

EVENT

Community Leaders Training Workshops on Sexual and Reproductive Health and Rights (February – May 2018)

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Between February and May 2018, the Socio-Economic Rights Project (SERP) of the Dullah Omar Institute (DOI) conducted training workshops on sexual reproductive and health rights for leaders in communities in Cape Town – among them Overcomers Heights, Hill View, Mandela Park, China Town, and Blikkiesdorp – as well as for a number of Congolese refugees. The aim was to equip community leaders with information so that they could in turn assist their community members.

The workshops were hosted as part of the Amplify Change Grant Project, ‘Closing the gap: Advancing SRHR in Africa through Research, Advocacy and Litigation’, which has three implementing partners, namely the Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN); the Initiative for Strategic Litigation in Africa (ISLA); and the DOI of the University of the Western Cape.

The Community Leaders Training Workshop held on **21 February 2018** brought together community leaders to educate them on the problem of sexual violence, with the emphasis on the need to respect the right to bodily integrity. Sexual violence is a critical problem in South Africa, given that its rate of incidence, particularly in informal settlements, is unacceptably high.

Prof Ebenezer Durojaye of SERP began the

session on ‘sexual violence and the right to bodily integrity’ by defining different forms of sexual violence. They include rape within marriage and dating relationships; rape by strangers; systematic rape during armed conflict; unwanted sexual advances or sexual harassment; transactional sex; sexual abuse of mentally or physically disabled people; sexual abuse of children; forced marriage or cohabitation, including the marriage of children; the denial of the right to use contraception; and forced prostitution.

The underlying factor is the use of force and the involuntary nature of the sexual encounter with the victim. Prof Durojaye highlighted factors that make people vulnerable to sexual violence, such as poverty, the age of the victim, the use of alcohol and drugs, involvement in sex work, having been previously raped or sexually abused, and having multiple sexual partners.

The session was interactive and aimed to understand the meaning of the term ‘violence’ in the larger phrase, ‘sexual violence’. Participants were able to point out the elements of violence, such as force, intimidation, and intentionality or deliberateness. They also demonstrated a good understanding of different types of violence, including gender-based violence, domestic violence, intimate partner violence, xenophobic

violence, homophobic violence, and child abuse.

Sexual violence is defined by Jewkes et al (2002) as ‘any act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed, against a person’s sexuality using coercion by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work’.

The Community Leaders Training Workshop held on **17–18 April 2018** set out in turn to educate participants on HIV. It dealt with the nature of the disease, strategies for coping with it, human rights issues associated with it, at-risk groups, behaviours that spread the virus, and the conditions under which these behaviours flourish.

The workshop also highlighted the fact that South Africa is host to a large population of refugees and asylum seekers from other African states, with most of them hailing from Somalia and the Democratic Republic of the Congo, countries both affected by armed conflict. These groups are vulnerable to human rights abuses, usually as a result of difficulties relating to their documentation.

The workshop began by noting that while the HIV epidemic is a problem affecting all population groups, it is driven by behaviours that thrive under certain social conditions. As a



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result, some populations are more at risk than others due to their socio-economic status, for example people with limited education, the unemployed, and those living in informal settlements. Other important related issues are discrimination against and stigmatisation of HIV-positive people, and the link between HIV and the right to food.

Against this backdrop, the two-day workshop covered themes to do with sexual and reproductive health. On day one, there were presentations and discussions on the topics of HIV-prevention and coping strategies (presented by Olayinka Kana of the Public Health Association of South Africa); HIV risks among vulnerable and marginalised groups in the Western Cape (facilitated by Yanga Zembe of the Institute For Social Development); the link between HIV and food Insecurity (presented by Oluwafumilola Adeniyi of the DOI); and the legal and human rights issues of HIV/AIDS (presented by Prof Durojaye of the DOI).

The discussion led Olayinka Kana focused on the nature of HIV, its modes of transmission, its symptoms, and coping strategies for infected persons. Persons at risk of contracting HIV include sex workers, men who have sex with men, persons who inject drugs, children and orphans, children born to HIV-positive mothers, and women and adolescent girls who are in unequal power relations when negotiating sexual relations and the use of protection.

Ms Kana also highlighted behavioural risk-factors, such as gender-based violence (rape), the inconsistent use of condoms, having multiple sexual partners, and lack of education on or awareness of the disease. Among the environmental risk-factors are household poverty, high unemployment, and living in a community with a high prevalence of HIV.

