



# Sonke Gender Justice Project

HIV/AIDS, Gender Equality, Human Rights

## **WORKING WITH MEN: ESSENTIAL TO REDUCING THE SPREAD AND IMPACT OF HIV AND AIDS IN SOUTHERN AFRICA**

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*“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.**

### **OVERVIEW**

- Southern Africa is the epicentre of the HIV/AIDS pandemic. With only 10% of the world’s population, it is home to more than 60% of all people living with HIV—25.8 million<sup>i</sup>.
- South Africa has the largest number of people living with HIV, with an estimated 5.5 to 6.5 million people living with the disease. As of early 2006, 120,000 people are on treatment but 750,000 South Africans have AIDS and need access to lifesaving antiretroviral medication urgently<sup>ii</sup>.
- The epidemic continues to escalate rapidly. In Swaziland HIV prevalence among pregnant women is estimated at 43% in 2004, up from 34% four years earlier and 4% in 1992. In Mozambique, infection levels are rising across the entire country; national adult HIV prevalence rose from 14% in 2002 to 16% in 2004 and is linked to the country’s main transport links with Malawi and South Africa in a manner that demonstrates the cross border dimensions of the epidemic<sup>iii</sup>.

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## **GENDER AND WOMEN'S VULNERABILITIES TO HIV/AIDS**

- In many countries of 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 men.<sup>iv</sup> Young women in South Africa are much more likely to be infected than men. Women make up 77% of the 10% of South African youth between the ages of 15-24 who are infected with HIV/AIDS<sup>v</sup>.
- 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 recent study in South Africa revealed that almost one-third of sexually experienced women (31%) reported that they did not want to have their first sexual encounter and that they were coerced into sex<sup>vi</sup>.
- A recent study of more than 1,500 South African women also indicates "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 percent more likely to become infected with HIV, compared with women who live in non-violent households"<sup>vii</sup>. In addition, a review of research articles from 1996 to 2002 found nine studies showing that women who had experienced sexual coercion were more at risk of HIV transmission.<sup>viii</sup>

### **Limited Legal Protection for Women and Girls:**

- South Africa has the highest per capita rate of reported rape in the world and 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"<sup>ix</sup>.
- 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 ten per cent of reported rapes lead to conviction<sup>x</sup>. 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%<sup>1</sup>.
- Put another way, over 90% of rapists and nearly two thirds of men who kill their intimate partner go unpunished in South Africa. This sends a clear message to perpetrators that they are unlikely to be apprehended or convicted and gives women little reason to believe that they can safely leave abusive relationships-even if they suspect their partner is putting them at risk of exposure to HIV/AIDS.

### **Gender, AIDS and the Economy:**

- Women's economic vulnerability exacerbates women's vulnerability to violence and to HIV/AIDS and its associated impacts 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% in 1999<sup>xi</sup>.

- In more than two thirds (68%) of households, women or girls are the primary caregivers for those sick with AIDS related illnesses<sup>xiii</sup>. As a result, young girls are often pulled out from school to care for the sick and dying<sup>xiii</sup>.
- Many children in South Africa in 2006 still face enormous hardship and live precarious lives characterized by many forms of insecurity. Child poverty is very high in South Africa. Two-thirds (11.9 million) of children in South Africa live in households that have R1,200 per month or less with poverty especially concentrated in rural communities<sup>xiv</sup>. Human Rights Watch reports that sexual harassment and abuse of girls by both teachers and male students is pervasive in South African schools<sup>xv</sup>. By 2005, nearly one million South African children under the age of 15 had lost their mothers to AIDS<sup>1</sup> and nearly 250,000 children are living with HIV-mostly infected due to mother to child transmission<sup>xvi</sup>.

#### **Gender and Women's Access to HIV Services:**

- Prevention of mother to child transmission requires women to use a range of services including ARVs, safe delivery practices, and that they either exclusively breastfeed or consistently use formula safely. These are extremely difficult for women to do when male partners either do not know of their positive status, are unwilling to commit the necessary resources for clinic visits, or oppose exclusive breast feeding or exclusive formula feeding on cultural grounds.
- Despite very high levels of rape and HIV/AIDS, studies indicated that only 56% of clinic or hospital staff had received specialized training for addressing survivors of gender violence and that post exposure prophylaxis was available in only 15 % of public sector clinics<sup>xvii</sup>.

