

GenderNews

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The views expressed in *GenderNews* do not necessarily reflect the views of the Gender Project, Community Law Centre or the University of the Western Cape.

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Editorial...

Welcome to our final 2002 edition of *GenderNews*! In this edition we focus on some of the legislative and policy developments aimed at alleviating the plight of rape survivors in South Africa.

A new policy with regard to the provision of post-exposure prophylaxis (PEP) was introduced earlier this year, and we take a closer look at what this means for rape survivors. We also highlight some substantive and administrative concerns around the *Compulsory HIV Testing of Sexual Offenders Bill*, which has sparked considerable debate.

We assess the recent case of *Jordan v the State*, where the Constitutional Court ruled that the provisions in the *Sexual Offences Act* that prohibit brothel keeping and sex for reward, are constitutional.

We warmly welcome Zukiswa Skepu to the Gender Project! Zukiswa will be working on the Bail Research Component of the Project for the upcoming months. She makes her introduction in our newsletter by arguing for increased participation of women at local government level as well as the need for local government to focus on issues that confront women.

We wish all our readers well for the rest of the year and look forward to many more exciting developments with regard to the improvement of the quality of life for women in 2003.

Please feel free to contact us if you have any questions or need additional information on any of the articles featured in this edition. We welcome any articles or updates for publication.

Zulpha Geyer, Project Administrator

Zukiswa Skepu is a B.JURIS, LLB graduate from the University of the Western Cape. She has worked as a candidate attorney in the East London Justice Centre, where she developed her interests in Gender Issues particularly in the field of Domestic Violence.



ZUKISWA SKEPU

HIV AND RAPE: TOWARDS A NATIONAL STRATEGY

BY ZULPHA GEYER

On April 17, 2002 the South African Cabinet announced that post-exposure prophylaxis (PEP) should be given to all survivors of rape, through the public health sector. The treatment is used to prevent or reduce the risk of HIV in circumstances where there is a significant risk of infection. At present a national co-ordinated plan for the provision of PEP to rape survivors is yet to be announced.

Originally PEP was intended for use after occupational exposure in the workplace where the risk of contracting the HIV is roughly 3 in 1000. Statistics indicate that the risk of infection due to rape is much higher. This is largely due to the violent nature of rape. Women are more exposed to micro injuries during rape that provide numerous sites of entry for the virus. The high incidence of gang rape in South Africa further increases a women's risk of infection, and let us not forget that South Africa rates very high internationally on both the HIV infection and rape scale. At present approximately 4 million people are infected in with HIV in Sub Saharan Africa alone - the majority of these people being between the ages of 15 and 49.

The effectiveness of the use of PEP for rape survivors was an issue brought under debate as scientific evidence with regard to its effectiveness was based on research conducted with regard to *occupational* exposures only. The current consensus of many health care experts around the world maintain, however, that treating survivors of rape

with anti-retrovirals (AZT and 3TC) will have the same benefits as for occupational exposures. This is because many similarities exist between the body's immune response to sexual exposure and needle-stick injuries. Rape survivors are now finally entitled to a protective measure against HIV.

The current state of health-care services for rape survivors are by no means ideal as women are often further traumatized by a lack of adequate holistic treatment. While the provision of PEP is a monumental victory for survivors, a comprehensive system of care is found lacking in many health-care facilities with the focus largely inclined towards the physical condition of the individual rather than one inclusive of her emotional and mental state at the time of treatment.

The need for a comprehensive plan in order to address the needs of minors in terms of health-care facilities is also one that requires serious attention. Globally it is estimated that everyday over 7000 young people between the ages of 10 and 24 become infected with HIV. This relates to roughly 2.6 million infections annually bearing in mind that rape is found to be most common among women of a young age. The issue here is that although PEP is now freely available to rape survivors, its prescription is unclear when it comes to young women under the age of 14 years as additional issues around parental consent need to be addressed. Many health care workers are often themselves not sure of the legal position of minors in this regard.

It is obvious that much work still needs to be done to ensure the effective roll out of post exposure prophylaxis for rape survivors.