In this regard, she stressed the importance of prevention methods such as PrEP (Pre-Exposure Prophylaxis) and PEP (Post-Exposure Prophylaxis). Ms Kana urged community



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leaders to educate members of their communities to ensure they get tested and, where HIV-positive, take their medication. Pregnant women must of necessity know their status and follow the medical steps to prevent mother-to-child transmission, while people who are HIV-positive should join support networks. Generally, people should practise safe sex, take responsibility for their sexual health and avoid risky behaviour that predisposes them to contracting HIV.

The presentation by Yanga Zembe dealt with risks associated with HIV among vulnerable and marginalised groups in the Western Cape. She has conducted research on at-risk populations, as well as research looking specifically at young women and their risk of contracting HIV.

Ms Zembe said that while South Africa has the highest number of HIV-infected people in the world, Lesotho, Swaziland and Botswana have the highest rates of infection. The reason for this is that, over time, South Africa has been able to reduce the rate of new HIV infections significantly.

Nevertheless, the country is continuing to look for ways to bring the rate down even further,

especially given the financial burden HIV prevention and control places on the state. As such, the emphasis is on treatment as a mode of prevention, since studies have shown that patients who are on medication and thus have much lower viral loads are at a reduced risk of infecting others.

Oluwafumilola Adeniyi's presentation examined how HIV/AIDS affects food security at the national, community, household and individual levels. HIV is not just a health challenge: it has links with other issues such as poverty and social justice. The poor are hardest hit by HIV, which has an adverse impact on their nutrition, food security and agricultural production.

During the group-activity and open-discussion sessions, the participants were given hypothetical cases of individuals in their communities affected by HIV issues. They were able to offer advice to them based on the knowledge gained in the first two sessions, for instance by encouraging them to get tested regularly and know their HIV status, particularly so if they are sexually active.

In the case of a hypothetical sex worker who was HIV-positive, they advised her to ensure that she is on treatment and practises safer sex, noting that HIV-positive persons who are on anti-retroviral drugs can significantly reduce their viral load over time and become less infectious.

Day two began with a discussion, facilitated by Prof Durojaye, of the international and national legal framework on refugees and asylum seekers. Thereafter, Naushina Rahim of the Legal Resources Centre spoke about legal support services for people in this situation. There was also a discussion of the Scalabrini Centre's work with refugees and asylum seekers, in addition to which Damaris Kiewiet gave a presentation of the promotion of social cohesion in communities.

Prof Durojaye opened day two's proceedings by explaining the principle of non-refoulement as well as the meaning of key terms such as

'refugee', 'migrant', 'asylum seeker', 'illegal immigrant' and 'undocumented immigrant'. A 'refugee', for example, is defined under the Refugee Convention of 1951 and the African Refugee Convention of 1969.

He explained that various international and regional human rights instruments set out the rights of such persons under international law, among them the right to life, liberty, dignity, freedom from torture, inhuman and degrading treatment and punishment, freedom from discrimination, and freedom of movement and association.

Naushina Rahim discussed issues to do with the rights of refugees and applications for refugee status. She also answered questions about the status of children born to foreign nationals and the assistance offered by the Legal Resources Centre, saying that the Centre provides support to refugees and asylum seekers in South Africa on matters such as securing permits and other documentation.

During the group activity and open discussion, participants were again given hypothetical scenarios, this time requiring them to consider the circumstances under which an imaginary person entered South Africa and then determine if he or she qualifies as a refugee – this they were able to do, by applying the definitions they had learnt.

Members of the Congolese community spoke of their experiences as refugees in South Africa. Notable challenges are delays in getting permits renewed and being able to produce documentation required from their home country. They also experience discrimination in accessing social services as well as in gaining employment in some universities, and encounter delays in having academic qualifications verified by the South African Qualifications Authority.

In her discussion, Damaris Kiewiet stressed that in a context of negative attitudes towards foreign nationals, it is important that communities are socially cohesive and be accepting of foreign nationals, who should be



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provided with assistance to where necessary. She urged community leaders to educate their members on the need to treat them with respect, especially given that many foreign nationals have fled to South Africa because of traumatic events in their home countries.

The workshop presentations were complemented by three group-activity and open-discussion sessions. The activities gave participants an opportunity to share their views and experiences with each other in structured exchanges of information and opinion about topics of strong relevance to their communities.

There was a general consensus among participants that it is important to support foreign nationals and treat them with respect, particularly as some have valuable contributions to make through their skills. More fundamentally, as human beings they must be given an opportunity to enjoy their rights and freedoms guaranteed in the Constitution.

References

R Jewkes, P Sen and C Garcia-Moreno, 'Sexual violence' in ED Krug et al. (eds). *World Report on Violence and Health* (World Health Organization 2002), p 149.