## **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"<sup>xviii</sup>.

### **Men and VCT**

- Men are significantly less likely than women to utilize 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<sup>xix</sup> and that men accounted for only 21% of all clients receiving VCT<sup>xx</sup>

### **Men and ART**

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<sup>1</sup> The medical Research Council of South Africa, 'The impact of HIV/AIDS on Adult Mortality in South Africa', September 2001.

- A recent study conducted at Johannesburg General Hospital indicated that women accessing ARVs “outnumbered men by a ration of 2 to 1”<sup>xxi</sup>. These findings were similar to those reported on in a study in Khayelitsha where fully 70% were women<sup>xxii</sup>.
- Men are likely to access anti retroviral therapy (ART) later in the disease trajectory than women with more compromised immune systems. A recent study conducted at Johannesburg General Hospital indicated that “women’s CD4 count at initiation of treatment was also significantly higher than men’s (100 cells/μl in women and 85 cells/μl in men)”<sup>xxiii</sup>.”

### **Men and Health Care Services**

- Reproductive health services do not address men’s HIV/AIDS related needs. Most VCT services are offered in antenatal clinics which generally do not welcome men<sup>xxiv</sup>. Similarly, many ANC clinics do not attempt to reach the male partners with VCT services. For example, in Soweto nearly 30,000 women were tested at ANC clinics whereas fewer than 20 men were reached by these services.

### **Men and Male Circumcision**

- A study conducted in Orange Farm outside of 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”<sup>xxv</sup>. 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<sup>xxvi</sup>.
- Concern has been raised about the potential for “risk compensation” or increases in risky behaviour caused by perceptions of reduced risk due to circumcision<sup>xxvii</sup>. 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<sup>xxviii</sup>.” To capitalize on the very significant preventative impact of male circumcision, Government and civil society will need ongoing assistance with rollout strategies, communication campaigns and with research, monitoring and evaluation.

### **Men and partner reduction:**

- Studies strongly suggest that the spread of HIV is accelerated in settings where men have multiple concurrent sexual partners and practice unsafe sex place. Viral load is especially high immediately after infection thereby increasing the likelihood of the introduction of the HI virus into extended sexual networks<sup>xxix</sup>. To slow the spread of HIV and AIDS we will have to challenge the ways in which some men equate manhood with sexual conquest and risk taking. Uganda's much-heralded HIV prevention strategy owed its success in large part to a “zero grazing” campaign aimed at men.
- 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<sup>xxx</sup>. 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 across the region<sup>xxxi</sup>.

## **EFFECTIVENESS OF PROGRAMMES THAT WORK WITH MEN TO PROMOTE GENDER EQUALITY:**

Over the last 10 years there has been a growing international consensus on the need to more adequately include boys and men in the promotion of gender equality. Whether on the issue of sexual and reproductive health, gender-based violence, HIV/AIDS prevention and care, or men's roles in the families, particularly, their roles as fathers and caregivers, there is a recognition that men and boys must be involved:

- The 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 Fourth World Conference on Women in Beijing provided a foundation for including men in efforts to improve the status of women, including their sexual and reproductive health. The ICPD Programme of Action affirms the need to “promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles.”
- 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.
- The World Health Organisation's Department of Child and Adolescent Health and Development has begun a multi-year research and training initiative on the health and psychosocial needs of adolescent boys, including their sexual and reproductive health needs.
- In 2003, the Commission on the Status of Women organized an Experts Committee on Engaging Boys and Men in Gender Equality.
- In 2003, USAID organized an international conference on involving men in sexual and reproductive health that featured presentations of more than 60 programs worldwide, most of which had some initial evaluation data on their interventions.
- In addition, at country and local levels, various ministries of health, local health authorities, and nongovernmental organizations have recognized the need to include boys and men in gender equality, and some have begun to do so.

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 participate in discussions related to gender equality, and rethinking masculinities, and that targeted, well-designed interventions can be effective in changing traditional and rigid attitudes and behaviours that perpetuate gender inequalities.

### **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.
- 82% of the participants thought that sex workers could be raped, whereas only 33% of the control group thought so<sup>xxxii</sup>.

