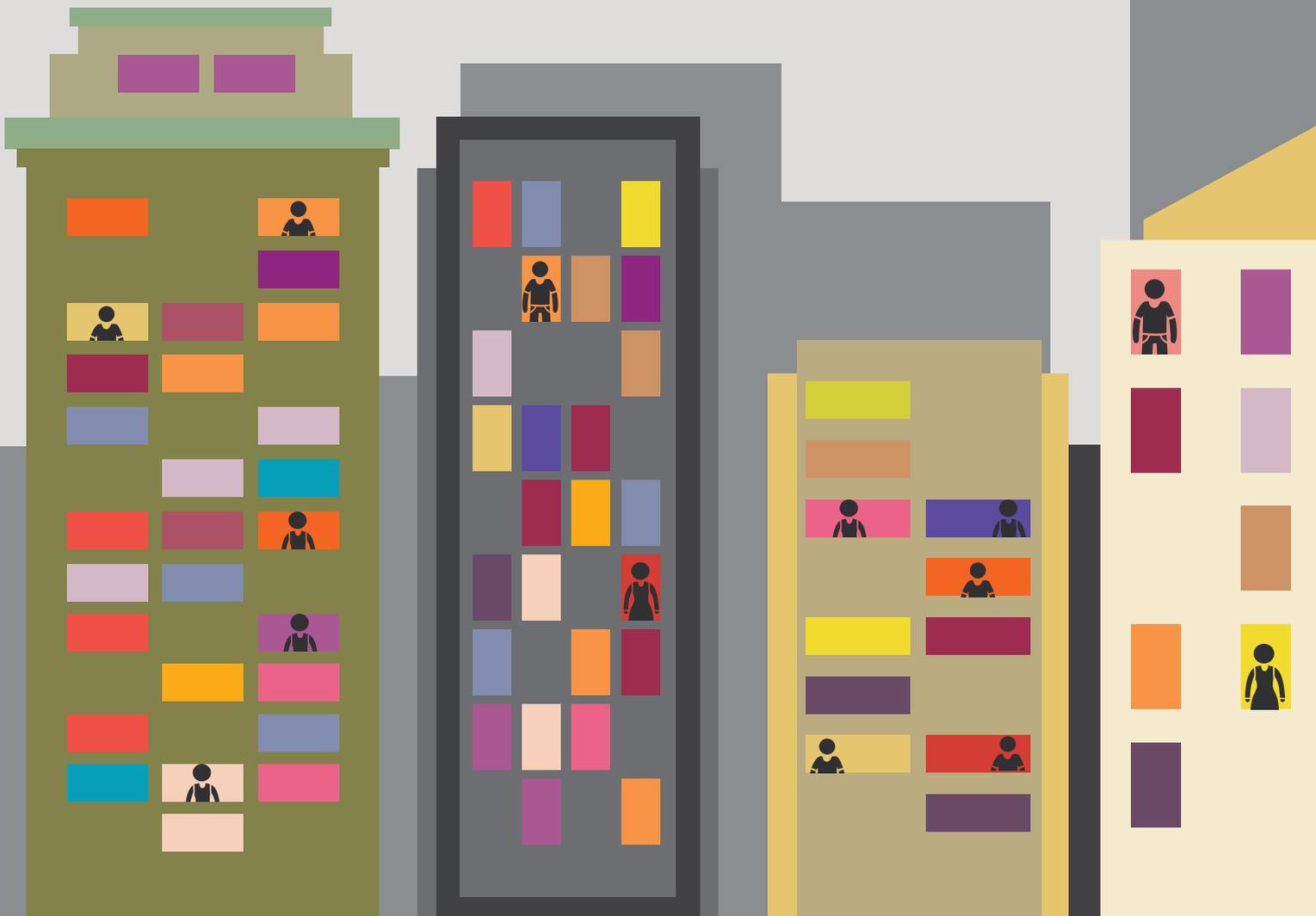




KEY POPULATIONS FOR HIV AND STIs*

-  **SEX WORKERS:** consenting female, male and transgender adults who regularly or occasionally receive money or goods in exchange for sexual services.
-  **TRANSGENDER PEOPLE:** an umbrella term to describe people whose gender identity and expression does not conform to the norms and expectations traditionally associated with their sex at birth.
-  **MEN WHO HAVE SEX WITH MEN (MSM):** men who have sex with men, whether or not they also have sex with women. This concept includes men who identify as gay or bisexual, or who identify as heterosexual but have sex with men.
-  **PEOPLE WHO INJECT OR USE DRUGS (PWID)**
-  **INMATES OF CORRECTIONAL FACILITIES**

*Identified in the National Strategic Plan 2017-2022



VULNERABLE POPULATIONS FOR HIV AND STIs*

- ADOLESCENT GIRLS AND YOUNG WOMEN:** 10–24 years old
- CHILDREN, INCLUDING ORPHANS:** under 18 years old
- MOBILE POPULATIONS**
- MIGRANTS AND UNDOCUMENTED FOREIGNERS**
- RESIDENTS OF INFORMAL SETTLEMENTS**
- DISABLED:** people with disabilities
- OTHER VULNERABLE LGBTI COMMUNITIES**
 - LESBIAN:** a woman who is attracted to other women. A lesbian may or may not be having sex with women and a woman having sex with women may or may not be a lesbian.
 - BISEXUAL:** a person who is attracted to and/or has sex with both men and women, and who adopts this as a cultural identity.
 - INTERSEX:** an individual with both male and female biological body parts or sexual organs.

KEY POPULATIONS FOR TB*

- PEOPLE LIVING WITH HIV**
- HOUSEHOLD CONTACTS OF TB PATIENTS**
- HEALTH CARE WORKERS**
