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**Analysing the neglect of men in the response to HIV/AIDS in
South Africa: is the *Men as Partners* programme paving the
way forward?**

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degree of Masters of Philosophy in Development Studies

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COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature:

Signed by candidate

 Date: 24.08.06

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Abstract

This thesis analyses the neglect of men in the response to HIV/AIDS in South Africa. By examining and analysing existing theories and literature relating to gender, development, men, masculinities and HIV/AIDS, it is argued that men's attitudes, behaviour and needs have thus far been sidelined, or at least homogenised, with regard to their roles in the HIV/AIDS epidemic. Amongst other reasons, issues related to the treatment of gender as the domain of women and the way in which women and girls have been disadvantaged in gender power relations have contributed to the marginalisation of men. This thesis calls for a fresh focus on men, arguing that they deserve to be respected, listened to and supported. For more effective HIV/AIDS interventions, a concerted effort to research and, in particular, understand diverse masculinities is required.

As well as efforts from government to involve men more constructively, it is acknowledged that there now exist a handful of civil society organisations in South Africa that are attempting to make men the centre of their work. The Men as Partners (MAP) programme is one such example of a programme which has received noteworthy praise. Using findings from three structured interviews carried out with staff from MAP, this thesis includes a critical commentary of MAP's work. Recognising that such efforts are fairly embryonic in South Africa, existing gaps in the field and recommendations for future work with men are consequently proposed for consideration.

This study is further supplemented by findings from a programme evaluation I carried out in mid-2005 of Yabonga, a Cape Town-based NGO.

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Chapter 1: Introduction

An estimated 5.5 of the 47 million people living in South Africa were infected with HIV in 2005 (UNAIDS, 2006a), indicating that the country has one of the most severe epidemics in the world. Women and girls are affected with particular severity: recent statistics report that 29.5% of female antenatal clinic attendees were living with HIV in 2004 (UNAIDS/WHO, 2005). This is the highest it has ever been in the history of South Africa's epidemic. HIV prevalence amongst women and girls is also higher overall than that among men and boys, with a share of nearly 60% of the total number of infections (UNAIDS, 2006a).

Such statistics serve to paint a particularly gloomy picture, both of the epidemic's reach as a whole, but also women's specific vulnerability. Tackling women's more disadvantaged position has been, and continues to be, acknowledged and prioritised at a number of different levels, from the aims of civil society organisations through to the South African government's national HIV/AIDS strategy. In the government's 2005 Progress Report on Declaration of Commitment on HIV and AIDS, women are mentioned forty seven times to men's meager eight in a 49-page document (Department of Health, 2006).

This thesis aims to give prominence to those who comprise, and will continue to comprise, the remaining 40% of those infected - men. 40% is a considerable percentage; indeed, approximately 2.2 million men (aged 15-49) are living with HIV/AIDS in South Africa. With an epidemic that is classed as generalised¹, an extraordinary number of men are also at risk of contracting the disease. These facts, I shall argue, are worthy of much greater consideration than they have previously been given. The impetus for the focus of this thesis originates from my experience of carrying out an evaluation of *Yabonga's* HIV/AIDS programme, one which is implemented across seven townships in the Cape Town region. In interviewing a variety of different stakeholders in the programme, from the few male clients to the overwhelmingly female component of clinic sisters and counsellors, the general consensus was that men were perhaps being left on the sidelines both in

¹ The meaning of generalised here is where HIV infection is high amongst the entire sexually active population.

terms of prevention efforts as well as with regard to care and support needs. Such findings were also backed up by increasing amounts of literature on the HIV/AIDS epidemic.

In considering HIV/AIDS as a gendered epidemic, I shall seek to explore some of the reasons why men may have been sidelined in discourses and responses to the HIV/AIDS epidemic. To help provide a contextual background, this will initially entail examining theories relating to gender and development and the way women have been prioritised (Chapter 2). Additionally I shall explore the particularities of the HIV/AIDS epidemic itself in South Africa from a gender perspective - those which may serve, albeit inadvertently, to marginalise the importance of men's needs (Chapter 3). Chapter 4 will focus more exclusively on men themselves, examining theories relating to masculinities. This will demand an appreciation of the changing realities of contemporary South African society where gender roles are fluctuating. Indeed, a call for a more critical approach to dominant norms related to gender will be considered as an option. In so doing, this section will look at why a more profound examination, and thus understanding, of the 'hows' and 'whys' of men's daily lives may facilitate a more comprehensive approach to HIV/AIDS prevention, and care and support.

This thesis however does not overlook the fact that, over the last few years, there *has* been recognition that men's involvement matters, with the importance of men's participation starting to creep onto gender, development and HIV/AIDS agendas, both governmental and in civil society. It will be argued however that the implementation of work with men is still limited. Chapter 5 explores one example of a programme which is thought to be making headway in the men's field – the *Men as Partners (MAP)* programme in South Africa. Regularly cited as a good practice example in seeking to challenge men's attitudes around gender, gender-based violence and health-related issues, a critical commentary of *MAP* will attempt to highlight how the programme ensures constructive male involvement. Chapter 6 acknowledges the nascent nature of work such as *MAP*'s and attempts to identify the key areas where constructive male involvement in the fight against HIV/AIDS could be ameliorated.

In exploring the sphere of men and HIV/AIDS in South Africa, there are two salient concerns that this thesis acknowledges: firstly, the very real vulnerabilities that women and girls continue to be confronted with in the face of HIV/AIDS in this country and secondly the other multifarious interconnected factors that contribute to the epidemic, beyond that of gender dynamics. Indeed, in terms of the former, it will be argued that by investing in men and working with them to reflect on current gender norms, this may indeed have an indirect effect of reducing women's HIV vulnerability and gender inequalities in the long term. With regard to the latter, in discussing and theorising about masculinities and the potential for change in gender norms, one should consistently bear in mind the stark reality of the structural inequalities that exist in contemporary South Africa, especially the extent of poverty and unemployment. Indeed, the very harsh life circumstances that many men (and women) face on a daily basis, exacerbated by neo-liberal and globalising processes, make for a difficult context in which to implement gender equality and HIV/AIDS work. The reality of this environment must be appreciated. However, in the knowledge that HIV/AIDS is having epic consequences – on the individual, on family structures, within communities, in the workplace and beyond, and with gender relations playing such a crucial role in fuelling and sustaining the epidemic, action *has* to be taken at every level possible – regardless of these complex conditions. This thesis seeks to expand on just one of these possible approaches by looking more closely at gender and the key role that men have to play in the response to HIV/AIDS.

Note on the use of the category 'men'

Whilst it is well known that HIV/AIDS can affect anyone, regardless of class, race, gender or sexuality, it is recognised that some groups are more vulnerable than others. In focusing on 'men in South Africa', it is those most affected by poverty and related structural inequalities that continue to be the most vulnerable. For the purposes of this thesis then, it will be these 'men' that will be concentrated on – predominantly working class, black, heterosexual men. Simultaneously, the heterogeneity amongst such men must not be overlooked. Although one of the aims of this thesis is to recognise the diversity of men and their attitudes and needs,

I shall be mindful of falling into essentialist traps of homogenising the particular group of men I am focusing on.

University of Cape Town

Methodology

This thesis is predominantly based on existing literature and theory. It is given greater body by using:

- a) findings from interviews and an empirical case study of the *Men as Partners* programme which I carried out specifically for the purpose of this thesis;
- b) findings from research I carried out in early to mid-2005 with *Yabonga*, an HIV/AIDS NGO in Cape Town.

Theory

The main thrust of the thesis is to explore the supposition that men in South Africa have been largely sidelined in the responses to HIV/AIDS, and assert that they actually have a key role to play. The bulk of this analysis was mainly undertaken through desk-based research, concentrating on theories related to gender, development and masculinities. A combination of materials was used, including books, academic and research articles, NGO documentation, and print- and web-based media.

Acknowledging that there is a degree of work in South Africa which does attempt to counteract this trend of the marginalisation of men, I was keen to examine efforts which are currently considered successful. This was in order to ascertain a greater understanding of how this work relates to the current theories but also to comprehend what types of approaches are working well in engaging men. Furthermore, by interviewing key people currently directly involved in the fields of men, gender and HIV/AIDS, I hoped to gain a broader insight beyond the theories. Most especially, this included the present state of the field in South Africa and what efforts are now necessitated to bring about of more constructive male involvement.

Fieldwork

I wanted to identify a programme that was working successfully *with* men on aspects related to gender and HIV/AIDS. Through desk research and consequent analysis of the current literature on the interrelated themes mentioned above, I

identified the *Men as Partners (MAP)* programme as an apposite project to use as a case study. The most salient reason for identifying this programme is because the *MAP* approach has been regularly mentioned as a good-practice example of projects that attempt to work with the themes of gender, men and HIV/AIDS. With an office in Cape Town, this enabled me to access documentation and interview key programme staff.

Along with an analysis of the programme's documentation, I considered interviews to be the most appropriate method of obtaining information, due to the investigative and explicatory nature of the research. As well as the particularities of the programme itself, I also wanted to gain a wider perspective of the state of the field. Such information was therefore predominantly qualitative. Interviews were carried out in March 2006 with the following programme staff (all male): one member who works with local NGOs/CBOs on community-based activities, one who focuses entirely on working with young people in tertiary educational institutions in the Western Cape and the other who was the Manager of the entire South African *MAP* programme. At the time of interviewing, the Programme Manager had since left his position, but continues to work directly in the fields of gender, men and HIV/AIDS and has been at the forefront of the 'men' field for some years. I considered it advantageous for my study that he had left *MAP*, particularly as he was no longer intimately implicated in the organisation's work, and thus able to perhaps reflect more objectively.

Separate face-to-face interviews were carried out with each individual, two at the Cape Town office and the other at the respondent's home. With the individuals' permission, interviews were tape-recorded and then transcribed. Interviews were well-structured, as I had quite clear objectives in terms of the material required. The resultant transcriptions were then dissected and coded using an interpretive thematic analysis. These themes focused chiefly on the uniqueness of the programme, the current challenges, and what might the broader recommendations be for future work with men in South Africa. Analysis was enhanced by examining the various internal and external documentation and materials that those involved in

the programme had produced. Where further clarification was needed, follow-up with the individuals was carried out by email and telephone.

An evaluation that I carried out of a small Cape Town-based NGO's HIV/AIDS peer education programme from early to mid-2005 was also used to corroborate this study. This evaluation of *Yabonga* looked at both programmatic and organisational elements. To get as complete a picture as possible, the following methods were used to evaluate the programme: interviews with fourteen clients (both male and female) accessing *Yabonga's* education and care and support services; interviews with the Sisters-in-charge and clinic counsellors at four of *Yabonga's* six support centres, focus group discussions with a selection of Team Leaders and Peer Educators from across the six support centres; and interviews with four members of the NGO's staff. Data collection and observations were enhanced by a number of preliminary exposure visits to clinics and support centres with *Yabonga's* Field Workers, participating in four Team Leader supervision sessions, observing extra Peer Educator training sessions, and participating in weekly staff meetings.

Reflexivity

A note on my position as researcher should be incorporated here. The motivation for this thesis originated from my research findings with *Yabonga* in 2005. Indeed, the absence of men in the programme stood out for me, most particularly with regard to how this absence might affect the organisation's key objective of 'empowering women', but also how this marginalisation of men might affect the gender equity and sensitivity of such programmes themselves. It was through further study and research that I found that such organisations are not in a minority in terms of 'missing men'.

Thus my role in this particular project has certainly been one of enthusiasm to see a greater focus on the involvement of men in the gender and HIV/AIDS fields in this country. It should be noted however that despite this keenness, I did not and do not want to take attention away from the genuine and significant disadvantages that women and girls face in this country, both socio-economically, and in terms of their

relationships with men². Rather, my interest was in exploring how HIV/AIDS interventions may see more success through a greater national and community focus on men.

Furthermore, I fully acknowledge that my position as a white female from a resource-rich Western setting is in contrast to that of the subject of this thesis – predominantly black males growing up and living in resource-poor environments in the South. Indeed, my life experience is profoundly different to those experiences I am writing about. This perhaps raises questions about subjectivity as well as authenticity. However, in exploring the notion that ‘you have to be one to know one’, Fay (1996) is convincing in his conclusion that:

“Knowledge consists not in the experience itself but in grasping the sense of this experience... Precisely because knowing is grasping meaning rather than merely experiencing, being one is neither necessary nor sufficient for knowing one... Indeed, sometimes it is easier for those not “one” to grasp this meaning because they have the requisite distance from the experience to appreciate its significance.”

(Fay, 1996: 27-28)

In this way, although I do appreciate that my experiences are vastly distinct from those I am writing about and that I cannot hope to *really* know what these feel like, I hope that this does not limit my ability to make some *sense* of men’s particular experiences.

² Nor do I wish to deny the agency that women employ in these experiences.