The AIDS Law Project (ALP) and Centre for the Study of Violence and Reconciliation (CSVRO) recently launched a booklet aimed at providing rape survivors with the necessary information about PEP and how to access it in the 72-hour period after the rape. The booklet has been widely distributed to medical practitioners, NGOs, nurses and police stations. A downloadable form of the booklet is available on the ALP website as well as the Department of Health website. The ALP is also in the process of monitoring the implementation of PEP for rape survivors. For copies of the booklet and for more information, please contact the ALP at 011 717 8600 or visit their website: www.alp.org.za

IS COMPULSORY HIV TESTING OF ACCUSED IN SEXUAL OFFENCE CASES A SOLUTION?

BY RAYGAANAH BARDAY AND ANNEKE MEERKOTER

The Justice Portfolio Committee of the National Assembly formally approached the South African Law Commission (SALC) early in 1998 to investigate the need for legislation with regard to the compulsory HIV testing of sexual offenders. The SALC's Discussion Paper 84 and subsequent Fourth Interim Report on Aspects of the Law Relating to AIDS, deal with the issue of compulsory HIV testing of persons arrested on a charge or on suspicion of having committed a sexual offence and the right of survivors of such offences to be informed of the test results. The subsequent *Compulsory HIV Testing of Sexual Offenders Bill* was approved by Cabinet on October 2002 and will reportedly be tabled in Parliament shortly. The purpose of the Bill was purportedly that survivors of sexual assault would be placed in a position to make sound medical decisions around their health and would alleviate their concerns regarding exposure to HIV in situations where infection posed a real risk. However, the practical and logistical aspects of compulsory testing have not been well thought through.

There is a real threat that women are infected with HIV as a result of rape. Any approach to deal with this threat, must however be seen in a context where HIV/AIDS has already infiltrated many aspects of people's lives. Statistics indicate that an estimated 4,8 million South Africans are infected with HIV/AIDS. Most of those men and women who

are infected are unaware of their HIV status. Stigma and fear of discrimination further discourages access to voluntary counseling and HIV testing. In this context any measure that could add to the stigma around people living with HIV/AIDS should be discouraged. Mandatory testing of specific groups like commercial sex workers, prisoners, asylum seekers and accused in sexual offence cases could have serious human rights and public health implications and would set a dangerous precedent, further marginalizing people living with HIV/AIDS and discouraging openness.

Viewed from the perspective of the majority of rape survivors, the Bill offers very little comfort and in fact, could lead to survivors making decisions that are detrimental to their health. The Bill also does not assist the vast number of women who do not report the rape or in instances where no arrest has been made. An additional problem is that there is a perceived gap in communication between the investigating officer and complainant (see previous *GenderNews* article on the Bail Report). As complainants are already not informed that a suspect has been arrested and what his bail status is, it would be impossible for the complainant to access the right to have the suspect tested timeously enough for her to make an informed decision whether to take post-exposure prophylaxis or not.

The Bill deals with compulsory HIV

testing of arrested persons in sexual offence cases prior to conviction. The SALC suggested that there is a need for such compulsory HIV testing at the instance of the survivor in the light of "women's vulnerability and the absence of adequate institutional or other victim support measures". In the absence of many other more realistic and practical victim support measures, including a budgetary commitment to comprehensive health care services for rape survivors, the Bill remains a symbolic gesture to rape survivors.

The Bill also requires *prima facie* evidence that the suspect has committed a sexual offence against the complainant and that there is a possible risk of infection. Introducing the requirement of producing *prima facie* evidence at this stage is impractical as (as seen in the Bail research) investigating officers are often not in a position to give much evidence at the first court appearance of the accused and matters are subsequently postponed. Also, in the event that such evidence is available, it could potentially lead to a plethora of legal issues when the matter eventually reaches trial stage for example where the trial magistrate becomes aware that a decision has already been made as to whether *prima facie* evidence exists or not. Staff shortages at court would also pose potential problems, as the same magistrate who presided over the hearing where *prima facie* evidence should be proved can obviously not

preside over the eventual trial. As many courts already experience problems in respect of bail hearings, this would only present added burdens on the criminal justice system.