- MINE WORKERS AND COMMUNITIES CLOSE TO MINES**
- INMATES OF CORRECTIONAL FACILITIES:** people in closed settings, such as prisons, jails, police or juvenile detention, remand (awaiting court proceedings) and correctional services.
- PREGNANT WOMEN**
- CHILDREN:** under 5 years old are especially vulnerable
- DIABETICS:** diabetes ('sugar disease') affects the immune system and triples the risk of getting TB.
- RESIDENTS OF INFORMAL SETTLEMENTS**



COMMUNITY SYSTEMS TOOLBOX

KEY POPULATIONS

are groups of people who are most at risk of getting and passing on HIV, STIs and TB. You will also hear people using other terms, including **vulnerable**, **at-risk** and **priority populations**. Key populations are at greater general risk, whilst vulnerable populations are at high risk in specific settings when it comes to HIV, STIs and TB. For example, young women and girls are not usually considered to be a global key population, but in South Africa they are a vulnerable population because here they are more at risk of getting HIV. In many cases, key and vulnerable populations are marginalised, criminalised, **stigmatised** and **discriminated** against – they are often prevented from accessing the testing, treatment and care services they need.



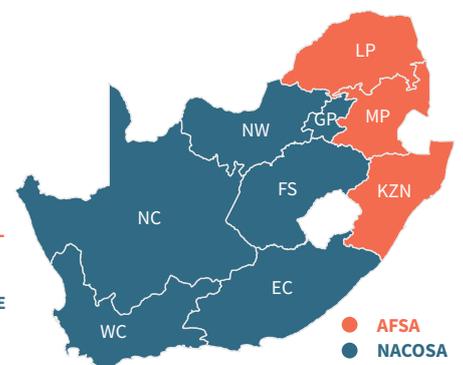
COMMUNITY SYSTEMS STRENGTHENING

Communities have unique knowledge and experience of the issues they face when it comes to their health and social wellbeing. Coordinated, capacitated and resilient communities play a vital role in the development of national plans and can help to improve access to services.