Chapter 2: HIV/AIDS: a 'gendered' epidemic

The principal aim of this thesis is to explore the supposition that men have a key role to play in the HIV/AIDS response in South Africa and need to be incorporated more holistically into HIV/AIDS interventions than they have been thus far. To substantiate this, it is felt that a focus on HIV/AIDS as a *gendered* epidemic is an appropriate starting point as well as serving as a useful overall framework. It should be noted from the outset however that in employing a gendered framework for exploring HIV/AIDS in South Africa, I do not seek to shy away from pertinent structural influences (especially those related to poverty) which fuel the HIV/AIDS epidemic. Indeed, it is recognised that a primary focus on gender may serve to obfuscate the broader economic, political and social roots of HIV transmission and their associated responses. I do not deny or wish to undermine the importance of these roots, but for the purpose of this thesis and its focus on men, a spotlight on gender is felt most relevant.

Gender, gender power relations and their related inequalities are central to the HIV/AIDS epidemic, both in driving it and sustaining it (Abdool Karim, 2005). Any exploration then of men's possible marginalisation should highlight how gender has been and continues to be discussed and treated. This chapter will seek to achieve this. Commencing with a brief synopsis of the reasons for gender's significant role in goading the epidemic and the need to see it as a serious analysis point, I will then go on to look more closely at gender as a concept and will emphasise its complexities. Exploring such complexities, I will argue, is imperative for a more subtle analysis of HIV/AIDS as a gendered epidemic, particularly in making genuine sense of men's and women's positions within it. By recognising HIV/AIDS as a key development issue, this chapter will also look in some depth at how gender has been discussed in development discourse, as well as exploring how and why this discourse has had considerable influence. It is hoped that the examination of the treatment of gender in this broader development context may provide some clues as to why men may have been, and currently are, sidelined in the various responses to HIV/AIDS in South Africa.

Gender: a significant social contour in the HIV/AIDS epidemic

In stating that this thesis seeks to explore the sidelining of men from a gendered perspective of HIV/AIDS, it is necessary to outline why gender may play such an important role in driving the epidemic in South Africa. This is not to declare that its role is an easy one to decipher. The following chapters will explore the issue in greater depth, but at this point, one can highlight the following points.

HIV/AIDS is predominantly an epidemic of sex. As per the rest of the sub-Saharan African region, transmission in South Africa is overwhelmingly through heterosexual sex. This is in contrast to the developed world where prevalence continues to be greatest amongst men who have sex with men and injecting drug users³ (UNAIDS/WHO, 2005). With heterosexual sex being the dominant mode of transmission in South Africa, social relationships between men and women, and thus aspects of gender, are considered integral to understanding the epidemic. Indeed, it has been argued that gender *inequalities* are key to this understanding:

“HIV/AIDS is not only driven by gender inequality – it entrenches gender inequality, putting women, men and children further at risk.”

(Tallis, 2002: 1)

With regard to gender inequalities, much of the literature posits women's greater vulnerability to HIV/AIDS as being related to their (socially constructed) inferior status to men. Thus, much of the problem lies in gender relations. The strategic thinking around HIV/AIDS interventions so far has therefore been to try to work around this problem. Indeed, empowering women has been a major approach in trying to tackle gender relations and women's disadvantaged position.

‘Gender’: far from simplistic

To emphasise the central role of gender relations in the HIV/AIDS epidemic in South Africa is acceptable in theory. However, it is at this point that one should draw attention to the very *intricate* nature of gender. As a concept, it could be debated interminably. Indeed, this has been the case over the last thirty years, particularly as the feminist movement gained strength in the 1970s. Increasingly at that time, feminist sociologists sought to contest the seemingly presupposed ‘naturalness’ of

³ One should point out however, that unprotected heterosexual sex is becoming an ever-increasing route for HIV transmission in more developed countries.

the differences, and thus inequalities, between men and women (MacCormack, 1980). Therefore, the arbitrariness of the meanings attached to male, female, nature and culture began to be more hotly debated.

Central to theoretical discussions around gender has been whether it is biologically or socially determined. Most dominant is the theory that gender is a socio-cultural construct (Moore, 1994; Butler, 1990). Often defined in contrast to the term 'sex', one's gender is believed to be made up of a set of socially constructed variables, which define one's masculinity or femininity. Quite appropriately, there are theorists that warn against this tendency to assign 'gender' into the either/or camp of biological essentialism and social constructionism. Indeed, Birke and Vines (1987) emphasise the view that gender may be realised as a result of 'interactionism' whereby biological and socio-cultural factors combine. This argument is attractive, although it could become problematic if one wishes to separate out the biological and socio-cultural factors to comprehend which factor is having the greater (or real) effect. However, what this does point to is that biology and socialisation should not be conceptualised as simple binaries, but as continuous and interacting. In this way, gender should also perhaps be viewed in such a fashion.

It is when one observes gender as something that is composite and mutable that the complexities for HIV/AIDS interventions with men and women become clearer – and in particular how the simplification of gender relations (women are in a less powerful position than men, for example) is an inadequate response. Gender *is* difficult to unpack, to understand, to work with and to measure. This is possibly because of its 'plasticity' (Bullough, 1994). As Moore (1994) convincingly adds:

"The instability – potential instability – of the category 'gender' in cross-cultural analysis is an alarming prospect. When we talk in general terms about discourses on gender... we still have to ask ourselves, whose discourses are we referring to?"
(Moore, 1994: 14)

And so, it is not just a case of gender being multifaceted, but also one must take into account *who* is directing the discourse. Discourse too is neither immutable nor fixed, and a consciousness of locality, history and cultural contexts is important in any interpretation of themes such as gender. Language and semantics are essentially very powerful tools and an analysis of gender should be undertaken with the knowledge of the limitations of varying discourses and the fact that they do not

occur in a vacuum, but in very specific contexts. Indeed, Moore (1994) uses the terms 'positionality' and 'representivity' to describe the different dimensions to discourse. Depending on how one is positioned, experience of gender can be transformed in a number of distinct ways.

"Gender relations are context-bound: in one setting we might behave in one way, while in others we might behave differently."

(Cornwall, 1997: 10)

Awareness and appreciation of some of these multifaceted layers is therefore vital for debates about gender, men and HIV/AIDS. Moore's (1994) argument about positionality is important. For example, HIV/AIDS interventions may be devised by a northern-based NGO for implementation in a township in South Africa. The appropriateness of this in terms of working 'genuinely' with gender is debatable.

There is not space here to give gender the proper consideration and analysis it deserves. However, the point that this chapter seeks to underscore, in the context of HIV/AIDS, is that gender is far from a simple concept to work with, either theoretically or in practice. If one of the key strategies for curbing HIV/AIDS is to tackle gender relations, an appreciation of gender's far-reaching complexities is imperative. Interventions that take a simplistic view of gender may well prove to be limited in their efficacy. Indeed, one might argue that men's marginalisation in the responses to HIV/AIDS is owing, to some degree, to this one-dimensional view of gender.

However, one must go further. Gender is indeed complex, but it would be particularly unhelpful to think of it as a stand-alone category to scrutinise. Gender, in development, and most especially with regard to HIV/AIDS, must be seen as part of broader, more macro-level societal and economic processes. So, despite the need to focus attention on positionality and representivity, Forrest (2003) is particularly adamant about the necessity also to widen analysis on gender in specific contexts. He warns:

"...against turning to localized or universal definitions of 'maleness' or 'masculinity', and against too narrow a focus on the dynamics of localized 'gender relations', in order to understand the intricacies of social inequality and the means by which this can be overcome... We ought to shift our focus more towards broader social relations and structures within society."

(Forrest, 2003: 108)

Cleaver (2003) also stresses this point. For her, any examination of the private sphere must be merged with one which looks at broader developments, processes and structures. This is highly apt for HIV/AIDS interventions with men in South Africa, to be explored in more detail later. However at this point, one could argue that research into the more specific gender-related aspects of men's involvement in fighting HIV/AIDS cannot be excluded from an exploration into a variety of complex wider factors such as, the current socio-economic situation in South Africa, huge rates of unemployment and a historical legacy of a normative culture of violence.

These difficulties associated with gender, although they should certainly be taken into account, should by no means discourage attempts to implement transformation. In fact, one might argue that gender's complexities, as well as needing to be seen as much as possible in relation to real-life experiences, should also be viewed in a positive light. The value of theoretical reflections should not be understated, but *unpacking how gender is played out in concrete situations* may be of even more value. It may halt the tendency to simplify issues; it may even lead to a process whereby a greater understanding is achieved of the impact of certain socially constructed 'gender norms' – norms⁴ which seriously aggravate the HIV/AIDS epidemic.

To conclude this section on gender's complex nature, it seems pertinent to highlight what could be considered a particular limitation to a 'gendered analysis' of the HIV/AIDS epidemic. Indeed, in addition to the tendency for broader more structural factors to be obscured, one should also heed Greig's (2003) warning about the temptation to neglect the distinctions between gender and sexuality in this regard. In recognising gender inequalities as key shapers of the HIV/AIDS epidemic, Greig argues that issues related to sexuality, and significantly *men's* sexualities, may be somewhat marginalised. In placing a strong emphasis on gender inequalities, men's sexuality tends to be framed in relation to women's vulnerability. This could mean that one's view of men's varying experiences of sexuality is limited, proving disadvantageous for planning effective interventions. It is difficult to deny that men

⁴ To be explored in greater detail later, these 'norms' might include: men should not be health-seeking; women should care for the sick; and men should have the control in sexual relationships.

do experience sexuality differently to women and by employing a gender lens too heavily, this acknowledgment may be lost. As Greig (2003) asserts:

*"It is imperative to design and deliver... sexual and reproductive health services and policies for men as **sexual beings in their own right** as well as being sexual partners to women."*

(Greig, 2003: 8, emphasis added)

Gender = women?

In this discussion of gender and the need to see its multifaceted nature, it is necessary to draw attention to the unfortunate historical tendency (and arguably that of present day inclinations) to directly correlate gender with women, particularly in development discourse. It is this very trend which perhaps helps to explain why men may have been marginalised. As Kimmel (2003) suggests,

"In part, of course, this is as it should be. It was women scholars and policy-makers who first brought gender to our attention, through the hidden costs and statistical invisibility of women's participation. It was women who made gender visible as a category of analysis, as a variable that must be factored into any discussion of development."

(Kimmel, 2003: xi)

However, as Kimmel goes on to argue, despite the understanding that development is indeed a gendered process, this comprehension is limited when one omits thinking about the effect on men themselves. Kimmel (2003) discusses the 'invisibility' of masculinity and men in development discourse. He asserts convincingly that such concealment can actually serve to perpetuate gender inequalities, as the reality of gender power relations are left untackled.

One cannot deny that women and girls have been disproportionately disadvantaged in the development process. Glaring inequalities between men and women continue to be ubiquitous, weakening paths towards sustainable development. Women's access to resources and income, their powers of decision making and their status in relation to men's, continue to place them in a distinctly disadvantaged position. It is not entirely surprising therefore that gender discourses have concentrated more explicitly on women. Indeed, women in South Africa have been described as particularly disadvantaged due to what has been termed their 'triple oppression' on account of their race, class and gender. In Cape Town, this has

been seen to stretch to 'quadruple oppression', with the mass of women (and men) having migrated from rural areas. As Cooper et al. (1991) argue, the women who make up the new arrivals in urban areas such as Khayelitsha suffer further oppression as 'unwanted' arrivals and having to live in the most severe of environmental conditions.

However, any moves towards the continuation of trying to empower women must include concrete endeavours towards the inclusion of men in this empowerment and working towards changes for them too (Kimmel, 2003; White, 1997). Ensuring that such empowerment is mutually positive for both men and women and for *relations* between them, is crucial. This thesis argues that such an outlook is also integral to tackling the HIV/AIDS epidemic. Undeniably, women are disproportionately affected by HIV/AIDS and it is crucial that interventions address these inequalities, but men's involvement must be central to this too. This does not mean token involvement, but genuine direction and comprehensive participation from men. Gender and gender relations are *not* synonymous with women's issues. It is felt that such a notion is a dangerous one, especially in light of the huge HIV/AIDS epidemic that continues to ravage South Africa, affecting women and men alike.

The next section will look more closely at the way the term gender has been employed and interpreted in development discourse. This might help not only in the provision of more grounding and context to the thinking behind current HIV/AIDS interventions (and thus the possible absence of men), but also how the 'women = gender' thinking has been difficult to manoeuvre away from.

Gender in development discourse: its implications for HIV/AIDS

HIV/AIDS, as well as being a serious health problem, is now well-known to be a key development issue as it continues to threaten significant areas of human and socio-economic life. Indeed, to assert that HIV/AIDS is *the* most severe development crisis is perhaps no overstatement. As Brown writes,

"... unless the world meets the HIV/AIDS Millennium Development Goal, we have little prospect of reaching the other seven goals... because the impact of HIV/AIDS is felt across all these (other) areas."

(Brown, cited in Heywood, 2004: 3)

One needs only to look at South Africa to gain an idea of how closely HIV/AIDS is linked to development. For example, how can South Africa's economic development prosper when a significant and growing proportion of the working-age population is infected with HIV/AIDS? It is a simple but pressing question, not just for South Africa's development but for a significant number of other countries in the region. As Nattrass argues,

"AIDS undermines economic security and growth in various ways. It reduces the economic security of households by reducing the productivity of (and eventually killing) income-earners, while simultaneously diverting scarce resources towards medical expenditure."

