



love passionately
stop aids
end domestic violence
break the cycle
demand justice
stop rape

Working with men: essential to reducing the spread and impact of gender based violence and HIV and AIDS in southern Africa

“Women now account for 50 per cent of those infected with HIV worldwide. In Africa, that figure is now 58 per cent. We must encourage men to replace risk-taking with taking responsibility. Across all levels of society, we need to see a deep social revolution that transforms relationships between women and men”.

*United Nations Secretary-General,
Kofi Annan on International
Women’s Day, 2003*

Like many countries in the SADC region, South Africa is currently staggering under the effects of linked epidemics of HIV/AIDS and violence against women, both driven in significant part by definitions of manhood that equate masculinity with dominance over women, sexual conquest, fearlessness and risk taking, alcohol consumption and a reluctance to use health care services.

South Africa has the largest number of people living with HIV in the world, with an estimated 5.5 to 6.5 million people living with the disease. The Joint Civil Society Monitoring Forum’s June 2006 report indicates that 140,000 people were on treatment in the public sector by the middle of 2006. However, at that same time, 750,000 South Africans had AIDS and needed access to lifesaving antiretroviral medication urgently¹.

The South African Police Service statistics chronicled 55,114 cases of rape between April 2004 and March 2005, while many organisations believe that the real figure is at least 20 times higher.

Put simply, these statistics mean that only twelve years after the end of apartheid, twin epidemics of HIV/AIDS and violence against women threaten to tear apart the country’s social fabric and to undermine our young democracy.

Both epidemics are inextricably connected, each propelled by rigid gender roles and relations and exacerbated by the legacies of apartheid and uneven development – high unemployment and inadequate social services, especially in the critical public health and education sectors.

To make real progress, it is critical that government and civil society organisations understand the links between gender inequalities and HIV and AIDS - and have the skills and commitment to address them.

This fact sheet provides an overview of research on the relationship between gender, violence and HIV/AIDS which we hope supports government and civil society efforts to take action to support men to prevent violence against women and to reduce the spread and impact of HIV and AIDS.

**FACT
SHEET**

Gender and women's vulnerabilities to HIV/AIDS



- In many countries in Southern Africa HIV prevalence among girls under eighteen is four to seven times higher than among boys the same age, a disparity that means a lower average age of death from AIDS, as well as more deaths overall, among women than menⁱⁱ. In South Africa, women make up 77% of the 10% of South African youth between the ages of 15-24 who are infected with HIV/AIDSⁱⁱⁱ.
- Women's greater vulnerability to HIV/AIDS is explained in part by existing gender roles that often limit women's ability to negotiate the terms and conditions of sex as well as very high levels of sexual and domestic violence.
- A study of more than 1,500 South African women also indicates that "women with violent or controlling male partners are at increased risk of HIV infection". The study reports that, "Women who are beaten or dominated by their partners are nearly 50% more likely to become infected with HIV than women in non-violent households"^{iv}. A review of research articles from 1996 to 2002 found nine studies showing that women who experienced sexual coercion were more at risk of HIV transmission^v.

Limited legal protection for women and girls:

- Research conducted by the Medical Research Council in 2004 shows that "a woman is killed by her intimate partner in South Africa every six hours. This is the highest rate that has ever been reported in research anywhere in the world"^{vi}.
- Conviction rates for domestic and sexual violence are amongst the worst in the world. In South Africa only one in nine victims reports rape and fewer than 10% of reported rapes lead to conviction^{vii}. Inadequate recording of statistics makes it impossible to determine conviction rates for domestic violence but a recent study of domestic violence homicides in South Africa showed conviction rates no higher than 37.3%^{viii}.
- Despite very high levels of rape and HIV/AIDS, studies indicate that no more than 30% of staff caring for rape survivors had received specialised training on rape^{ix}.

Gender, AIDS and the economy:

- Women's economic vulnerability exacerbates their vulnerability to violence and to HIV/AIDS by making it difficult for women to leave abusive and/or sexually coercive relationships. The gender gap in real wages has widened substantially between 1994 to 1999 such that women's hourly wage as a percentage of men's dropped from 77.9% to 65.6% by 1999^x.
- In more than two thirds (68%) of households, women or girls are the primary caregivers for those sick with AIDS related illnesses^{xi}. As a result, young girls are often pulled out of school to care for the sick and dying^{xii}.

Gender, men and HIV/AIDS

Men and condom use

- Traditional men's gender roles lead to "more negative condom attitudes and less consistent condom use" and promote "beliefs that sexual relationships are adversarial"^{xiii}.





Men and VCT

- Men are significantly less likely than women to utilise voluntary counselling and testing (VCT) services. Recent national studies in South Africa found that only one in five South Africans aware of VCT have been tested^{xiv} and that men accounted for only 21% of all clients receiving VCT^{xv}.

Men and ART

- A recent study conducted at Johannesburg General Hospital indicated that women accessing ARVs “outnumbered men by a ratio of 2 to 1^{xvi}.” These findings were similar to those reported on in a study in Khayelitsha where fully 70% were women^{xvii}. Men are also likely to access anti retroviral therapy (ART) later in the disease trajectory than women with more compromised immune systems and at greater cost to the health care system^{xviii}.”