The Community Systems Strengthening (CSS) programme, funded by the Global Fund, will strengthen the coordination of the national response to HIV, AIDS and TB at provincial and local levels and build the capacity of community organisations and structures across the country. Working together as principal recipients, the AIDS Foundation of South Africa (AFSA) and Networking HIV and AIDS Community of Southern Africa (NACOSA) will implement the programme across all nine provinces.

The programme aims to increase access to quality health and social services and build strong community linkages and networks.

EP EASTERN CAPE
 FS FREE STATE
 GP GAUTENG
 KZN KWAZULU-NATAL
 LP LIMPOPO
 MP MPUMALANGA
 NC NORTHERN CAPE
 NW NORTH WEST
 WP WESTERN CAPE

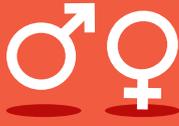


BROUGHT TO YOU BY:





SOME HELPFUL DEFINITIONS



SEX

the biological differences that are used to label people as male or female.



GENDER IDENTITY

whether a person identifies as male, female, gay, lesbian, bisexual, etc. – a deeply felt internal and individual experience that may or may not match the sex label given at birth.



HOMOPHOBIA

the fear, rejection of, or aversion to homosexuals and/or homosexuality. This often takes the form of stigmatising attitudes or discriminatory behaviour, and it occurs in many settings in all societies.



AT RISK

the chance or likelihood that a person may become HIV+. Certain behaviours and circumstances – not membership of a group – create, increase or perpetuate risk.



VULNERABLE POPULATIONS

groups of people who are most likely to contract HIV infection in certain situations or contexts. Social, cultural, political, legal and economic factors, such as unemployment make a person more at risk of HIV infection and developing AIDS.



INTERSECTIONS

Key populations' vulnerabilities intersect or overlap, for example sex workers are more likely to experience gender violence; prisoners who live in closed settings are more at risk of getting TB, etc. These intersections increase vulnerability and negatively affect a person's access to health and other essential services.

STIGMA

comes from a Greek word meaning a mark or stain, and it refers to a strong feeling of disapproval that people in a society have about something. A person who is stigmatised is seen as 'stained' or disgraced because of something others in the society feel is shameful. People who act on their beliefs about stigma discriminate against those who are stigmatised.

DISCRIMINATION

is the unjust/unfair/prejudiced treatment of individuals or groups, usually (but not only) because of reasons that they can do nothing about, for example race or sexual orientation or association. Discrimination is a human rights violation.

(Definitions adapted from: *UNAIDS Terminology Guidelines*, 2015 and *WHO's Definition of Key Terms*, 2013)



The South African Constitution is based on the principle of social justice and fundamental human rights to improve the quality of life for all citizens. The Bill of Rights enshrines human dignity and equality and protects against discrimination based on race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth. Unlike other constitutions in the world, the SA Constitution specifically protects the rights of marginalised and minority groups, such as LGBTI and disabled people.

INTERSECTIONS

The diagram on the right shows the profile of one person with different intersections. All of these together make the person highly at risk for: HIV or TB infection; TB treatment resistance; gender and sexual violence; escalated stigma and discrimination from the community; being denied access to sexual health services or psycho-social services; arrest by SAPS as a result of sex work or being in possession of drugs; or defaulting on treatment for both HIV and TB.

HIV and TB are not just about the individual's physical symptoms – these diseases are also affected by socio-political systems that have a negative impact on our health and rights. For example, very often we are denied necessary and relevant services, or services are simply not available. In other instances, we may have access to HIV testing services (HTS) or TB screenings, but we don't have access to treatment.

A person who is part of a key or vulnerable population does not have a single identity or a linear life experience. All our experiences, realities and identities intersect in varying spaces and contexts and at different times. For example, as an individual I may:



CHARLIE'S STORY

Hi, my name is Charlie. I identify as MSM, a coloured, gay male in a same-sex relationship. I don't have a steady income and consider myself poor, and I live in a township. I am effeminate and often get teased and mocked. Straight guys threaten me and I worry they might rape me to prove

“Straight guys threaten me and I worry they might rape me to prove they are men or that I need to be treated as a woman.”

they are men or that I need to be treated as a woman. I try not to walk alone as the boys in my township always want to beat me up. I am scared most of the time. I can't go to mosque because the Imam chases me away.