(Nattrass, 2004: 32)

If HIV/AIDS is a key development issue and looking at gender is so integral to responding to the pandemic, it serves to look at how gender has been discussed in development discourse. Exploring the treatment of gender in this broader context provides further clues as to why men have been somewhat overlooked in the various responses to HIV/AIDS in South Africa.

Gender and Development (GAD)⁵ thinking finds its origins in the Women in Development (WID)⁶ movement of the 1970s. In the 1960s and 1970s, modernisation theory carried considerable influence in development theory and practice. Gardner and Lewis (1996) summarise this theory as follows:

"Modernisation is essentially evolutionary; countries are envisaged as being at different stages of a linear path which leads ultimately to an industrialised, urban and ordered society."

(Gardner and Lewis, 1996: 12)

Modernisation theory has been criticised at length, not least because of its tendency to homogenise societies and its propensity to suppose that 'development' in all countries and societies will automatically follow the Western model of industrialisation. Modernisation theory also advocates the idea of 'trickle down'. This purports that ultimately, the benefits of economic growth will filter down to every person in society. Such a theory can perhaps be attributed to the model outlined in Adam Smith's classic 1776 book *An Enquiry into the Nature and Causes of The*

⁵ This approach to development acknowledges that men and women are affected negatively by certain socio-economic structures. GAD seeks to empower both men and women to be central decision-makers and stakeholders in the development process so that a gender outlook on social change is integral at all times.

⁶ Recognising women's more disadvantaged position, WID differs from GAD in that it focuses on women-only programmes. It tends to look at the "symptoms rather than the causes of gender inequality." (Tanzania Gender Networking Programme website, accessed 2006).

Wealth of Nations which supposed that market forces, as if by an invisible hand, push the economy to cost-effective outcomes. Understandably, the idea of 'trickle down' has been heavily criticised on account of its one-dimensional and simplistic thinking (Gardner and Lewis, 1996).

It was around this crude notion of modernisation and development that the WID movement secured its foundations. They saw that this 'trickle down' theory was not so straightforward in practice: indeed men and women were not acquiring the benefits of modernisation in an equal fashion. If anything, it seemed that women's position was worsening (Razavi and Miller, 1995). The formation of WID then was an attempt to see women more integrated into the process and practice of development (Koczberski, 1998). Central to the early WID approach was the move towards challenging gender stereotypes, particularly from an economic perspective. This therefore meant the chief focus was, for example, providing improved skills training to girls and initiating equal opportunity programmes (Razavi and Miller, 1995). Tackling *relations* between men and women, and therefore more causal inequalities, was noticeably absent.

The introduction of Gender and Development (GAD) into development discourse and policy did however see a changing emphasis to relations between men and women (Chant, 2000; Cornwall, 2000), rather than a seemingly direct focus on women themselves. In effect there was a call for a change from integration to so-called gender mainstreaming⁷. On the face of it, such a change can be seen only as a positive move, particularly with regard to HIV/AIDS and the need to address relations, especially those of power, between men and women. However, there has been much debate about the genuine and concrete influence of GAD over the past few years and the dubious nature of its impact may provide some clues as to why men have perhaps not been fully integrated and mainstreamed into HIV/AIDS responses, not just in South Africa, but also beyond.

⁷ Gender mainstreaming has been defined as "a commitment to ensure that women's as well as men's concerns and experiences are integral to the design, implementation, monitoring and evaluation of all legislation, policies and programmes so that women as well as men benefit equally and inequality is not perpetuated. Gender Mainstreaming is integral to all development decisions; it concerns the staffing, procedures and culture of development organisations as well as their programmes; and it is the responsibility of all staff" (DFID cited in Waterhouse and Sever, 2005: 3).

In transforming 'women in development' to 'gender and development', there was an acknowledgment that relationships between men and women had to be considered more closely and aspects such as class and age needed to be explored simultaneously (Cleaver, 2003). Development practitioners recognised that only by taking a more all-embracing approach to gender would equality begin to be more consistently realised. This then meant a greater concentration on men and masculinities. One should also mention here the 1994 Cairo Conference on Population and the 1995 Beijing World Conference on Women. Both of these were noteworthy catalysts for greater work with men.

The reasons for including men more holistically in gender and development practice are extremely convincing. Arguably, it is the straightforward issue of rights which is of utmost importance. Indeed, men have as equal a right as women to be included in gender and development (Cleaver, 2003; Chant, 2000). Gender does not merely refer to women and their needs; men and masculinities rightfully belong in this domain too. This may be an obvious reason to put forward, but its significance should not be denied. As Pearson (2000) argues, one should not be misguided into thinking that it is only women who are constricted by gender stereotypes.

Another incentive for the inclusion of men, and one which is possibly most significant in terms of health (and therefore HIV/AIDS), is the need for *men's genuine participation* in transforming gender relations (Chant, 2000; Cornwall and White, 2000). Programmes that work with women, focusing exclusively *on* women, cannot hope to tackle successfully issues of gender relations. Although it might seem obvious, men must be included in designs for change. It is remarkable how late in the day such thinking, let alone implementation, has seeped into development and HIV/AIDS discourse. In fact it was not until 2000 that the potential for men's constructive involvement in fighting the epidemic was formally acknowledged with the UNAIDS 'Men make a difference' campaign.

How have men been included in development discourse?

The academic theorising over the need to be more inclusive with regards to men in gender and development policy and practice is sufficient on one level. However,

when one starts to dig a little deeper, other issues start to arise. As Cornwall (2000) has argued, although there has started to be a greater inclusion of men in GAD discourse, it does not necessarily mean they have appeared in a positive light. Indeed, they are seen as tyrants, as obstacles, and as the architects of male domination. This 'women as victim, men as problem' discourse in GAD has unfortunately been fairly prevalent, but has been rightfully criticised more recently (Cornwall, 2000 & 1997; White, 1997). Although in some cases elements of this discourse may be true, it is, in reality, hugely unhelpful, both from a 'homogenising men' point of view, but also in not recognising that it is men too who can be 'victims' and disempowered individuals. The strength of the 'women as victim, men as problem' discourse is highly applicable in the context of HIV/AIDS in South Africa, particularly with men often being seen as the key perpetrators of the epidemic. This notion will also be explored in more depth in subsequent sections. The importance of moving away from discussions which generalise men cannot be overstated. As Cornwall (1997) has argued, if this is not adhered to, men will continue to be seen as excessively problematic and will remain on the sidelines. Intervention strategies with men that genuinely succeed on the ground, as well as being dependent on men's cooperation, are arguably equally dependent on dominant discourses being free of the 'men as problem' rhetoric.

The strength of rhetoric

Undoubtedly the addition of men to the GAD debate is certainly valuable. However, as well as appreciating that the content of the debate must be monitored ('men as problem'), one must also fully acknowledge the glaring difference between rhetoric and practice. Incorporating men into policy documents and development debate is not the same thing as genuinely and consistently working *with* men. Indeed, as Chant (2000) highlights:

"...there appear to be few concrete guidelines as to where, when and how to include men in gender planning, whether at institutional or grassroots levels... Failure to broach substantive tactical issues in respect of male involvement runs the risk of pushing GAD into an intellectual and political cul-de-sac."

(Chant, 2000: 9)

As will be elaborated upon later, such an assertion could well be made with regard to working with men on HIV/AIDS. Yes, the motivation to do so is currently out there

– the need to work with men is laid out in a number of documents and is written up in a plethora of national and international level HIV/AIDS thematic workshops (for example, Commission on Gender Equality, 2005; VSO-RAISA, 2003). But what about the actual good practice examples? Where are the articles that discuss the outcomes, challenges and possibilities of actually working with men on HIV interventions? After an epidemic of approximately twenty years, these are unfortunately still in their infancy⁸. Likewise with other development work that focuses on men and gender, one could argue that a similar story occurs.

Alongside this, one must not let go of the fact that this motivation for the incorporation of men into GAD is not necessarily ubiquitous. As Cleaver (2003) argues, a shift in GAD's focus to men and masculinities has caused an element of disquiet among some who feel that such a move will divert attention away from the needs of women, needs which still require urgent consideration and action. Thomson (2003) too highlights how women-focused NGOs may be anxious about funding being re-directed towards men's issues. However, Thomson (2003) fittingly asserts that funding needs to be available for a range of approaches that NGOs might be employing, those that target the needs of both men *and* women. As the next section will demonstrate, NGOs and other development institutions are potentially crucial players in discourses on gender and the possible perpetuation of various stereotypes.

Development institutions: highly significant players

A significant point briefly highlighted by a number of theorists (Cornwall, 2000; Pearson, 2000; Levy, Taher and Vouhé, 2000; Tallis, 2002), but one that should perhaps be endorsed further is that of the need for concrete and consistent work *within* development institutions that focuses on genuinely questioning and challenging gender stereotypes. As White (2000) deftly conveys on the subject of such institutions:

⁸ One should note here that when gay men and men who have sex with men are the focus, these articles are in abundance. For example, in perusing the titles of the publication 'AIDS Education and Prevention' from 2002 to 2005, there exists a large quantity of research and articles on men who have sex with men and other 'at risk' populations. It was indeed a struggle to find anything significant on education and prevention directed at the 'average heterosexual male'. One might argue that work with heterosexual men could build on the successful elements and lessons learned from work with gay men.

"They are not neutral observers, but actively involved in the production of authoritative discourses and the differential distribution of resources."

(White, 2000: 39)

It seems pertinent to allude briefly here to my research carried out with *Yabonga*. The organisation trains women living with HIV/AIDS to become Peer Educators in their communities, providing education, care and support. The need that White is pointing to could possibly be said to apply within this organisation, particularly with regard to the perpetuation of gender stereotypes and roles. An environment of female-only programme staff, working with all-female field staff did, in practice, tend to produce and reproduce what White terms an 'authoritative discourse'. In particular, this included one that leaned towards that of 'men as problematic', especially in light of the domestic abuse that a significant number of the programme's Peer Educators were experiencing.

The strength of this discourse could be said to be unsurprising, given the nature of the problems that these female Peer Educators were enduring. In simple terms, a significant number of their male spouses were in this case being problematic. When I asked programme staff how they might start to challenge this and try to work in conjunction with the men on this problem, the response was that they had actually tried this a couple of years before but it had not worked because the men were not interested. It seems that after this initial failed attempt, the dialogue had ceased and a discourse of 'men are too difficult to work with' took precedence.

The reality is that a large number of projects running on the ground are those devised and planned by development practitioners in NGOs. Gender mainstreaming, and in this case, the genuine involvement of men is of real importance. It is all very well (and arguably all too common) to incorporate these 'ideas' into donor proposals and project reports, but seeing them translated into practice is equally vital.

Additionally, and the point that the current literature seems to overlook too often, is the need for development staff genuinely to question and challenge their *own* gender stereotypes. Much of the current writing and research tends to focus on how gender relations must be tackled on the ground and how important gender

mainstreaming is, but relatively little has been written on how development staff themselves feel about, and react towards, certain aspects of gender. This is of utmost importance. Pearson (2000) makes exactly this point when she discusses the potential impact of the 'gender position' of Northern-based NGOs on those projects and individuals that such NGOs are working with. Indeed,

"What is missing... is any linkages being made between the men in the development organisations and those men for whose benefit masculinising gender and development programmes are being proposed."

(Pearson, 2000: 47)

If one thinks of NGOs that focus directly on HIV/AIDS programmes then, it seems essential that those staff working in such institutions reflect on their own possible preconceptions about gender, HIV and men before effective project implementation is actually feasible.

Gender: is delving into the private realm appropriate?

A key issue to bring this chapter to a close is one that, again, is highlighted by theorists (for example, Cleaver, 2003; White, 2000), but one that has not been discussed enough. This is an issue which is central to the HIV/AIDS epidemic, but also gender and development as a whole. Addressing and challenging gender inequalities, scrutinising gender power relations, and in terms of HIV/AIDS exploring people's sexual lives, means conducting an analysis of ultimately very personal aspects of individuals' daily existence. The question is whether such a focus is *appropriate* for development practitioners to work with? *Should* development 'experts' be delving into and addressing the complexities of people's personal lives? It is a significant question. As White (2000) asserts,

"On the one hand this is to be welcomed, in broadening the dominant economic preoccupations in much of GAD, and disputing the conventional boundaries around the private sphere, which have served to cloak and sustain abuse."

(White, 2000: 36)

However, White (2000) goes on to question, quite rightly, the invasion of privacy that such work engenders. But going back to Brown's comment quoted earlier in this chapter about HIV/AIDS being *the* most severe development crisis and acknowledging how tied up with gender relations this crisis is, it seems that perhaps there is actually only one answer to this question. Working with the 'personal' may not be wholly appropriate, but it seems to be entirely necessary. Thus it could be

argued that the way in which it is done is of paramount importance. In terms of HIV/AIDS, focusing in on men, masculinities, gender norms, sexualities and desires are crucial, but finding appropriate *ways* to manage this is just as important.

Conclusion

This broader discussion around 'gender' and the way it has been interpreted, discussed and reflected on, provides crucial background to the central argument of this thesis – that men have been somewhat sidelined in the various responses to HIV/AIDS and that their role in fighting the epidemic is vital. Given the history of GAD and its women-focused underpinnings, the historically disadvantaged position of women in development, and the way HIV/AIDS interventions have been a central focus in development practice, one can see from a broader perspective how and why men may have been marginalised.