**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 (Welsh, 2001)<sup>xxxiii</sup>.

**Instituto Promundo in Brazil:**

- Significant shifts in gender norms at 6 & 12 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 <sup>xxxiv</sup>.

**THE SPECTRUM OF CHANGE**

The Sonke Gender Justice Project recognizes that changing deeply held beliefs about gender roles and relations requires comprehensive, multifaceted strategies. A significant body of contemporary research indicates that effecting sustained change requires addressing the many forces shaping individual and community norms and practices such as traditions and cultures, government policies, laws and institutions, civil society organizations, the media, the family as well as the economic, political and social pressures that shape and reinforce those values.

<b>THE SONKE GENDER JUSTICE PROJECT SPECTRUM OF CHANGE</b>			
	<b>SPECTRUM LEVEL</b>	<b>EXAMPLES</b>	
Formative Research	Strengthening Individual Knowledge, Skills and Leadership Capacity	Build the capacity of individuals to engage men to promote gender equality, end gender based violence and address HIV/AIDS	Monitoring and Evaluation
	Promoting Community Education	Educate large numbers of people at the community level through community mobilization and the development of media/IEC	
	Fostering Coalitions and Networks	Convene regular meetings to coordinate, promote peer exchanges and reduce duplication	
	Changing and Strengthening Organizational Practices	Developing gender policies, creating awareness and increasing commitment and capacity to engage men.	
	Educating Providers & Key Stakeholders	Training gender focal staff, police, health service providers, traditional/faith based leaders & NGOs	
	Rights Based Community Mobilization & Advocacy.	Support civil society to use rights based advocacy strategies to support and hold government accountable	
	Work with Government	Work with government to develop and implement male involvement policies and strategies .	

To effect systemic and sustained change, SGJP uses the Spectrum of Change as a planning and programme tool. Adopted and adapted from Prevention Institute, the Spectrum of Change identifies 8 mutually reinforcing social change strategies that move beyond an exclusive reliance on individual or small group change to instead promote changes at the individual level and the social, political and economic aspects of people's lives. These strategies are mutually reinforcing and generate important synergies.

Consistent with SGJPs commitment to building an engaged and empowered citizenship that can both support and hold government accountable, SGJP sees the first level of the Spectrum of Change as a critical starting point to transforming attitudes and practices within individuals, communities, organizations and public institutions. However, SGJPs work with individuals and small groups—through workshops and community education—is seen as a starting point and for broader social, cultural, legal and political transformation

## **PRINCIPLES AND STRATEGIES FOR ENGAGING MEN AND BOYS IN EFFORTS TO ACHIEVE GENDER EQUALITY AND TO REDUCE THE SPREAD AND IMPACT OF HIV AND AIDS**

The Sonke Gender Justice Project believes that male involvement initiatives should have clearly defined principles and goals. They should have the following clearly articulated principles:

- Recognize that men have a stake in changing and can be allies in achieving gender equality.
- Accountable to, supportive of and in ongoing dialogue with women's rights organizations.
- Committed to internal accountability through agreed upon code of conduct.
- Emphasizes a rights based and social justice approach.
- Affirms gay rights and makes the connection between homophobia and rigid models of masculinity.

The Sonke Gender Justice Project believes that male involvement initiatives should have the following clearly articulated goals:

- Take an active stand to end domestic and sexual violence in men's homes and communities—through efforts focused on individual and structural/institutional change.
- Embrace and promote gender equality in the home, the community, the workplace etc.—making it clear that gender equality is in everyone's interest.
- Promote responsible sexual behaviour and challenge risk taking that compromises men's and women's health and well-being
- Advocate for the improved delivery and increased use of male friendly HIV/AIDS related health services—especially STI treatment, HIV testing, and ARV uptake and adherence.
- Promote responsible and engaged fatherhood—including active support in the home and community advocacy related to family planning, antenatal care, prevention of mother to child transmission, maintenance.

Organisations working with men should not:

- Organisations working with men should not present gender equality as a zero sum game in which there is a finite amount of power, dignity or respect.

- Organisations working with men should not make false claims that men experience domestic and sexual violence at similar rates to women.
- Organisations working with men should not make false promises about programme efficacy- the field is new and the evidence base regarding efficacy relatively small.
- Organisations working with men should not attempt to take over or hijack the women's rights advocacy movement.

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