At a brief glance, it is unlikely that the Bill will achieve its purported aims of enabling survivors to make "immediate practical life decisions" or "give them a limited degree of certainty to a life threatening disease" as envisaged by the SALC. Immediate practical life decisions would include –

- counselling,
- post-exposure prophylaxis (PEP) for the survivor to stop HIV from replicating,
- practicing safer sex with her partner,
- if she is at a late stage of pregnancy, using treatment to prevent mother to child transmission of HIV,

- depending on the context, using medicines to prevent the onset of opportunistic infections like PCP pneumonia and TB, and
- generally living a healthy life style.

It is only at a much later stage of infection when antiretroviral use to slow replication of HIV would come into play. These decisions can be taken without the need to test the accused, a cumbersome process with uncertain results.

In the case of PEP a decision must be taken within 72 hours of the incident and therefore arresting the accused and any application for compulsory HIV testing of the accused is unlikely, within this short period, to influence the decision whether or not to take PEP. The window period could also apply to

the accused, so that an HIV negative test result might not be an accurate reflection of the accused's HIV status.

The fear and uncertainty of whether or not a survivor has been infected with HIV will unfortunately only really be over once she tests negative after the window period. An adequate response to the immediate needs of rape survivors requires a renewed commitment to providing rape survivors with access to adequate, comprehensive health care services. In addition, the reluctance of rape survivors to report rape should be addressed by ensuring efficient investigation and prosecution of rape cases. Compulsory HIV testing of accused is not a solution and could burden the health care and criminal justice systems to the detriment of rape survivors themselves.

COMPULSORY HIV TESTING AND THE ACCUSED

By JACQUI GALLINETTI

Compulsory HIV testing has been a contentious issue for a long time. With the advent of the *Compulsory HIV Testing of Sexual Offenders Bill*, this issue is again thrust into the spotlight. Notwithstanding the potentially negative implications for rape and sexual offence survivors, this Bill has serious implications for the due process rights of persons accused of crimes in terms of section 35 of the Constitution.

Section 35 includes the right of an arrested person to remain silent, not to be compelled to give self-incriminating evidence and it ensures that

evidence obtained in a manner that violates any right in the Bill of Rights must be excluded from the trial if the admission of that evidence would render the trial unfair or otherwise be detrimental to the administration of justice. The last mentioned provision in this context leads one to sections 12 and 14 of the Bill of Rights, which deal with the rights to freedom and security of the person and privacy respectively.

The practicalities and difficulties that this Bill provides for rape or sexual offence survivors make it clear that the limitation of the accused's

rights as mentioned above cannot be seen as reasonable or justifiable in an open and democratic society based on human dignity, equality and freedom.

While it is acknowledged that sexual offences are a clear and present danger that the State needs to combat in an efficient, committed and expedient manner, nonetheless this Bill is not the appropriate or rational means to achieve this. This Bill represents a clear undermining of the due process clause in our Constitution as well as undermining sensitivity to the needs and realities facing sexual assault and rape victims.

ADDRESSING WOMEN'S NEEDS AT LOCAL GOVERNMENT LEVEL

BY ZUKISWA SKEPU

Participation of women in local government and in the integration of gender analysis in programming and service delivery are essential to the transformation process of local government.

Our Constitution spells out the role of the local government in democratic South Africa. In the apartheid regime the local government focused on providing services to white communities with traffic regulations, maintaining parks and recreational facilities. The commitment to gender equity in the South African Constitution provides gender and women's activists with a powerful tool to advocate for policies and legislation. The local government system must address the inequalities and backlogs of the past and ensure that everyone has access to basic services, it is one of the local government's primary responsibilities to provide basic services in a sustainable way and at an affordable level to the community.

Women are not sufficiently represented in the local government. Local government has powers to remove or create barriers, through planning and implementation, which make resources inaccessible to women. Women's voices must be heard by their local government to ensure that gender relations are transformed. This can materialize through participation of women in local government which must

acknowledge and accept the existence of gender issues. The number of women in the local government workforce must be increased to facilitate women's participation.