In light of what will be argued later, that a more profound focus on men and their masculinities in HIV/AIDS work is required, this chapter has sought to underscore the need initially to understand gender's complex nature and the necessity to work simultaneously with men and women to scrutinise gender relations and their related inequalities. The notion and appreciation of gender as a composite, changeable social construct is valuable, particularly in light of arguments that follow which call for work with men to tackle certain norms related to gender. The next chapter will consider more carefully how men and women have actually been positioned in the HIV/AIDS epidemic thus far in South Africa, and suggest more *concrete* reasons for men's possible marginalisation. In so doing, a brief examination of the type of HIV/AIDS interventions that have dominated in South Africa will ensue.

Chapter 3: Men: perpetrators of the HIV/AIDS epidemic, or merely overlooked?

By asserting that HIV/AIDS, as a development concern, is gendered in South Africa, the preceding chapter examined how the term has been used and discussed in development discourse. In considering its complexities, it also explored how, historically, gender has been considerably one-sided in its focus on women's generally disadvantaged position. HIV/AIDS has seemingly not escaped this gender = women paradigm. It is hoped that such an analysis has gone some way towards providing background and context to the following chapters and the issue of the sidelining of men in the HIV/AIDS response in South Africa and the need for men's more proactive role in the fight against the disease. This chapter will focus more closely on men and HIV/AIDS by assessing how both men and women have been most typically positioned in the epidemic. It will be argued that, due to women's greater vulnerability (attributable to a number of different factors), this has affected the status of men's position. In exploring this further, and by commenting on the research I carried out with *Yabonga*, a discussion will develop on how such views have influenced HIV/AIDS interventions and why these may in fact be limited in their scope.

It cannot be refuted that men are integral to the HIV/AIDS epidemic. Indeed, an epidemic would not be ravaging across the world today without men. Despite this, I would argue that men could be viewed in two overlapping ways with regard to HIV/AIDS discourses: as background figures and/or as blameworthy perpetrators. These views could perhaps be best understood in relation to women's greater vulnerability to HIV infection in South Africa. The next section will aim to investigate this vulnerability, to explore how and why men may have been both marginalised and/or impugned.

Women's greater vulnerability

Globally, women make up almost half of all HIV infections. In Africa this proportion is higher: across the sub-Saharan region, women have been disproportionately

affected by HIV/AIDS, and those most affected by the epidemic are economically poor, black women.

"In sub-Saharan Africa, there are nearly 10 million young men and women, aged 15-24, living with HIV/AIDS (UNAIDS, 2003). Of this group, more than 75% are women, reflecting a worldwide feminization of the epidemic (UNAIDS, 2004)."

(Barker and Ricardo, 2005: 37)

It is now well known that women are biologically more susceptible to HIV infection than men⁹ (Abdool Karim, 2005). Currently however, there is significant emphasis placed on women's greater vulnerability on account of the interplay between their gender and socio-cultural factors. The mix of biological and socio-cultural factors has arguably projected an image that there is a more serious crisis amongst women, meaning that any possible crisis amongst men has been seen as less severe (Kometsi, 2004). Such emphasis on women's and girls' crisis-level vulnerability has been a key feature of international HIV/AIDS conferences, World AIDS Days¹⁰, academic research and, in turn, HIV/AIDS interventions.

What then is the evidence of this 'crisis' in South Africa? It is estimated that 3.1 million, or 58%, of the 5.3 million adults¹¹ living with HIV in South Africa are women (UNAIDS, 2006a). Overall adult HIV/AIDS prevalence rates for South Africa are estimated from annual antenatal surveys, the predominant method used in the country since 1990¹². In 2004, nearly 30% of women attending antenatal clinics in South Africa were HIV positive (Department of Health, 2004). Without a doubt then, HIV infection in women is worryingly high.

Why and how are women seen to be more vulnerable, both in terms of being *infected with* and *affected by* HIV/AIDS, and where has this placed men? The significant amount of literature that has been written on women's vulnerability can

⁹ This is for a number of reasons: women have a greater surface area of mucosa which is exposed to their partner's semen during sex and there is a greater amount of HIV in sperm than in women's vaginal secretions. Younger women are particularly at greater risk biologically because of the undeveloped nature of the vaginal tract which makes it more prone to HIV infection (Shisana, 2004).

¹⁰ For example, the theme of World AIDS Day 2004 (a global event held on December 1st each year) was 'Women, Girls, HIV and AIDS'

¹¹ Adults are classified as between the ages of 15 and 49 (UNAIDS, 2006a)

¹² It is noteworthy that prevalence amongst men, therefore, is only estimated as a result of tests on women from antenatal surveys.

be divided into three interrelated categories, particularly relevant to South Africa. These, I will classify as the three Ps: patriarchy, poverty and practices. Outlined below is a summary of how these factors may be seen to increase women's vulnerability to the epidemic. This is not an exhaustive list of possible reasons but aims to provide an idea of how women's risk of HIV/AIDS has come to be seen, in discourse at least, as more severe than that of men's.

Patriarchy

The structure of South African society as patriarchal is highly significant for a review of women's vulnerability to HIV/AIDS. It is difficult to deny that, historically, prevailing cultural ideas and practices in South Africa have accorded women a lower status in society; men and women alike have been raised to believe that men are in a superior position to women (Reid and Walker, 2005). Of course, women have faced and continue to face male domination in different ways, depending on their race, class, religion and cultural background.

With patriarchy comes power and when such power is examined in terms of sexual relationships, risk of HIV in women becomes apparent. With less power, women are not in an as effective a position as men to negotiate important aspects of sexual relations – for example, condom use. A number of studies carried out in South Africa corroborate this notion. For example, a nationally representative household survey on sexual power, HIV risk behaviours and HIV status carried out in 2003 concluded that:

"... women with low relationship control were 2.10 times more likely to use condoms inconsistently... and women experiencing forced sex were 5.77 times more likely to inconsistently use condoms. Inconsistent condom use was, in turn, significantly associated with HIV infection."

(Pettifor et al, 2004: 1996)

Often with patriarchal power comes violence, and in South Africa, physical and sexual violence against women continue to be acute problems. Although it is difficult to obtain accurate estimations of the extent of such violence, it has been argued that gender-based violence in South Africa is on a par with HIV/AIDS as an *epidemic* threatening the lives of millions of women (Peacock and Levack, 2004). Rape statistics too are often reported to be the highest in the world, with estimates at one woman being raped every 30 seconds (Morrell, 2005a). A survey carried out

in 1999 in three South African provinces (Eastern Cape, Mpumalanga and Northern Province) indicated that gender-based violence was between 19.1% and 28.4%¹³ across the three provinces (Jewkes et al, cited in Dunkle et al., 2003).

The repercussions of sexual violence for HIV/AIDS infection in women are patent. Amongst other implications, sex against one's will may result in genital injuries, thus creating conditions for infection and violent sexual relationships can mean that condom negotiation is out of the question.

"Fear of violence prevents women even from discussing HIV risk with their partners, let alone requesting condom use."

(Abdool Karim, 2005: 258)

One should also not neglect the fact that gender-based violence, as well as bringing about HIV infection, can also transpire as a result of becoming infected (Tallis, 2002). Disclosure of one's positive status to partners and families for example may well result in abuse of women. One need only refer to frequent reports of such maltreatment in South Africa's Treatment Action Campaign's¹⁴ monthly newsletter to find evidence for this. With patriarchy in South Africa bound up with notions of a persistent normative culture of power and sexual violence, the risk of HIV/AIDS in women is therefore a serious concern.

Poverty

Although deemed one of the richest countries in Africa, glaring inequalities, poverty and unemployment are key symbols of South African society today, affecting enormous numbers of people. In a society which is visibly inequitable, it is estimated that 35% of people in South Africa are very poor, and unemployment is as high as 40% (Department for International Development, 2006a). A full analysis of the HIV/AIDS epidemic would necessitate a much closer examination of structural inequalities to see how they are both contributing to, and affecting the impact of the epidemic. Moreover, one might go to great lengths to discuss just how inextricably linked poverty, current ideologies and practices of neo-liberalism, and HIV/AIDS are,

¹³ This indicates lifetime prevalence rates. Abuse in the preceding year ranged from 4.5% to 11.9%.

¹⁴ The Treatment Action Campaign, set up 1998, is the most prominent HIV/AIDS advocacy organisation in South Africa. Its main aim is to campaign for greater and more equitable access to HIV/AIDS treatment for all South Africans who need it.

not just in South Africa, but also beyond¹⁵. However, in a discussion of HIV/AIDS as a gendered epidemic, and at this juncture the vulnerability of women, it serves to focus on how poverty can facilitate HIV/AIDS transmission among them. Being poor and female in South Africa may mean risky sexual behaviour is necessary for survival but also may limit the extent to which a woman is in a position to take protective action (Tallis, 2002).

One aspect that is written about extensively linking women, poverty and HIV is what has been termed survival sex. The majority of sex work in South Africa could most accurately be termed survival sex – put simply, it is about making money to live. Recent research carried out by the Sex Worker Education and Advocacy Taskforce (SWEAT) in Cape Town (a non-profit organisation working with sex workers around health and human rights), indicated that of those sex workers interviewed in the Cape Town area, the majority had commenced this type of work due to the inability to find other sources of employment (SWEAT, 2005). Opportunity for HIV infection in sex work, work that is illegal in South Africa, is rife: male clients who refuse to use condoms and the risk of sexual violence are just two possibilities. One might also consider the opportunities for more money if women agree not to use protection, or indeed the preference for agreeing to unprotected sex rather than losing out on valued custom.

Poverty and economic dependency on men may also mean that women engage in sexual relationships with the hope of financial compensation (Wood and Jewkes, 2001; 1997). This is particularly the case with regard to increasing incidences of cross-generational sex (or the 'sugar daddy' phenomenon) in South Africa - something that has been increasingly researched and written about. With older men having access to more financial resources, it is perhaps understandable how and why younger women might seek out such relationships. Interestingly, this trend has tended to be more about young people's thirst for status in their communities rather than acute poverty:

¹⁵ If space allowed, I would have liked to give more attention to a political and economic macro-analysis of the HIV/AIDS epidemic in South Africa. Such analyses have often been overlooked in favour of more acute attention on programming aspects of HIV/AIDS with regards to the individual, communities and behaviour change. The role of neoliberalism in the spread and impact of the HIV/AIDS epidemic should certainly not be underestimated.

“Schoolgirls see older wealthier men with the ‘three Cs’ (a car, a cellular phone and cash) as an avenue where they will be able to attain material goods...the girls get clothes, school fees and gifts in return for a sexual relationship.”

(cited in IRIN/PLUSNEWS, 24 July 2003)

Poverty and lack of access to education and resources are also closely linked. Again, it is women who bear the brunt in South Africa. For such reasons, the repercussions for HIV infection are heightened, since lack of access may mean less opportunity for information and education on HIV protection. And women’s lack of access to income and resources can also be more serious for those women living with HIV/AIDS who want to limit the risk of mother-to-child transmission. There are now very effective drugs that reduce such transmission, but lack of access means less opportunity for protecting their unborn child.

Practices

There are certain prevailing cultural practices in South Africa that arguably render women more susceptible to HIV infection. A common example researched and written about in detail concerns some men’s attitudes towards condoms and the preference (based on experimentation and experience) that ‘flesh to flesh’ sex is the most appropriate and desirable type of sex. As well as the argument, amongst others, for heightened physical sensation, it has been argued that such sex contributes to proving one’s manhood and asserting one’s masculinity (Barker and Ricardo, 2005). The continuing prevalence of this attitude amongst a significant proportion of young men is perhaps manifested in South African loveLife’s recent poster campaign (March 2006), entitled “HIV loves skin on skin”¹⁶ which aims to warn young people of the danger of not using protection. With men’s refusal to wear condoms, women’s vulnerability to HIV becomes obvious.

The acceptability of men having multiple partners is another prevailing cultural specificity. This is said to be a common attitude amongst both men *and* women (Hunter, 2005). The opportunity for the spread of HIV does not require elaboration,

¹⁶ It should be noted here that loveLife, South Africa’s largest HIV prevention campaign targeting young people, has come under much criticism lately, partly due to the ambiguity of its campaign messages. Such criticism is perhaps understandable. The “HIV loves skin on skin” campaign is indicative of such ambiguity and arguably fuels confusion around how HIV/AIDS is transmitted. For those familiar with the skin on skin reference (penis/vagina), the message may be clear. But for those who are not and have not had access to HIV education previously, an array of erroneous messages could be sent out: one can acquire HIV by holding someone’s hand, for example.

particularly if there is an absence of condom use in these activities. Such examples can be correlated with prevailing norms of masculinity in South Africa, a theme which will be explored in greater depth in the next chapter.