My MSM friends also suffer. One friend from a rural area in the Eastern Cape was socially isolated and his family rejected him and threw him out of home because of his sexual orientation. He also experiences discrimination at his church and was expelled from the position he had there. Recently he was diagnosed with severe depression. My previous partner started using drugs to escape the stress of homophobic discrimination in our community. He told me he shared a needle once or twice and had sex with a stranger in order to get more tik.

I struggle to access health services, except from friendly NGOs. When I go to the clinic to get tested or make use of other services, the nurses say I am a 'moffie' and 'ag shame, bad

luck'. So I don't like going there. The security guards and admin people also make fun of me and if I go with my boyfriend or another gay friend, it is worse.

I want people to know that I am a human being who deserves to be treated with dignity. People must understand that their stigma and prejudice are keeping us away from getting services.



1. Other forms of discrimination include ...
(Complete the sentence)

2. Can you identify your own prejudice?

3. What has been your experience with and response to the health needs of members of the LGBTI communities?



ANDREA'S STORY

Everybody calls me Andrea and I identify as a transgender woman and as a sex worker. I left my parents' home for the big city in 1997. Little did I know what this city was going to hold for me, a very curious little gay boy. As time went by, my curiosity grew and

“I'm sure you have heard the stories of police brutality and intimidation? This is a daily reality for us.”

although at the time I didn't realise it, I was exchanging sex for other things and thereby actually doing sex work.

I later started working as a peer educator for an NGO for sex workers. Many people gave me advice regarding how to work with sex workers. But none of the advice contained anything regarding human dignity and it felt to me as if everybody had forgotten that sex workers have feelings too.

There is a lot to say about the effect of stigma and discrimination in this line of work. I'm sure you have heard the stories of police brutality and intimidation? This is a daily reality for us. Peoples' negative attitudes follow us wherever we go.

But it is not just discrimination from the 'outside'. Most of the sex workers I work with have a very negative attitude towards people

who are positive and are adamant that HIV-positive sex workers should not be allowed to do sex work as they would be spreading the virus.

It is important to know who you are and for people to accept each other. I have found my identity as a transgender woman and also in helping transgender sex workers to identify who they are in this community.



1. Other forms of stigma include ...

(Complete the sentence)

2. What goes through your mind when you hear the term 'sex worker'?



AMANDA'S STORY

Hi, my name is Amanda, I am 23 years old and in Matric this year. I have three children and that is why I'm still in school. Every time I

“You should be flattered if a boy follows you, because then he thinks you are hot. ”

was pregnant, I needed to leave school, have the baby and then come back to start the same grade. In my community young girls have to prove they are women and that they can have babies. Some of my friends have Blessers who give them things and take care of them in exchange for sex.

There are other things that make us have sex more. We have nothing to do in our town, there is no sports or choir and we get bored. There should be more other things for us to do after school so that we can be busy there. We play sexual games at school, like 'send and follow', where a teacher will send a girl out of the class to run an errand. A boy will then follow, by saying 'excuse me, I need to go to bathroom' or something. In between running the errand and coming back, there we have sex. You should be flattered if a boy

follows you, because then he thinks you are hot.

It is hard for me to get sexual health services at the clinic, because it is very far from where we live. There are no services available at school. I'm worried that my younger sister will get HIV or TB, she often gets sick and all five of us share the same room with my stepfather who has had TB.



1. Other stereotypes the community include ...

(Complete the sentence)

2. Are you aware of the unique challenges facing key populations in your area?



SHARING IS CARING

If you find this toolbox useful, share it with others in your community and invite them to join the Strong Systems community. Visit www.nacosa.org.za/community or email: community@nacosa.org.za | info@aids.org.za