Men and alcohol

- South African men are likely to drink more heavily than women with South African men likely to be heavy drinkers according to the 2002 World Health Report^{xix}. “Alcohol consumption is a risk factor for gender based violence and for HIV infection^{xx-xxi}”.

Men and male circumcision

- A study conducted in Orange Farm outside Johannesburg indicates that male circumcision may reduce HIV infection by as much as 61% and possibly “provides a degree of protection against acquiring HIV infection, equivalent to what a vaccine of high efficacy would have achieved”^{xxii}. Feasibility studies suggest that men in a range of settings and cultural contexts actively seek out male circumcision once they know of the associated health benefits^{xxiii}.
- Concern has been raised about the potential for “risk compensation” or increases in risky behaviour caused by perceptions of reduced risk due to circumcision^{xxiv}. These concerns have to be taken seriously. Careful attention needs to be paid to the communications campaigns used to promote male circumcision and “programming to change the sexual behaviour will remain fundamental to preventing the spread of HIV^{xxv}”.

Men and partner reduction:

- Studies suggest that the spread of HIV is accelerated in settings where men have multiple concurrent sexual partners and practise unsafe sex. Viral load is especially high immediately after infection thereby increasing the likelihood of the introduction of the HI virus into extended sexual networks^{xxvi}. Slowing the spread of HIV and AIDS will require changes in the ways some men equate manhood with sexual conquest and risk taking.
- Surveys across the SADC region suggest that when IEC campaigns succeed in encouraging men to reduce their number of concurrent partners, incidence and prevalence rates decline^{xxvii}. Contrary to popular misconceptions that men can not and will not change their sexual behaviours or seek to reduce their risk, numerous studies show that partner reduction campaigns have been effective in a variety of settings across the region^{xxviii}.

Effectiveness of programmes that work with men to promote gender equality:

Over the last ten years a number of international conferences and campaigns have called for greater male involvement – and organisations across the world have responded:

- The 1994 International Cairo Conference on Population and Development’s (ICPD) Programme of Action affirms the need to “promote gender equality in all spheres of life... and to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles”.

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⁵Manfrin-Ledet, L & Porche, D (2003). "The State of Science: Violence and HIV Infection in Women". *Journal of the Association of Nurses in AIDS Care* 14(6): 56-68.

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⁹Christofides NJ, Jewkes RK, Webster N, Penn-Kekana L, Abrahams, N, Martin LJ (2005) "Other patients are really in need of medical attention"—the quality of health services for rape survivors in South Africa. *Bull World Health Organ* 2005;83: 495-502

¹⁰GenderLinks report on the PEP Talk Campaign, December 2003.

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¹⁶Magongo B, Magwaza S, Mathambo V, Makhanya N (2002). National Report on the Assessment of the Public Sector's Voluntary Counselling and Testing programme. Durban, South Africa: Health Systems Trust.

¹⁷Hudspeth J, Venter WDF, Van Rie A, Wing J, Feldman C (2004). "Access to and early outcomes of a public South African antiretroviral clinic". *The Southern African Journal of Epidemiology and Infection* 19 (2): 48-51.

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²⁰WHO 2002

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- UNAIDS focused its 2000–01 World AIDS Campaign on men and boys, recognizing that their behaviour puts themselves and their partners at risk of HIV infection.
- In 2003, the Commission on the Status of Women organised an Experts Committee on Engaging Boys and Men in Gender Equality in preparation for the 2004 UN Commission on the Status of Women which focused on men's roles in achieving gender equality.

As new programs engaging men and boys have been implemented, a body of effective evidence-based programming has emerged. These programs have confirmed that men and boys are willing to change their own attitudes and practices and, sometimes, to take a stand against gender based violence and for greater gender equality.

The Nicaraguan Men's Association Against Violence:

- A study of nearly 150 Nicaraguan men who participated in workshops on masculinity and gender equity revealed significant positive attitudinal and behavioural changes according to both partner reports and self evaluations in a wide range of indicators including: use of psychological and physical violence, sexual relations, shared decision making, paternal responsibility and domestic activities^{xxxix}.

Instituto Promundo in Brazil:

- Significant shifts in gender norms at six & twelve months; young men with more equitable norms were between four and eight times less likely to report STI symptoms with additional improvements at 12 months post intervention.
- For condom use, young men with more equitable gender norm scale scores were 2.4 times as likely to use condoms with a primary partner at last sex^{xxxix}.

The Men as Partners Network in South Africa:

- 71% of past MAP workshop participants believed that women should have the same rights as men, whereas only 25% of men in the control group felt this way.
- 82 % of the participants thought that it was not normal for men to sometimes beat their wives, whereas only 38% of the control group felt that way.

Stepping Stones:

- An evaluation of the Stepping Stones initiative implemented in South Africa's Eastern Cape province showed a significant reduction in partner violence by men at 12 and 24 months after the intervention (report due in early 2007 but data reported here considered 'final')^{xxxix}.

World Health Organisation and Instituto Promundo impact evaluation:

- An ongoing literature review and analysis of 57 interventions with men by the WHO and Instituto Promundo reported that 24.5 percent were assessed as **effective** in leading to attitude or behaviour change using the definition previously cited; 38.5 percent were assessed as **promising**; and 36.8 percent were assessed as **unclear**. Those that took addressed gender norms – within messages, staff training, educational sessions with men – were more likely to change attitudes and behaviour^{xxxix}.