Most illustrations given here note how women are especially vulnerable to HIV infection due to a combination of factors related to patriarchy, poverty and cultural practices, but one should also highlight how women are disproportionately affected by HIV/AIDS. It is at this point that the burden of care is pertinent. It is difficult to deny that historically and culturally practice has been that women bear the brunt of caring duties in South Africa (Tallis, 2002). With the development of HIV/AIDS, this tradition has continued in both the formal and informal sectors. And so, on top of women's usual domestic responsibilities, caring for those living with HIV/AIDS in the family has become an added duty. This of course may be in addition to women carers living with HIV/AIDS themselves.

In summary, one can see from this overview that there are different and overlapping dynamics that render women and girls particularly vulnerable to HIV infection in South Africa. The next section will look at what this has meant for men's place in the epidemic.

Men's position: a culture of blame?

In assessing the dominant views of men's position in the South African epidemic, initially one should look more broadly at how certain negative views of men have arisen. The view of black heterosexual (South) African men can be associated with a sometimes still prevalent Western-driven discourse which focuses on 'African men' and their supposed promiscuity. European colonial and racist views of black men dating back to the eighteenth century have retained a certain degree of potency into the twenty first century: that of the black male as sexually rapacious (Saint-Aubin, 2005; Osha, 2004). This has arguably given grounding to and also augmented the 'men as blameworthy' HIV/AIDS discourse, particularly with regard to South Africa's epidemic which is heterosexually driven.

One should also look at the origins of the global HIV/AIDS epidemic itself to see how a culture of male blame may have manifested itself at the very beginning of the disease's appearance amongst the gay population in the United States in the 1980s (Kometsi, 2004). Perceived as a 'gay disease' and one that was widely believed to be a result of lifestyle choices, it is not difficult to see how a culture of male blame was instigated. Unlike the rest of Africa, South Africa's epidemic also started out amongst gay men, paving the way for a similar discourse. However, as the 1990s progressed and as we stand in 2006, South Africa's HIV/AIDS epidemic is overwhelmingly heterosexual in terms of the dominant mode of transmission.

In light of this historical discourse then, what have been the dominant attitudes towards men in more contemporary HIV/AIDS discussions? It has been argued that in instances where men are mentioned, it is often in an homogenising manner (Kometsi, 2004; Rivers and Aggleton, 1999; Carovano, 1995). If one reflects on women's greater vulnerability to HIV/AIDS as described earlier, it is perhaps not entirely surprising that such discourses have become prevalent. Given a refusal to wear condoms, violence against women, sex with multiple partners and not adopting a substantial role in caring duties, an understandable tendency therefore arises to cast men in a negative light. Certainly, there are plenty of men who are culpable of such practices. In the growing quantity of literature which now exists on family structures in South Africa¹⁷, the image of the caring South African family man is one that is still relatively hard to come by (Montgomery et al., 2006). Indeed, as Montgomery et al. (2006) go on to assert, the majority of research around the role of men in families in this region has been gender-based violence oriented. However, despite there being plenty of men who are responsible and caring partners and fathers, it seems that such a view is rarely discussed, let alone promoted.

There are other conditions, specific to South Africa, which have contributed to men receiving particularly bad press in the HIV/AIDS epidemic. Importantly, post-1994 South Africa saw a significant surge in discussions around sex and sexuality in public spaces (Posel, 2005a; 2005b). Simultaneously and maybe predictably, public outrage about the levels of sexual violence and rape in South African society grew

¹⁷ In the past decade as a result of a variety of socio-economic changes, family structures have been transformed in South Africa. Unemployment is just one contributory factor.

with momentum. Prior to the 1990s, sexual violence remained on the peripheries of public debate, but once the media snapped it up and it became a prominent issue, anger and protesting became omnipresent. And with it came the fury at 'South African men's' sexual behaviour.

In the context of HIV/AIDS, the issue of 'child rape' deserves special attention. A particularly horrific incident that reached the press in 2001, sparked what Jacob Zuma (Deputy President of South Africa at the time) declared as the need for 'moral regeneration' in the country (Posel, 2005a). In 2001, six men, varying in age, were arrested for gang-raping a nine month old baby girl in a poor community in the Northern Cape. Inevitably, the shocking nature of this attack (and the growing number of similar incidents) initiated a complete media-led frenzy over the horror of baby rape. Questions such as 'what has happened to South African society?' raged, but also naturally, 'what on earth is wrong with our men?' Posel (2005b) describes the development of a moral panic around the crisis of manhood, as a result of these growing incidences of reported baby rape in South Africa. This moral panic was all the more intensified due to the often incestuous nature of these rapes.

"The most brutal threats to women and children had come from the men closest to them: no longer protectors, fathers, husbands, relatives and friends had been exposed as predators. And within this exposé, the most intimate settings were now the most dangerous ones: no longer a sanctuary, the home had become the zone of moral menace of the worst kind."

(Posel, 2006b: 249)

This issue of child/baby rape and HIV/AIDS can be linked to what has been termed the 'virgin cleansing myth'. Its prevalence was brought to the fore by Leclerc-Madlala (2002) through her research into the matter in KwaZulu-Natal. This myth alleges that if a person living with HIV rapes a virgin, then he will be cured of the virus. He will, in effect, be 'cleansed'. Although the extent to which this myth is believed in South Africa is debatable (Pramjeeth, 2004), one can see how a particularly negative view, fuelled by the media, has transpired. Indeed:

"It allows us to displace child abuse from our immediate neighbourhood onto the 'other' of a stereotypical poor, ignorant HIV positive black man."

(Pramjeeth, 2004: 7)

A number of factors describe above have contributed to men being seen in an unfavourable light, providing clues not only as to why men have been cast as

perpetrators in the HIV/AIDS epidemic, but also why interventions may have concentrated fundamentally on improving women and girls' circumstances.

The view of men at a policy level

Whilst the academic and media-led discourse around men's place in the HIV/AIDS epidemic has historically had a seemingly negative slant to it, what has the thinking and discourse around men been at a broader policy level? The South African government has demonstrated significant commitment to spending on HIV/AIDS. Ndlovu (2006) reports that there is an increase in the total health budget for 2006/7 and that this is reflected in the increased allocation to HIV/AIDS. But what does this imply about funding for interventions with men? For thinking behind this, the South African government's HIV/AIDS/STD Strategic Plan for South Africa 2000-2005 is a useful document to assess. Confirming the discourse around women's vulnerability, the Plan has as one of its guiding principles:

"The vulnerable position of women in society shall be addressed to ensure that they do not suffer discrimination, nor remain unable to take effective measures to prevent infection."

(Department of Health, 2000: 15)

Men are not mentioned in these principles. In fact, men are rarely mentioned in this 31-page document. Similarly with the 2006 progress report on South Africa's Declaration of Commitment on HIV and AIDS, there is very little mention of men and their needs, whereas women's repression is written about at some length.

The South African National AIDS Council (SANAC) was set up in 2003 to act as an advice mechanism to government on HIV/AIDS. Made up of a mixture of government and civil society representatives (although predominantly government), regrettably neither SANAC's plans nor related strategic documents are available for public viewing. Therefore, no sense of the body's view on gender, and in particular men, could be ascertained. However, one of this body's tasks is to recommend appropriate research which is where one might perhaps find plans for a greater understanding of the needs of men in the HIV/AIDS epidemic. According to Chirambo (2004), although research was a key objective of the body,

“There is an area in which SANAC has not contributed at all. It does not have representation of scientists on the Council and it has not made any efforts to engage with the Medical Research Council or other academic institutions.

(Chirambo, 2004: 36, emphasis added)

Since it has been ‘other academic institutions’ and large NGOs that generally publish on the need to include men more inclusively, Chirambo’s findings are quite telling.

However, this is not to say that the picture is entirely bleak. As will be elaborated on later, over the last couple of years there *have* been the beginnings of a dialogue between senior policy makers and civil society about male involvement in South Africa. Although one should not exaggerate this dialogue, one cannot deny that the groundwork is being initiated. One might mention here the Office on the Status of Women’s (OSW) key role in establishing a ‘National Task Force on Constructive Male Involvement’ in the middle of 2004, a body made up of senior delegates from national government departments and representatives from civil society (Peacock and Botha, 2004). The success of this taskforce, however, is yet to be seen.

At this point, it seems crucial to frame such a discussion of men in the broader context of the government’s overall view of HIV/AIDS in South Africa. One can certainly criticise the lack of attention, historically, given to men in policy documents, but it could be argued that a step back needs to be taken here. What about the HIV/AIDS ‘denialism’ that has been so prevalent in South Africa? As exasperating as it is, with approximately five million people in South Africa living with the disease, and over 500,000 in need of immediate treatment, the country has undeniably been in the grips of denial over HIV/AIDS for a number of years. It does not seem contentious to assert that much of this denial can be laid at the feet of the government. The logic behind this ‘denialism’, however, remains difficult to comprehend. One could point to the President’s seeming affinity to the now well known AIDS dissidents’ camp¹⁸ and his and the Health Minister’s apparent rejection of Western orthodoxy, which endorses the benefits of life-saving antiretroviral (ARV) treatment. The South African press has been littered with criticisms over the

¹⁸ AIDS denialist Matthias Rath has been one of the leading names in this camp, who, through the Rath Foundation, has been allowed to promote the use of vitamins to treat HIV/AIDS. Despite the now known positive impact of ARV treatment, Rath continues to slam what he sees as their harmful toxicity.

criticisms over the Minister of Health's backing of olive oil, garlic and lemon juice as effective AIDS treatment. In light of these criticisms, one might argue that the historical denial has now been replaced by a situation of confusion.

Despite the spending on HIV/AIDS that the South African government has committed thus far, it is hard to refute the assertion that there is a serious lack of clarity on AIDS prevention messages emanating from government. Indeed, the fact that the next HIV/AIDS/STI five-year strategic plan has yet to be developed is perhaps indicative of this (at the time of writing, we are now half way through 2006). The government's seeming indifference is also seen quite clearly with regard to treatment issues. Since the 2003 announcement of their Comprehensive National Plan on HIV and AIDS Care, Management and Treatment where it was agreed to provide ARVs through the public sector, positive statements about the positive impact of ARV treatment have been wholly non-existent (Hassan, 2006). And so, when thinking about how and why this country may have sidelined men in the response to HIV/AIDS, it certainly seems necessary to frame such an analysis vis-à-vis the overall stance of the South African government to HIV/AIDS. Yes, men may be being marginalised, but so are the enormity and extent of the disease.

The leading international donors contributing to combating South Africa's HIV/AIDS epidemic are the UK Department for International Development (DfID), the European Commission (EC), the Global Fund To Fight AIDS, Tuberculosis and Malaria, and the United States President Bush's Emergency Plan for AIDS Relief (PEPFAR) (UNAIDS, 2006b). Interestingly, and disturbingly, DfID has recently published its new 'Southern Africa Regional Plan' (Department for International Development, 2006b) and in the entire document there is not a single mention of the word gender. Commenting on DfID's previous Regional Plan where gender is mentioned very seldom, Lewis (2003) argues that this may have to do with the organisation's strong drive to mainstream gender within the organisation. However one might argue that despite the benefits of gender mainstreaming, i.e. that men and women's concerns are always central to all development practice, the needs of men (and indeed those of women) in reality become inadvertently sidelined since they are actually not given the specific attention they need.

Where men have been given the most coverage in the HIV/AIDS epidemic is in reports funded by international institutions such as the World Bank, UNAIDS and the World Health Organisation, as well as large NGOs and research institutes, many of which are cited throughout this thesis. In the past five years or so, many of these publications have endorsed the need to focus more closely on men in the HIV/AIDS epidemic (Barker and Ricardo, 2005; Montgomery et al, 2006; Peacock and Levack, 2004; Lewis, 2003; Scalway, 2001; Carovano, 1995; Rivers and Aggleton, 1999). The majority of these publications communicate common messages: that men need to be researched; men must be listened to; they have a key role to play in HIV/AIDS interventions; men's needs are as equally important as women's; and men are vulnerable too. Such messages have been seeping through over the last ten years, but more emphatically in the last five. The extent to which these are being taken on board wholeheartedly by national governments, South Africa included, is however certainly questionable.

Dominant HIV/AIDS interventions: a reflection of women's vulnerability?

The foregoing overview of how women and men have been viewed and positioned in the epidemic hopefully goes some way toward giving some background 'logic' as to the types of HIV/AIDS interventions that have predominated in South Africa. This next section will look briefly at these interventions' major characteristics.

Women's greater vulnerability to the disease has led to many projects being set up which target women and girls specifically. Such programmes, mainly co-ordinated by NGOs, aim to 'empower' women and give them the skills, strength and confidence to negotiate healthy sexual relationships. Recognising the need to mainstream HIV/AIDS interventions into other community development programmes, a significant number of such programmes also combine women-oriented HIV/AIDS work with income generating activities, in order to increase the empowering aspect of the intervention.

Yabonga's programme is typical of such work. It could also be described as an illuminating example of how such a focus has left men on the sidelines. Working in

some of the poorest township communities in the Cape Town area, *Yabonga* has established a thriving programme which trains women living with HIV/AIDS to become paid Peer Educators providing wide-ranging education, care and psycho-social support to their own communities. Education is delivered in the waiting rooms of community clinics, whilst support groups are run for people living with HIV/AIDS in specially converted containers, attached to the clinics. The women who train to become Peer Educators are from disadvantaged socio-economic backgrounds, with little formal education, having scant opportunity for work, and, as it transpired, often in abusive relationships with their male partners.