In order to ensure women's participation, a local government must:

- Promote effective participation of women in local government and
- Form a gender working group which will:
 - Organise meetings with women;
 - Promote networking at different levels on gender issues;
 - Promote effective participation of women;
 - Represent, protect and promote interests of women;
 - Develop training programmes to ensure qualitative participation;
 - Facilitate the formation of gender working groups and
 - Develop gender policies and establish guidelines that could be translated into mechanisms.

The local government must encourage women to take part in the public participation process, advise women on how to get involved and participate on the document that is at issue, address issues affecting women (needs prioritised by women) and redress the problem of badly distributed resources, correcting the imbalance which exist in the provision of basic services such as:

RECREATIONAL FACILITIES

Absence of these facilities result in youth engaging in activities such as drug and alcohol abuse. This affects the lives of women as they are burdened and concerned about the safety of their children and the dangers which exist when their children play in roads or open fields.

EDUCARE FACILITIES

Working women are compelled to leave their children with relatives or friends as there are no after care facilities for school going children. Many mothers are forced to take unwanted risks by leaving their children unattended for hours a day. Attendance at pre-school is essential in providing children with opportunities.

HEALTH CARE FACILITIES

When health care services are not available in the community women are forced to spend long hours and a considerable amount of money, traveling to other areas in order to obtain these services.

EMPLOYMENT OPPORTUNITIES

The need for employment opportunities is another priority. Families need homes, households must be sustained and the economic independence of the family must be achieved.



EDUCATIONAL FACILITIES

Although this is interpreted as the need for schools in communities, there is a need for adult education programmes for women as well. The local government and the Department of Education must play a role in reducing the high illiteracy rate and create opportunities for women.

SERVICES FOR WOMEN

The local government must provide services to women such as, counseling for rape, child abuse, domestic violence and other forms of abuse, shelters for battered women, as well as drug and alcohol abuse programs which could operate from community centers and or local clinics.

BASIC SERVICES

Provision of basic services is not only fundamental to women's health and well-being but also has the potential to transform gender inequalities. Women are the ones who have to supply water services not provided by the municipality. Women spend long hours collecting water, a time consuming and

physically strenuous activity. Insufficient access to clean water not only poses health risks but also imposes an extra burden on women. Women are the ones who have to find alternative forms of energy supply when there is no access to electricity or when the access is not affordable.

Women constitute the majority of the poor, mostly living in rural areas and informal settlements, which have little or no provision of services. Since women are the main consumers of services they are more affected than men if services are not adequately provided. Women's needs have to be prioritized by local government.

THE SOUTH AFRICAN CONSTITUTION 108 OF 1996 SECTION 152

(1) The objects of the local government are –

- a) To provide democratic and accountable government for local communities,
- b) To ensure the provision of services to communities in a sustainable manner,

- c) To promote social and economic development,
- d) To promote a safe and healthy environment, and
- e) To encourage the involvement of communities and community organizations in the matters of local government.

LOCAL GOVERNMENT: MUNICIPAL SYSTEMS ACT 32 OF 2000

SECTION 17

(2) A municipality must establish appropriate mechanisms, processes and procedures to enable the local community to participate in the affairs of the municipality.

- (3) When establishing the mechanisms, processes and procedures in terms of subsection (2) the municipality must take into account the special needs of:
- a) people who cannot read or write,
 - b) people with disabilities,
 - c) women, and
 - d) other disadvantaged groups

JORDAN vs THE STATE: IMPLICATIONS FOR SEX WORKERS

BY ANNEKE MEERKOTTER

BACKGROUND

In August 1996, a policeman entered a brothel in disguise, paid money and received a pelvic massage. The brothel owner, brothel receptionist and sex worker were arrested and convicted in the Magistrate's Court for contravening the *Sexual Offences Act 23 of 1957*. The charges related to performing sex for reward, a prohibited act under section 20(i)(aA) of the *Sexual Offences Act* and brothel-keeping, which is prohibited in terms of sections 2 and 3 of the same Act. On 9 October 2002, after an appeal from the High Court to the Constitutional Court, the original convictions were upheld. The judgment has dealt a sharp blow to law reform campaigns that argue against the continued criminalisation of commercial sex work. In sharp contrast to the expected response of the Constitutional Court to alleviate the plight of this vulnerable grouping, the judgment will in all likelihood exacerbate the harassment of sex workers by clients, communities and especially law enforcement officials.

