition, it is essential to give clear responses based on sound knowledge to promote healthy living and equality. This requires effective communication skills, follow-up information to audiences, and the continuous reinforcement of core messages.

The environment at the Community Centre allows LGBT youth to discuss safer sexual practices and ways to adopt them within their socio-economic context and relationships.

*Promising practice:
Communicate local relevance*

The material the Community Centre provides is specific to each sexual orientation. Within each of these orientations are sub-cultures and specific context issues, which need to be incorporated to enable individuals to identify with the messages and values. This requires insight into the gender power relationships and the reality of living as a LGBT member in the Durban context.

In addition, it is essential to give clear responses based on sound knowledge to promote healthy living and equality. This requires effective communication skills, follow-up information to audiences, and the continuous reinforcement of core messages.

Promising practice:

Build supportive network

One of the strategies the Community Centre uses is to build a supportive network to enable the LGBT community to claim their rights – including sexual health rights. The Community Centre works with organisations to develop their HIV/AIDS policies and ensures that specific LGBT issues are addressed. Unfortunately, according to staff, businesses and schools do not take this focus seriously; however the discriminatory practices when these issues are not addressed, are then taken up through the legal services.

In addition, the program staff establish working relationships with organisations who provide other services to the LGBT community and work with them to develop the necessary understanding, attitudes and services for LGBT clients. For example, various legal services are more aware of LGBT issues and provide an environment, and services, where members feel affirmed and specified needs are met. This has made a significant contribution towards breaking the barriers for vulnerable and susceptible people to access mainstream services.

The Community Centre calls for all organisations to incorporate LGBT issues and develop equality practice. For example, if the organisation focuses on training, policing, marriage or substance abuse, there are ways to integrate the rights of all people into their practice. Two ways of increasing access and participation for the LGBT community are suggested by the Community Centre:

► Organisations need to hold staff training sessions and meetings for different sectors in the wider community to provide information and share practices to minimise discriminatory service delivery. These sectors include women, the disabled, youth, children and LGBT. For example, training with Lifeline has resulted in Lifeline staff being able to deal with callers more sensitively, handle situations appropriately, and refer callers to specialised services as required. It is important that the organisation is committed to sensitivity as to how employees respond to an initial call or contact can determine the future involvement of a client. The responsibility for this ultimately rests with the employees. However, organisations must move beyond only training and let clients and customers know that staff are accessible and able to interact with LGBT members.

► Through partnership agreements and networking, public service organisations and businesses can develop standard measures for engaging with the public within a human rights framework. These measures need to address specific issues pertaining to vulnerable groups and people at risk, including women, children, the elderly and the LGBT community. These measures may require annual reviews and discussions to jointly solve problems, raise awareness or influence societal norms.





Conclusion

In South Africa, the number of people infected by HIV/AIDS is extremely high. Indications are that the numbers will increase, resulting in more people demanding care, and prophylactic anti-retroviral treatment. This will result in the widening gap between the need for health services and available resources. Research suggests that because many women are unable to exercise their rights in sexual practices/encounters, they are more vulnerable to HIV infection. "Taking the lead in sexual activity is part of the gender-construction of being male" (NAAC, 2002).

But the above analysis of the Community Centre reminds us that people are not prisoners of gender roles and stereotypes. Instead, men and women (whether heterosexual, homosexual or bisexual) can debate and challenge gender norms and inequalities, and accept and embrace a variety of masculine and feminine identities. However, unless HIV/AIDS programs have gender equality as an aim, an exceedingly high number of women will continue to be infected by the virus. Gender mainstreaming seeks to promote social justice by reducing gender inequality. "It uses gender analysis as the framework to describe the current power relationships between women and men.... All gender biases are removed and everyone plans with the concerns of women, men, boys and girls in mind and how the intended activity affects them differently" (NAAC, 2002:17).

"In a perfect society, everyone would accept everyone for who they are and we could all socialise safely in the community".

The Community Centre incorporates and mainstreams LGBT in the planning, implementation and monitoring of programs, material and services offered to the beneficiaries. Both programmatic support and services are offered, as well as responding to identified needs expressed by the beneficiaries. The specific sexual orientation, self identity and sub-cultures amongst the gay, lesbian, bisexual and transgendered community are explored and incorporated into the delivery of the programs. The exception is a specific focus on men who have sex with men and women who have sex with women who do not identify themselves as being "gay", "lesbian" or "bisexual". Young men and gay men tend to use the Community Centre to a greater extent than girls, women, bisexual and transgendered individuals. Reasons are those cited previously, however it indicates an unequal balance in the rendering of services and benefits.

The analysis indicates a deeper understanding of sexual orientation and gender-power relationships within the LGBT sector and how these impact on the transmission of HIV and STI's, and the treatment, care and support for individuals to promote sexual health and influence positive sexual relationships. HIV/AIDS prevention, treatment and care, as well as the promotion of healthy sexual relationships, are incorporated into all the programs and services the Community Centre provides. The Community Centre moves beyond raising awareness; it provides forums for beneficiaries to engage in dialogue and articulate new insights, thoughts and behaviour. The extent to which the work impacts on changing behaviour has not been rigorously determined, however indications (from anecdotal evidence) are that individuals are empowered through developing greater self esteem based on sound knowledge, and are able to negotiate and practice safer, more equitable relationships.

The aim of all the work the Community Centre is to promote human rights and enable the LGBT community to claim their rights to equality, dignity and freedom. These principles underpin the content and delivery of services. Consequently the focus on HIV/AIDS, sexual health and human rights is integrated into all programs and reflected in all aspects of service delivery. In practice, this means that

prevailing gender norms, attitudes and behaviour are being challenged as a result. It appears that more equitable gender norms and behaviour are developing between same sex relationships, which in turn are challenging the societal norms of gender construction.

Not only is the Community Centre influencing the norms, attitudes and behaviour of the LGBT community, it also impacts on the media, public and the network of service providers that the Community Centre have engaged with. The direction that the Community Centre is working towards is encapsulated in this statement made by one of the beneficiaries in the focus group:

"In a perfect society, everyone would accept everyone for who they are and we could all socialise safely in the community".

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