The benefits for the women living with HIV/AIDS involved in the programme were tangible. Two focus groups with a sample of the Peer Educators were held and the quotes in the following grey box indicate the advantages of this NGO's women-focused programme:

"We ourselves have been helped to live positively and are now happy to disclose. We're not scared to say we're HIV positive."

"I like being appreciated – in the education sessions I am told 'to keep up the good work' – I feel valued."

(McNab, 2005)

However, it was when the issue of men's involvement in the programme was discussed and examined that the limitations of the NGO's programme became more apparent. Whilst the programme is run by women living with HIV/AIDS¹⁹, it does reach a number of men through its education sessions and support centres. During my research, there were a significant number of comments from a mixture of clients, Peer Educators, Team Leaders, Field Workers, Counsellors and Sisters-in-Charge of the community clinics illustrating that there was a gap in the programme due to the lack of male involvement. A few comments are highlighted on the next page:

¹⁹ The NGO does employ one **male** Peer Educator (out of a total of 70 Peer Educators). His workload is understandably stretched.

"Women are getting all the information, but men are not as exposed to it. Men are far behind in terms of education and information. Men don't want to go to the clinics – because often the nurses are women – also the fact that the Peer Educators are all women can be off-putting for the men attending the support groups. I would recommend having 10-12 men as Peer Educators.

(Clinic Sister-in-Charge)

"It would be great to have male Peer Educators; we lack the services to cater for males. Look at the clinic staff, we are all female. Males sometimes ask for a male counsellor, but we can't offer this."

(Clinic counsellor)

"I think the clients could be more involved in home visits – maybe me, as a male, could go and talk to the boyfriends of clients who aren't willing to come for testing."

(Male client living with HIV/AIDS)

"Men in the community need to get training and skills; they need to feel empowered like us."

(Female Peer Educator living with HIV/AIDS)

(McNab, 2005)

In interviews with staff from the four community clinics which were researched, there was certainly the feeling that NGO programmes comprehensively involving men are few and far between in the target area²⁰. In reflecting on women's heightened vulnerability to HIV infection, programmes that target women and girls are absolutely understandable and commendable. Increasing women's access to resources and education and providing them with skills to negotiate safer sex with their partners are very valuable foci.

However, the implementation of such work without men is in some ways counterproductive. In failing to include men holistically in NGO programmes described above, it means that a discourse of 'men as blameworthy' is instigated and fuelled. It might also mean that by neglecting men in female empowerment programmes, the extent of women's actual empowerment is limited. The example

²⁰ Townships in the Cape Town region.

of *Yabonga's* domestic abuse problem amongst its 'empowered' female Peer Educators is a case in point (as outlined in Chapter 2).

In arguing that women have been the primary focus of HIV/AIDS interventions as a result of their heightened vulnerability²¹, it would be incorrect to assert that men have been wholly neglected. However, I would argue that a large number of those interventions that have involved men are indicative of a lack of an adequately informed understanding of men, their needs and masculinities. Thus far much emphasis has been solely on behaviour change. This includes mass condom promotion and distribution of condoms in workplaces (Department of Health, 2006). Programmes which start to look at *reasons* behind men's behaviour, and/or the intricacies of gender relations, are few and far between.

In South Africa, as elsewhere, interventions have also centred around those men who are considered particularly 'at risk' – truck drivers, migrant workers, clients of sex workers, men who have sex with men, and men in prisons. This is not to refute the particular vulnerability of such men and their need for special consideration; by all means, interventions to reduce infection rates amongst these men are paramount. However, I would like to question the neglect of the ordinary man in the street in South Africa, the 'average heterosexual' man, who in a country such as South Africa with a generalised epidemic, is at high risk of HIV infection.

Interventions that focus strongly on women and girls are not restricted to those focusing on prevention. In September 2005, the third Treatment Action Campaign (TAC) National Congress was held in Cape Town, with over six hundred delegates attending from TAC branches, healthcare services, NGOs and trade unions. A key message resulting from the conference was centred on systematically ensuring the increased participation of women at all levels of TAC's work. Women's health issues and women's leadership were pledged to be priorities (TAC News Service, 2005). Again, in light of women's greater vulnerability to HIV/AIDS, such pledges are understandable and noteworthy. However, it is a worry that men are seemingly

²¹ One should not neglect to mention at this point that, historically, HIV/AIDS services have been linked to reproductive health facilities in clinics. Inevitably this has meant that women's needs have been more focused upon.

sidelined. In reading through the Congress's lengthy resolutions, there is very little text which promotes men's supportive involvement or hints that men should have as equal access to treatment as women. This is perplexing, especially if one considers recent research which highlights men's denial over their health and HIV status. A recent study of ARV treatment in Johannesburg between April and June 2004 (cited in Peacock and Levack, 2004) reported that twice as many women as men accessed ARVs. Yes, women are disproportionately affected by HIV/AIDS, but those needing treatment are certainly not outnumbering men by a ratio of two to one. Similarly, this study also stressed that, upon uptake of ARV treatment, women's CD4 count was notably higher²² than that of men's. As Peacock and Levack (2004) go on to assert, these results were analogous to those in a recent study in Khayelitsha, Cape Town. Statistics from the Free State and KwaZulu-Natal also indicate poor utilisation of health services on the part of men (cited in Marais, 2005).

Such findings, as well as possibly confirming a 'masculine trait' of poor health-seeking behaviour (as men present for treatment in the advanced stages of the disease), also surely point to the lack of programming efforts in South Africa which target men *living with* HIV? Disappointingly, commitment to such an aspiration does not seem to be shared by those who are driving the roll-out of ARV treatment in South Africa. Indeed the (now former) Deputy Director General of the Western Cape Department of Health communicated quite openly that he was more interested in women acquiring treatment than men (Abdullah, 2005). In South Africa's now internationally famous drive for fair and equitable treatment, where are men in this drive?

Men at risk of HIV/AIDS, men living with HIV/AIDS and men affected by HIV/AIDS require similar support services to women and are as deserving of as much attention. A different type of attention perhaps, but attention nonetheless. The next chapter aims to consider this perspective more closely. It will take an alternative view of men, one that has not dominated analyses: that men are vulnerable too. In the last few years, the importance of looking at how women *and men* are affected by

²² The higher the HIV viral load, the lower the CD4 cell count

gender inequalities has been given greater precedence, but it is fair to say that women's vulnerability is still seen as more important. I will argue that it is by looking at men's vulnerability, which in turn entails looking more closely at gender socialisation, gender norms and values attached to masculinities, that more appropriate HIV/AIDS interventions will arise. A greater *understanding* of men may lead not only to the design of more effective interventions but actually serve to tackle entrenched gender inequalities in this country.

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Chapter 4: Men and masculinities: time for a more profound focus

The Jacob Zuma trial: giving weight to the debate?

It seems pertinent to commence this chapter with an allusion to an issue which has recently been played out very publicly in South Africa. As well as being fascinating from an HIV/AIDS perspective, this issue also goes far to demonstrate the complexities of the epidemic, gender, masculinities and the different dynamics at play. Most importantly, I would argue that the issue lays bare more than ever the urgent need in this country to focus more emphatically and penetratingly on men and masculinities.

In April 2006, Jacob Zuma, former deputy President of South Africa, was on trial accused of raping a 31-year old female family friend, who is HIV positive. On 8 May 2006 he was found not guilty of the charge. Zuma, denying rape but admitting to consensual sex, acknowledged not using a condom (knowing that the woman was HIV positive). The following compelling questions come to fore: does Zuma's admission of not using a condom demonstrate *denial* on his part that he is vulnerable to HIV infection if he has unprotected sex with an HIV positive woman? Did the fact that he is a powerful man in South African society contribute to this denial? In the prolix daily journalism covering this case, there was almost non-existent mention of the fact that Zuma is in fact married: does this somehow help to legitimise the male gender socialisation trait of multiple partnering? When he served as Deputy President of South Africa, Zuma was at the forefront of public HIV/AIDS campaigns, urging young people to use condoms for protection. What do Zuma's actions (particularly the 'belief' that showering after sex might lessen his chances of infection) say about political commitment to curbing HIV/AIDS in South Africa, and what about the message he is providing to other men in this country? Finally, Zuma told the judge that, as a boy growing up in Kwa-Zulu Natal, he was taught that:

"...leaving a woman in that state (of sexual arousal) was the worst thing a man can do. She could even have you arrested and charged with rape..."

(Moya, 2006: para 7)

What does this imply about the influence of certain aspects of 'cultural' gender socialisation?

What has been played out with the Zuma trial is of extreme importance and deserves to be highlighted for the purposes of this discussion. As well as bringing to light the work that is urgently needed on challenging particular forms of masculinity, this trial also draws attention to how the shaping of various forms of masculinity is so integral to contemporary issues around HIV/AIDS.

The preceding chapter examined how men and women have been placed in HIV/AIDS discourses thus far. It was argued that due to women's greater biological and socio-economic vulnerability to HIV/AIDS in South Africa, a larger quantity of interventions have focused on ameliorating their circumstances, to the possible neglect therefore of ordinary men. A reasonable proportion of women's vulnerability can potentially be attributed to the undesirable 'behaviour' of men. In addition then, men have tended to be cast in an unfavourable light and a significant share of male-focused interventions have focused on trying, simplistically, to 'alter' men's behaviour.

The aim of this chapter is to focus more profoundly on men and masculinities. It seeks to present an alternative view of men in the HIV/AIDS epidemic, one that emphasises their own vulnerability as 'men'. Just because women are perhaps *more* susceptible to infection does not take away the fact that men are also at great risk of HIV/AIDS, that they suffer enormously with the disease, and that they are in need of comprehensive care and support. Certainly, as stated in Chapter 3, 3.1 million of the 5.3 million adults living with HIV in South Africa are women. But that still leaves a considerable 2.2 million men living with the disease.

Building on the notion of HIV/AIDS as a gendered epidemic and focusing on masculinities²³ then, it is hoped that an attempt can be made to veer away from the historically dominant gender discourse of homogenising men and seeing them as a problematic group of people. Rather, this chapter seeks to emphasise men's heterogeneity²⁴. This chapter thus argues that a closer examination of masculinities is a necessity. As well as revealing how certain hegemonic forms might affect HIV risk, an even deeper analysis of contemporary forces which are affecting current masculinities may facilitate a greater understanding of the gender dynamics of the epidemic.

²³ It is fully acknowledged that the topic of masculinities is one of enormity and beyond the scope of this thesis. Rather, this is an attempt to pick up on those aspects of masculinity felt most relevant to the discussions around HIV/AIDS in South Africa.

²⁴ One should also perhaps highlight the fact that women's heterogeneity too has been underemphasised. For example, the popular discourse of 'women as victims' is still prevalent.

If 'altering' men's behaviour is to be one of the key strategies in tackling the epidemic, it is argued that this cannot be considered simplistically. On the contrary, a greater *understanding* of men's needs, wants and behaviour is crucial to the development of more successful interventions. Consequently, as per Chapter 2's emphasis on the complexities of gender, it is felt that an analysis of the development of men's masculinities is thus critical. By beginning to scrutinize these questions further, in conjunction with men themselves, alternative, more positive forms of masculinity will start to be realised. Focusing on South African men and their masculinities²⁵ will be of particular interest, due to the striking historical and contemporary forces that have helped mould them. I shall argue that current forces, by playing a role in de-stabilising masculinities, deserve specific attention. Such forces are compelling gender roles to change and enabling us to view alternative forms of masculinity. Such developments should be capitalised on as they provide the opportunity to cultivate more empathetic masculinities.

Men and masculinities: a growing field of study

Since the early 1990s, there has been an ever-increasing body of literature which theorises about men and masculinities²⁶. Much of this, however, has centred on men's experiences in the developed world. Indeed, the work of Connell (1995) has been extremely influential in this regard. Connell particularly favours the concept of the 'patriarchal dividend'. This, he argues, is a certain power and advantage that all men possess due to their general subordination of women. Recognising that this power is not shared equally by all men, Connell emphasises the plurality of masculinities.

With regard to his notion of a hegemonic masculinity (the particular masculinity which is most dominant in society), Connell examines the idea that there are many

²⁵ As emphasised in the introduction, in discussing masculinities in South Africa, this pertains to those men currently most affected by HIV/AIDS - economically poor, black, heterosexual men.

²⁶ Connell gives the following meaning: "Masculinity', to the extent that the term can be briefly defined at all, is simultaneously a place in gender relations, the practices through which men and women engage that place in gender, and the effects of these practices in bodily experience, personality and culture." (cited in Reid, 2005: 208-9). Ruxton (2004) argues that the term 'masculinities' is preferable to 'masculinity' due to the fact that there is no universal type of masculinity. Aspects such as class, sexuality, religion, age all contribute to the differences amongst men.

different masculinities, as the various forms coexist in struggling to aspire to or challenge the hegemonic form. He also pays attention to the key role that sexual location, race and class play in enabling men to exert power. Central to Connell's analysis of masculinities in more developed countries is the theme of a masculinity that is in crisis. Such a crisis is seen to be related to recent shifting balances of power amongst men and women and an ensuing process of de-masculinisation. The causes of these shifts are said to be associated with particular socio-economic changes where women have been taking a more dominant role in the workplace, gaining greater economic independence and men's role as breadwinner and head of household has been gradually dwindling (Walker, 2005).