The Constitutional Court applied the interim Constitution which was in force at the time of the arrest, and unanimously held that the brothel-keeping provisions are constitutional; that section 20(i)(aA) does not infringe the rights of sex workers to human dignity and economic activity and if section 20(i)(aA) does limit the right to privacy, such limitation is justifiable under the limitations clause in the Constitution. The Constitutional Court was divided 6 to 5 on whether section 20(i)(aA) constitutes unfair

discrimination on the grounds of gender.

PROHIBITION OF SEX WORK: UNFAIR DISCRIMINATION?

The majority judgment of Ngcobo J held that section 20(i)(aA) does not discriminate unfairly against women since -

- Criminal law often distinguishes between different parties in a criminal act;
- The provision is gender-neutral and applies to both male and female sex workers;
- The purpose of Section 20(i)(aA) is to prohibit commercial sex, "an important and legitimate constitutional purpose" and not to protect clients who pay for sexual favours, and
- Clients face persecution under section 18(2) of the *Riotous Assemblies Act 17 of 1956* for participating in a criminal act and could face a similar penalty albeit under a different Act.

In sharp contrast to the majority judgment, the minority judgment by O'Regan J and Sachs J held that the section 20(i)(aA) differentiation between sex worker and client is not rational and disproportionately affects women. Whilst the sex worker and client are both consenting and participating parties in the prohibited sexual act, it is the paid female party who is criminalized, not the paying male party. The effect of the section, they argue, is to reinforce sexual stereotypes and to cast the sex worker as primary offender, amounting

to indirect gender discrimination. The minority judgment questions the majority's acceptance of the legal provisions under the *Riotous Assemblies Act* as a quid pro quo for the criminalisation of the sex worker under the *Sexual Offences Act*. The customer's complicity might impose a similar penalty in legal terms but the social stigma and impact of the prohibition of the sex worker's conduct indicates and reinforces sexual double standards. In addition, the client seldom faces persecution under the *Riotous Assemblies Act*. The minority judgment correctly summarises this anomaly: "The inference is that the primary cause of the problem is not the man who creates the demand but the woman who responds to it: she is fallen, he is at best virile, at worst weak. Such discrimination, therefore, has the potential to impair the fundamental human dignity and personhood of women." [65] They continue to state that there is no reason for the sex worker to be more blameworthy than the client, who is generally in a more powerful and stronger economic position. They conclude that the unfair discrimination created by the prohibition of sex work can not be justified under the limitations clause in the Constitution.

APPORTIONING BLAME

The majority judgment makes the alarming comment that "[i]f the public sees the recipient of reward as being 'more to blame' than the 'client', and a conviction carries a greater stigma on the 'prostitute' for that reason, that is

a social attitude and not the result of the law" [16]. The minority judgment addresses this argument, responding that "the Constitution itself makes plain that the law must further the values of the Constitution. It is no answer then to a constitutional complaint to say that the constitutional problem lies not in the law but in social values, when the law serves to foster those values" [72].

Despite these remarks, the minority judgment fails to sidestep the moralizing of the majority judgment and contradicts its unfair discrimination analysis. The appellants argued that the *Sexual Offences Act* infringes a range of other rights in addition to the right to be treated equally and not to be discriminated against unfairly. The minority judgment argues that the right to freedom of person is not violated since the sex worker "makes herself liable for arrest and imprisonment by violating the law" [75]. They continue to state that "to the extent that the dignity of prostitutes is diminished, the

diminution arises from the character of prostitution itself" [74]. On a similar basis, they conclude that the violation of the right to privacy is not extensive. Having acknowledged the double standards and negative impact of criminalisation, as well as the patriarchal and unequal society which influences women's decision to engage in sex work, albeit in the minority judgment, the whole Court is quick to blame women for the infringement of their rights.

IMPLICATIONS FOR LAW REFORM

Both judgments emphasize the Court's reluctance to deal with a matter which, in their opinion, should be dealt with by the legislature. The arguments placed in front of the Court however detailed the impact of the *Sexual Offences Act*, the socio-economic conditions which influences women's decision to enter sex work and the short-falls of the State's arguments for criminalisation.

The case challenged the constitutionality of a piece of legislation which was enacted in an entirely different era and which will, despite law reform initiatives, continue to exist for some years. Five out of eleven judges found that section 20(1)(aA) which criminalizes the sex worker, amounts to unfair gender discrimination. The other six judges upheld the provision but failed to do this on the bases of a strong constitutional analysis. This being said, one has the unfortunate situation where, to the public, the message is that the prohibition of sex work is constitutional. Whilst the possibility of law reform might have restrained some prosecutors and police officials from acting against sex workers, the Constitutional Court judgment has created the perfect environment for continued human rights violations against sex workers.

Source: *Ellen Jordan and others v The State*, CCT 31/01,
<http://www.concourt.org.za>

SOUTH AFRICAN SEX WORKER CHARTER

POLICE ARRESTS, CORRUPTION AND VIOLENCE: Sex workers should be treated with respect and dignity. Their human rights need to be upheld and legal procedures followed. Where police fail to do so, sex workers must complain to the relevant authority. Sex workers have a right to be protected from violence of all forms.

CLIENTS REFUSING TO WEAR CONDOMS: "Health first, Money after"

As sex workers our lives are more important than extra money. We have a right to protect ourselves against STI's and HIV infection and thus should encourage clients to practice safer sex.

CLIENTS REFUSING TO PAY OR ROBBING SEX WORKERS AFTER BUSINESS HAS BEEN COMPLETED: As sex workers we should request and ensure payment before business.

SEX WORKERS NOT LOOKING OUT FOR EACH OTHER OR CO-OPERATING WITH EACH OTHER: "Respect and deflect"

As sex workers we need to support each other with respect and operate as one family.

VERBAL AND PHYSICAL ABUSE FROM THE COMMUNITY: We should be treated with respect and dignity like all human beings. We in turn need to respect our communities in which we work.

PEOPLE WANTING A SHARE OF THE SEX WORKERS' EARNINGS (PIMPS, HOTEL MANAGERS, LANDLORDS, SECURITY GUARDS):

As sex workers we have a right to full control over our earnings. We need to change the conditions that exploit us. We want safe and secure work places.

POOR SERVICE FROM HEALTH SERVICE PROVIDERS AND POLICE: We deserve access to quality health care and safety services.

ADOPTED ON 17 OCTOBER 2002 AT THE NATIONAL SEX WORKER MEETING, FRANSCHOEK, WESTERN CAPE

GENDER UPDATE

COMPILED BY RAYGAANAH BARDAY

FAMILY LAW

HIGH COURT DISMISSES GAY MARRIAGES BID

An application for the legalisation, recognition and registration of the same sex marriage of a lesbian couple, Marie Fourie and Cecilia Bonthuis, has been dismissed by the Pretoria High Court. It was ruled by Judge Pierre Roux that he was not prepared to exercise his own discretion as the matter was of a constitutional nature. Roux stated that at present, marriage was defined as a union between a man and a woman and that he was unaware of any changes made to the definition. The couple has indicated that they will appeal the judgment.

Source: 'No to gay marriages' 18 October 2002, <http://www.news24.co.za>

COURT RECOGNISES WOMEN AS LEGAL PARENTS IN LANDMARK DECISION

The Durban High Court has upheld an application by two women to be registered on their children's birth certificate, one as 'mother' and the other as 'parent'. The women, one of whom provided an egg that was artificially fertilized by a sperm donor and the other who received the fertilized egg and gave birth to twins, were refused to register the children as they wished. Judge Allen Magid stated that the Constitution guaranteed that children have the right to a name from birth. It follows that the Department of Home Affairs has a corresponding duty

to facilitate the registration. The Department was ordered to draft a new registration form that would include the permanent same-sex life partner of a woman. The matter was referred to the Constitutional Court for ratification.