If one talks of masculinities, rather than masculinity, it is essential to acknowledge the diversity that exists between men, both globally and within specific settings. Men are far from a homogenous group. Perhaps what is of most salience is the need to recognise that:

"...masculinities are historically, socially and economically constructed, and that gender is a process, (which) offers the potential for change."

(Simpson, 2005: 569, emphasis added)

Such theories of masculinity that have developed over the last ten years are thus helpful to frame this current discussion. From an HIV/AIDS perspective, if, as I am arguing, there is a need to focus more acutely on masculinities and perhaps challenge and adjust current forms, the idea that masculinities *are* malleable is cause for optimism.

Whilst masculinities in developed countries have been those most attentively researched and scrutinised, there has been a growing, albeit still fairly small, body of literature on African masculinities, e.g. Lindsay and Miescher, 2003. In light of the argument for a greater focus on masculinities to tackle HIV/AIDS and given gender dynamics of the various African epidemics, this literature is certainly a positive sign. Such an interest in masculinities has also coincided with a greater acknowledgment of the importance of 'men and masculinities' in gender and development, as per Chapter 2's discussion. Southern African masculinities specifically have attracted literary and academic attention, and in the past few years there has been a growth in writing about men and the changes that have been

attached to manhood in the region (Ouzgane and Morrell, 2005; Reid and Walker, 2005; Morrell, 2005a, 2005b, 2001, 1998). Morrell in particular (2005a; 2001), explores how South Africa's intricate and difficult historical, racial and sexual politics have impacted and shaped various forms of masculinity. More specifically, Walker (2005) asserts that, currently, masculine identities of the past are struggling alongside more contemporary expressions, particularly in the changes brought forth in post-1994 South Africa.

The next section will look at the notion of 'achieved manhood', a prevalent aspect of masculinity which shapes men's risk and vulnerability to HIV/AIDS. Appreciating Connell's and Morrell's arguments that masculinities are diverse, arguably this particular form of gender identity formation – that of achieving manhood - warrants attention so as to begin to understand men's position. Not all men aspire to hegemonic forms of masculinity, but seeing that gender is so widely considered to be central to the HIV/AIDS epidemic, it would seem that a significant number of men *do* seek this type of masculinity.

'Achieving manhood': the foundations for HIV risk in men

It has been outlined how women are disproportionately affected by HIV/AIDS, both in terms of biological and socio-cultural susceptibility to infection as well as bearing the brunt of care and support responsibilities. I have argued that the scope of this vulnerability should not be extensively challenged, as women's more disadvantaged position is self-evident. However, it is possible that by focusing too much on evidence for women's greater vulnerability, men's own vulnerability is potentially overlooked.

The following example is perhaps characteristic of such oversight. In a recent book (2005) that attempts to give a detailed overview of the state of HIV/AIDS in South Africa, Abdool Karim (a prominent infectious diseases epidemiologist, the first National Director of the South African National HIV/AIDS and STD Programme, and an eminent figure who has given keynote speeches at a number of international HIV/AIDS conferences), focuses on the vulnerability of young women in particular. Looking at data from rural South Africa from the early 1990s, Abdool Karim points

out how teenage girls become infected up to ten years earlier than men, thus indicating the uneven burden of HIV infection endured by young women. Indeed, this is a significant trend and something that prevention campaigns should attempt to rectify.

However, one might accuse Abdool Karim here of being unduly selective in her analysis of data from South Africa. For example, the data that she examines show that young women are verging on the height of HIV prevalence between the ages of 15 and 19, whereas HIV infection in young men of the same age is minimal. However, what about the prevalence of HIV amongst men that equalises with women by their mid-twenties and then overtakes the women's level? What does this say about men's vulnerability? Are men in their mid- to late twenties not individuals still in their prime and entitled to be seen as vulnerable to HIV/AIDS and its effects?

It is understandable to a certain degree how men's vulnerability may have been overlooked when the most dominant discourse appears to be one that has historically homogenised or cast considerable blame on them. However, when one starts to take a less one-dimensional view, the very reasons that are advanced to blame men can perhaps be considered in an alternative fashion. Indeed, one might argue that the pervasiveness of certain dominant forms of ascribed masculinity and gender socialisation for men in South Africa have contributed to their increased risk of being infected with and passing on HIV.

*"...hegemonic masculinity can be identified as a **risk and a limiting factor** for... men themselves."*

(de Keijzer, 2004: 45, emphasis added)

One might describe gender socialisation in this instance as a socio-cultural process that men experience (and arguably find difficult to evade) as a result of 'what is expected of them' as men. It assists them in achieving manhood. de Keijzer (2004) picks up on Bourdieu's theory of habitus²⁷ to argue how pervasive the process of

²⁷ Habitus refers to one's fixed disposition to think and act in a specific fashion. This habitus is moulded by how one is socialised (Jenkins, 1992).

gender socialisation is. In relation to men, de Keijzer argues that the family and school help to shape this habitus from early on in childhood.

“By the time boys arrive at adolescence, most have learned the main lessons that shape masculine behaviour and identity and that limit certain forms of emotional expression and encourage others, such as anger and violence.”

(de Keijzer, 2004: 30)

How then is this ‘process’ of gender socialisation a risk or limiting factor from an HIV/AIDS perspective?

*“On balance, many of the problematic behaviors of young men—for example, the use of sexual coercion and violence against women, unsafe sexual behavior and participation in violence or local insurgencies — are often efforts by young men to **publicly define or affirm themselves as men.**”*

(Barker and Ricardo, 2005: 3, emphasis added)

It is useful here to pick up on the ‘problematic behaviours’ that Barker and Ricardo delineate above to explore further this concept of ‘being a man’. Indeed, Connell’s concept of a hegemonic masculinity takes force here, as one could argue that there are dominant forms of masculinity, associated with HIV risk, which boys and men are expected to adhere to.

Many young men in South Africa are socialised to believe that an indication of achieved manhood is an experienced sexuality and one characterised by having multiple partners (Mfecane et al., 2005; le Grange, 2004; Wood and Jewkes, 2001). Wood and Jewkes’ (2001) ethnographic study of ‘dangerous’ love in a working class Eastern Cape township, is one of a handful of pieces of research in this country that seeks *men’s* perspectives and experiences of sexuality and violence in their relationships with women. Through participant observation and in-depth interviews²⁸, the authors concluded:

“For the young men, acquiring a girlfriend was not necessarily enough. The actual number of partners acquired was also important in their ‘positioning’ processes among peers. Multiple sexual partners, by all accounts virtually universal among boys, was said to be an important defining feature of ‘being a man’.”

(Wood and Jewkes, 2001: 321)

With the ‘pressure’ to adopt these practices, one can see how this puts men both at risk of HIV infection and transmission.

²⁸ 30 Xhosa-speaking men and women between the ages of 16 and 25 were interviewed in a six week period in Ngangelizwe township, Umtata (Wood and Jewkes, 2001).

It is perhaps Hunter's (2005) research into multiple-partnering in Kwazulu-Natal that adds to that of Wood and Jewkes's study. Indeed, whilst the research in an Eastern Cape township gives illuminating information about present day pressures on boys and young men to conform to hegemonic forms of masculinity that 'endorse' multiple sexual partners, Hunter's research emphasises the importance of giving context and history to masculinities. As he convincingly argues, the alarming everyday reality of HIV/AIDS in South Africa has meant that much research has been geared towards contemporary times. Taking a *historical* view may be of great importance in challenging the notion of the homogenous male and understanding how male identities have been constructed. Hunter (2005) suggests stepping back to reflect on how and why multiple-partnered relations may have developed:

"What gendered battles took place to produce today's taken-for-granted traditions? How are men's social and ideological strengths maintained and what contradictions do they face?"

(Hunter, 2005: 140-1)

Hunter (2005) focuses on the isiZulu concept of the isoka (a man with multiple partners). His research in Mandeni, near Durban²⁹ showed that multiple partnering is not an unvarying 'tradition', but one which has been challenged and re-challenged in line with socio-economic and cultural shifts that have affected both men and women over the years. Persuasively, Hunter discards the idea that there is:

"...some kind of static logic to Zulu sexuality that public health workers can easily 'MAP' and then 'modify', perhaps through 'education'."

(Hunter, 2005: 140)

It could be argued therefore, that research such as Hunter's is crucial for this current discussion on men and HIV/AIDS interventions. Current discourse, whilst asserting that multiple partnering is playing a role in the spread of HIV/AIDS, rarely analyses this concept or looks further than the gender socialisation explanation. Hunter's approach helps to move away from the concept of an immutable masculinity, but also points to the interconnectedness of the notions of tradition, culture and social-economic processes, how these alter over time, and how they play a role in men's vulnerability to HIV/AIDS and positioning as likely transmitters of the virus.

²⁹ 300 interviews were conducted with men and women between the ages of 16 and 80 (Hunter, 2005).

Furthermore, both Hunter's, and Wood and Jewkes's research accounts are important in terms of Becker's (2005) position. It could be argued that Wood and Jewkes, in focusing heavily on the violence and sexuality dynamic, fail in some way to characterise:

*"...the **processes** in which masculinities are discursively constructed and constituted in actual practices between actors."*

(Becker, 2005: 38)

Hunter, in contrast, by historicising masculinities and ethnographically exploring the 'lived experiences of men' (Becker, 2005: 36), is able to reveal more profoundly the shifting characteristic of masculinities. This idea of variable masculinities is an important aspect to note if one wishes to create opportunities to work with men to reflect on current gender norms and redefine masculinities in an era of HIV/AIDS.

Keeping with this theme of 'achieved manhood' and how this notion puts boys and young men at risk of HIV/AIDS, the practice of initiation is also an important discussion point (Barker and Ricardo, 2005; Kometsi, 2004). Initiation is the rite of passage where 'boys become men' in South Africa and at its symbolic core is circumcision³⁰. Although such practices vary widely across sub-Saharan Africa, initiation continues to play a significant role in the socialisation of young men. Through his research with Xhosa men, Kometsi (2004) believes that a greater focus on the important role that the initiation process plays is needed in order to tackle HIV/AIDS. Indeed, he emphasises just how integral the process is in masculinity construction, particularly due to the

"...powerful way in which it inserts itself in the Xhosa men's self-imaginings as subjects, and as such informs ways in which they relate to themselves as individuals, to one another and to the 'others' in their own individuality."

(Kometsi, 2004: 52)

Additionally, and poignantly, the process of initiation is closely linked to sexual experience. Much of what is 'taught' at initiation relates to young men being both knowledgeable and experienced with regard to sexuality (Barker and Ricardo, 2005). As Kometsi (2004) explains more explicitly, once men are initiated and have returned to their normal environment, they are actively encouraged to have sex with a woman as soon as possible. Indeed,

³⁰ It should be acknowledged here that circumcision is not exclusively practised by one South African cultural group in South Africa.

“It is perceived that when you become an indoda³¹, you become a better fucker, if I may put it bluntly. And guys...because they have been away for a long time, or whatever period, you are encouraged to go and test yourself. That is something that is encouraged.”

(cited in Kometsi, 2004: 53)

If a man has a girlfriend before initiation, this ‘testing’ should not be tried out on her afterwards, but on another woman. From an HIV/AIDS perspective then, one can see how this may make young men (and of course women) vulnerable to infection and transmission, particularly when coupled with men being socialised to have the control in sexual relationships³².

As Walker et al. argue (2004), control over women frequently manifests itself in (sexual) violence. As has been argued in Chapter 3, gender-based violence in South Africa has reached epidemic proportions and such violence is considered a key factor in the HIV/AIDS epidemic. With women more often than not on the receiving end of violent behaviour, discourse, research and interventions have predominantly focused on *their* perspectives and immediate needs. Violence, gender-based and other, as well as being omnipresent in South Africa, is also multi-faceted. Unfortunately, space does not allow here for an analysis of the complex roots and contributory factors attached to such violence³³. What can be argued however, is that gender socialisation and the achievement of masculinity play their part and, for the purposes of this discussion on HIV risk, this merits attention.

Research carried out in a Cape Town township by Gibson et al. (2005)³⁴ is typical of other analogous gender-based violence studies (Wood and Jewkes, 2001; 1997, for example). One male interviewee stated,

³¹ A man who has undergone initiation.

³² It is recognised that circumcision varies across cultures. Indeed, from their research, Wood and Jewkes (2001) argue that alternative forms of masculinity are taught at circumcision, such as the encouragement to have fewer sexual partners. They do assert however, that due to the pervasiveness of social norms relating to hegemonic masculinities in townships, young men may not consistently take up such teachings.

³³ If space allowed, one could discuss multiple roots: the normative culture of violence developed during apartheid years, violence on the mines, and the effects of poverty to name just a few.

³⁴ Two groups of women (one group of 40 women, the other of 90), and a small number of men were interviewed in Lavender Hill and Vrygrond, Cape Town.