Source: 'Court allows toddlers to have two mothers' 4 November 2002, <http://www.sundaytimes.co.za>

The Constitutional Court has upheld a High Court order that the provisions of sections 17 and 20(1) of the Child Care Act of 1983 and the provisions of section 1(2) of the Guardianship Act 192 of 1993 which is restricted to spouses in a conventional marriage and not to same-sex life partners, to be inconsistent with the Constitution.

Source: Du Toit and Another v Minister of Welfare and Population Development and Others 2002 (10) BCLR 1006 (CC), www.concourt.gov.za

RIGHT TO FREEDOM FROM VIOLENCE

REVIEWING THE ACCUSED'S RIGHT TO QUESTION COMPLAINANTS

The New Zealand Herald reports that the Ministry of Justice is investigating the cross-examination of complainants by accused in sexual assault cases. This follows the publication of a draft code by the Law Commission in 1999 banning the direct cross-examination by the accused and its' recommendation that questions should instead, be put through an intermediary such as the

judge or a person appointed by the judge. Advocacy groups such as Rape Crisis and Victim Support welcomes the change in law but would ideally prefer that the accused be banned completely from cross-examining the complainant or that mechanisms such as video linkages and screens be used.

Source: 'Accused's right to question examined' 11 November 2002, <http://www.nzherald.co.nz>

DID THEY REALLY SAY THAT?

The Namibian Agricultural Minister has been reported as saying: "When you deny somebody sex every day it can cause serious consequences. We have emotional feelings and denial of sex can lead to psychological disturbances." He also added that some people became gay or lesbian due to the fact that they were not getting enough heterosexual sex. He knows this because "...As a biology teacher, I know how the body functions."

Source: 'Sex, sex, sex, it ALL boils down to SEX, says Minister' 31 October 2002, <http://www.namibian.com>

RIGHTS OF COMMERCIAL SEX WORKERS

FRENCH STREETWALKERS TO BE BANNED

The French Government will ban Streetwalking by sex workers in terms of new anti-crime strategies approved

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by the French government. According to the new proposals, prostitution would technically still be legal, however, "incit[ing] others to sexual relations, by any means, including attitude or manner of dress" would be outlawed. Activists argue that these new measures will expose sex workers to criminal gangs and corrupt police officers.

Source: 'Street-walking ban kicks off France's new war on crime' 24 October 2002, <http://news.independent.co.uk>

LABOUR LAW

MINIMUM WAGE FOR DOMESTIC WORKERS

As of 1 November 2002, domestic workers are legally entitled to a set wage prescribed by legislation. In terms of the new regulations, domestic workers working in urban areas are entitled to a minimum of R800 per month and those working in rural areas to R650 per month. In addition, employers are obliged to register domestic workers with the Unemployment Insurance Fund and the Compensation Fund. Domestic workers should be given three week's annual leave and

work for 45 hours per week. The minimum hourly rate for domestic workers working more than 27 hours a week is R4.10 in urban areas and in rural areas R3.33. Working less than 27 hours a week in urban areas would entitle domestic workers to a minimum of R4.51 and a rural worker to R3.66 per hour.

Source: 'Is legislation in domestics' best interest?' 1 November 2002, <http://www/bday.co.za>

NEW RESOURCES

COSATU POLICY FILE AND CD-ROM

On 1 November 2002 the Congress of South African Trade Unions released a Policy File and CD-Rom that catalogues the policy submissions COSATU has made between 1994 and 2001. For more information, visit the COSATU website at www.cosatu.org.za

WORLD HEALTH REPORT

The World Health Organisation launched the World Health Report on 30 October 2002. It can be accessed at www.who.int/whr/2002/en

RIGHT TO HEALTH CARE

EXCESSIVE PRICING FOR AIDS DRUGS CHALLENGED

On 19 September 2002 the Treatment Action Campaign (TAC) and the trade union federation COSATU, launched a complaint with the Competition Commission in South Africa against GlaxoSmithKline (GSK) and Boehringer Ingelheim (BI), two major international drug companies. The complaint is based on excessive pricing in respect of several key drugs for the treatment of HIV/AIDS. The drugs are Retrovir® (Zidovudine or AZT), 3TC® (lamivudine), Combivir® (AZT/lamivudine) and Viramune® (nevirapine). The complaint and its associated affidavits are available on the TAC website www.tac.org.za



NEW ACQUISITIONS

GILL KERCHHOFF • IT CONSULTANT

RIGHTS & REALITIES: A HANDBOOK OF WOMEN'S RIGHTS IN SOUTH AFRICA

JOHANNA KEMLER

CAPE TOWN, VLAEBERG: NATIONAL ASSOCIATION OF DEMOCRATIC LAWYERS HUMAN RIGHTS RESEARCH AND ADVOCACY PROJECT, (2002)

ISBN 0620285621

Despite the excellent legal framework that is in place in South Africa, exemplified by our Constitution, there are still huge difficulties in implementing of new laws and regulations. This impacts negatively on women especially. This manual therefore aims to analyse laws and policies that relate to women's lives and to provide tools for women to know about and act upon their rights. The different aspects that this manual looks at include labour legislation, local government, housing, reproductive and sexual rights, childcare, domestic violence and social security. It is a very useful book for gender trainers and activists as well as any woman who is concerned about gaining full access to her rights.



BIRTH RIGHTS: NEW APPROACHES TO SAFE MOTHERHOOD

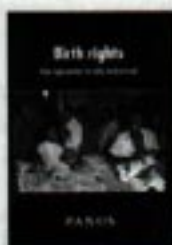
JUDY MURRY

LONDON: THE PANOS INSTITUTE, 2001

ISBN1830670566

This book looks at the Safe Motherhood Initiative that was launched by the World Health Organisation in 1987 with the intention of lowering the mortality rate of women in pregnancy and childbirth

by half by the year 2000. However, little has changed and the authors explain what they think can still be done to improve the situation. Most of these deaths occur in countries in the South, and this report explains that the reasons for the high mortality rate are linked not only to problems with health care and services, but also to broader social injustices, like early marriage, violence, poverty and lack of access to safe legal abortion. It is believed that the current goal of the Safe Motherhood Initiative, to reduce maternal deaths from 1990 levels by 75% by the year 2015, is achievable and realistic.



VIOLENCE AGAINST WOMEN: TRAINING MATERIALS

SOUL CITY IN PARTNERSHIP WITH THE NATIONAL NETWORK ON VIOLENCE AGAINST WOMEN

SOUL CITY: JOHANNESBURG 2001

This is an excellent resource in terms of comprehensive coverage of the target groups for training.

The pack includes a video and posters along with a handbook giving detailed guidelines for running workshops, how to facilitate a group and all the required resources. It contains a great deal of information on issues like the cycle of violence and abuse, gender and power and myths



about domestic violence. Target groups are police, health workers, clerks of the courts and communities. The handbook is simple, plain language and well-designed for information dissemination amongst communities.

FACING THE CHALLENGES OF HIV/AIDS/STDs: A GENDER-BASED RESPONSE

MARIA DE BRUYN ET AL
AMSTERDAM: ROYAL TROPICAL INSTITUTE (KIT), HARARE, ZIMBABWE: SOUTHERN AFRICA AIDS INFORMATION DISSEMINATION SERVICE, 1998

ISBN 906832635X

This resource pack includes a book as well as training materials that consist of posters and cards. The book provides background material and describes what is a gender-based response to HIV/AIDS/STDs, as well as looking at how to evaluate the level of gender-sensitivity in a project or programme. It looks at how HIV/AIDS/STDs have affected women unequally - showing how gender-related factors affect HIV-infection risks as well as becoming obstacles to prevention and care. The book includes case studies and brief descriptions of international programmes, and suggests effective gender-based responses and strategies. The tool cards and posters are useful guides for practical activities with women, men and youth to make them aware of gender issues and the relationship with HIV/AIDS/STDs.