"I hit her sometimes, but she will not listen, talks back, she looks for it... she takes me for soft if not... other (men) can also (see me as weak)... if they think I cannot/will not do (violence)."

(cited in Gibson et al, 2005: 150)

The interviewee above indicates, from a gender socialisation point of view, that such behaviour is expected of him. Wood and Jewkes' (2001) research in Ngangelizwe complements this finding. As they argue,

"That 'successful' masculinity was partially defined in terms of young men's capacity for controlling their girlfriend(s) was particularly prominent in the narratives. Underlying this construction were explicit notions of hierarchy, 'ownership' of women, and 'place' within sexual relationships..."

(Wood and Jewkes, 2001: 324)

Again, such findings are useful in ascertaining a picture of how aspects related to gender socialisation, and thus achieved manhood, put men at risk in terms of HIV/AIDS. This is by no means an attempt in some way to justify men's violent behaviour. It *is* however, an endeavour to begin to understand particular traits vis-à-vis gender socialisation that are relevant to a discussion on HIV/AIDS risk. Rather than 'accepting' violence from men and working towards empowering women in the face of such behaviour, this is an attempt at revealing one of the contributory factors leading to such violence, and pushing for a closer examination of these factors *with* men themselves. Kometsi (2004) is convincing in his call for the need to appreciate the complex relationship between violence and masculinity. As he points out, there *is*, in this country, the tempting, and perhaps understandable, tendency to take a moralistic standpoint on the issue of violence against women. But in so doing, are we, as Kometsi asks, passing up the chance to analyse the intricate nature of this violence? I would argue that starting to comprehend violence from a gender socialisation and achieved manhood perspective is useful in starting to think about how to reflect on current gender norms and reconstruct more positive masculinities.

Additional characteristics of achieved manhood or masculinity could perhaps be described as ones where men are socialised into masking emotions, demonstrating strength and not wanting to be seen to be seeking help. In carrying out research in Soweto, a large township outside Johannesburg, Levack et al (2005) found that this aspect of gender socialisation played a key role in deterring men from seeking voluntary counselling and HIV testing. Indeed, proactive health-seeking behaviour was not found to be part of a masculine man's behaviour and health clinics were

overwhelmingly seen as the sphere of women. This impression was also backed up by my research with *Yabonga*. As one community clinic Sister-in-charge reported about the lack of men getting tested for HIV:

“There is a real problem getting males to come to the clinics. They are stubborn and they need encouraging. They did have mixed support groups here, but the males didn’t feel free to talk.”

(McNab, 2005)

This links in well here with what appears to be a major problem in South Africa where many men are in denial about their HIV status and their own health (Health-e, 2006; Hassan, 2006). This denial, manifested in the socialisation examples depicted above, is also *crucial* to vulnerability.

This initial discussion has attempted to explore how the various manifestations of male gender socialisation, which endorse the achievement of ‘manhood’, may ultimately limit men and render them vulnerable to the risks associated with HIV/AIDS. These endorsements are connected with the perceived need for multiple partners, control in sexual relationships, and the need to be strong and not seek help in terms of their health. These are just a few illustrations that make men vulnerable, all connected to the notion of achieved manhood³⁵.

Despite the existence of research cited above and its genuine indication of a growing interest in men and masculinities in the region, it is felt that a degree of contextualisation is necessary. Becker (2005) argues that recent empirical research into masculinities in the Southern African region has been quite limited in its scope because it has focused heavily on issues related to gender-based violence and HIV/AIDS. This is perhaps predictable given the magnitude of these concerns in Southern Africa and men’s explicit role in both. However, she argues that despite the theories put forth by leaders in the masculinities fields - Connell (1995) and Morrell (2001) for example - and their push to appreciate the *mutability* of gendered identities, the very focus of Southern African research may actually serve to perpetuate generalisations about gender and, in particular, masculinity. For her,

³⁵ If space allowed, more detail could be provided on other examples associated with achieved manhood – alcohol and drug use, for example (Barker and Ricardo, 2005).

“Many studies, especially in the fast-growing consultancy research industry, have revolved around discursive constructions of bodies and sexuality and discourses of ‘manhood’ at the expense of more comprehensive studies that would take into consideration the actual desires, aspirations, fears and behaviours of men.”

(Becker, 2005: 21)

It is felt that Becker’s point is critical here, and one that should be borne in mind throughout this discussion. Regarding research in South Africa then, one might ask at this point: is there still a lack of sufficient *depth* into the analysis of masculinities? Certainly we are starting to hear, from men themselves, the pressures they face with regard to achieving manhood. This is definitely a positive sign in understanding more profoundly the gender dynamics of the epidemic.

However, do these pithy illustrations of men’s vulnerability genuinely assist with understanding the ‘reality of people’s experiences as gendered beings?’ (Becker, 2005: 21). Or do some of the studies that have been referenced above (except perhaps Hunter’s) actually underscore the ‘idealized, hegemonic versions of gendered identities’ (Becker, 2005: 21)? It seems an important point. In the case of HIV/AIDS, acquiring a clearer picture of such ‘hegemonic versions’ as per Wood and Jewkes’s research, is useful. For example, knowing *from young men themselves* that the achievement of manhood is crucial in their lives, will better inform prevention programmes that currently rest on merely promoting abstinence. However, going back to the arguments in Chapter 2, gender *is* complex and multilayered. Perhaps what gets lost in such analyses is what masculinity theorists continuously drive home: that masculinities are shifting and fluid.

The next section makes an attempt to address this issue by looking more explicitly at aspects of contemporary South African masculinities. It is thought that the case of South Africa is particularly striking, due to the notion that

“...contemporary expressions of masculinity are embryonic, ambivalent and characterised by the struggle between traditional/conventional male practices and the desire to be a modern, respectable, responsible man.”

(Walker, 2005: 161)

What is it about contemporary conditions that affect men and masculinities? How does this relate to HIV/AIDS? It is felt that a deeper understanding of such masculinities can contribute to a comprehension of men’s genuine lived experience,

reveal the potential for redefining masculinities, and in turn assist in tackling men's vulnerability to the epidemic.

Digging deeper: contemporary masculinities in South Africa

Morrell (2001) has asserted that the transition to democracy in South Africa has posed important challenges for men. Indeed, post-apartheid South Africa has undergone specific socio-political transformation which has brought issues related to gender relations to the fore (Sideris, 2005). In examining contemporary South African masculinities, one might point to specific factors that are currently influencing men in striking ways. These interrelated factors could be categorised as: gender transformation, poverty and high unemployment. As Reid and Walker (2005) assert:

Economic deprivation, poverty and uncertainty characterise the lives of... men, shaping their sense of themselves as men, and their relations with their families."
(Reid and Walker, 2005: 14)

Walker (2005) emphasises that the transition to democracy in South Africa has been particularly marked by gender transformation. Although the improvement in gender equality and any reduction in patriarchy should not be exaggerated, there have been significant legislative changes that have tackled the subordinate position of women in South Africa. On account of the country being caught up in the globalising process, coupled with the changes brought about by the introduction of a democratic society, there have been important changes in domestic and public spheres which could be said to have had quite a major impact on gender, and indeed men, in South Africa.

Often cited as one of the most progressive in the world, South Africa's post-apartheid constitution has ensured, albeit slowly, a marked transformation in gender *power* (Morrell, 2005a). Politically, nearly a third of all members of parliament are now women (Morrell, 2005a; 2001) and in the public sphere, women have gained strength economically. In conducting in-depth interviews with young men in the township of Alexandra, near Johannesburg, Walker (2005) noted a certain degree of anxiety about this aspect of women's enhanced position. Indeed, one respondent remarked:

“You know, the biggest problem facing men today is women. Women are emancipated now. They are much more self-sufficient, they are able to do things for themselves. They don’t need us men to survive. You don’t even need a man anymore to have children.”

(cited in Walker, 2005: 168)

Alongside the growing emancipation and empowerment of women in South Africa, globalisation and the legacy of apartheid continues to colour men’s lives³⁶. Only twelve years after the arrival of democracy, it is not surprising that South Africa’s economy continues to be distorted along racial lines. Despite some progress being made by the country’s Black Economic Empowerment strategy, unemployment is rife. Recent estimates put unemployment at 26.7% (Statistics South Africa, 2005), although some unofficial estimates put the rate as high as between 30 and 40%. Directly linked to unemployment levels is the acute poverty that many find themselves experiencing.

“This situation (poor households) may have worsened over the decade, particularly since the South African economy has been unable to create jobs at a sufficiently rapid rate to absorb the growing economically active population.”

(Roberts, 2005: 488)

How might these experiences of gender transformation, poverty and unemployment shape South African masculinities? One can point to a number of different aspects, including feelings of being unable to provide for families, unable to provide bridewealth (ilobolo), losing one’s role as head of the family, low self-esteem, an increased tendency to be violent due to emasculation, and acquiring a sense of fatalism and lack of control. In a sense, this can be translated to what Silberschmidt (2005) has termed a sense of ‘male disempowerment’.

Silberschmidt’s studies in East Africa (2005; 2004) are particularly noteworthy and can be used as an effective comparison with the South African situation. In carrying out interviews with men and women at different periods throughout the 1980s and 1990s in rural Kenya and urban Tanzania, Silberschmidt concluded that,

“...socio-economic change entailed by increasing poverty has perhaps been just as harsh for men as women, but in a different and more obscure way. Men seem to have been subjected to a larger extent than women, to new roles, obligations, and new value systems... With masculinity and sexuality being closely related, sexual manifestations and control over women – often acted out in violence and sexual

³⁶ This is not to deny that, overall, women’s status is still inferior to that of men in South Africa.

aggressiveness – seem to have become fundamental to a process of restoring male self-esteem. This has extensive theoretical as well as policy implications.”

(Silberschmidt, 2005: 200)

It is possible therefore to note how such effects on masculinity may put men at increased risk of HIV infection. Indeed, in mentioning that conditions of poverty and unemployment may be contributing to a masculinity tinged with fatalistic outlooks, one can see how risky sexual behaviour might ensue. Certainly, when HIV/AIDS is just one from a list of many daily risks for men struggling to find work, one can understand why the incentive to protect oneself from infection may be significantly lower down the list. Feeling that one has a lack of control over one's life may lead to low levels of self-esteem and self-respect. Again, the motivation to protect one's sexual health may seem of trivial concern. Poverty too will restrict access to such health information as how to protect oneself from HIV infection. Gaining an understanding then of current socio-economic forces will help in some way to elucidate men's attitudes and behaviour. Important to remark though, this is not an attempt to defend or validate such conduct.

There are a few studies now emerging from South Africa which build on Silberschmidt's findings of 'disempowered' men. Such studies are particularly pertinent to this discussion because of their focus on the *changing nature of masculinities*, as per socio-economic change since 1994. They are making headway in appreciating the challenges facing men (beyond gender socialisation) and understanding what this means for masculinities. For this particular discussion however, these studies reveal that there is indeed capacity for masculinity redefinition in the face of previously entrenched gender norms.

Morrell (2001) asserts that men's responses to changes in South African society can be categorised into three overlapping groups: 'reactive or defensive, accommodating, and responsive or progressive' (Morrell, 2001: 26). Recent research that has explored such categorisation is important because it tends to focus more readily on the *lived* experiences of men, thus contributing to a greater

understanding of men's lives. Walker's (2005) study in Alexandra township³⁷ is one such example. In examining post-1994 masculinities, Walker addresses the emergence of a certain 'crisis'. This is comparable to the 'crisis of masculinity' currently being described in more developed countries, as outlined earlier in this chapter. Building on Morrell's (2001) three-way categorisation above, she notes that the men she interviewed displayed responses which are characteristic of each of the three groups. Perhaps most striking was her sense that

"Without exception, the men interviewed spoke of the psychological, social and political disorder which is dominating their lives: of being overwhelmed and overtaken by life events, of wanting to make something of themselves in this period of 'new opportunities', and of the tremendous difficulties this entailed."

(Walker, 2005: 169)

Walker's research revealed a particular struggle that men were facing with regard to their wish to have a different experience of being a man, different to what their fathers or elder brothers had had before them. They indicated a specific challenge in negotiating between traditional masculinities and more modern ones, brought about by the dawn of democracy in South Africa and a new constitution. As one interviewee stated:

"Before 1994, a real man was one who beat, now a real man is one who understands."

(cited in Walker, 2005: 175)

Alongside this however, her interviewees also expressed the difficulties of negotiating 'modern' relationships with women. Undeniably, there are indeed women who expect men to match up to the more traditional and hegemonic aspects of masculinity – that of economic provider. The difficulties in conforming to this in the face of high rates of unemployment are clear. Furthermore, going back to Wood and Jewkes's research about how the macho masculinity of multiple partnering still holds strong, as interviews from Walker's (2005) research demonstrate, this is not necessarily a norm that men are easily able to challenge:

³⁷ Walker conducted 17 formal interviews with men involved in the organisation 'Men for Change' (MFC). MFC is a small NGO that focuses on challenging men's attitudes towards gender inequalities, and also provides counselling and support for men who have been involved in violence.

“Sometimes I feel silly. I date, try to get to know the person, try to get to like them, try to go slowly with women but sometimes I find that they are not prepared for that change, so maybe they don’t hang around.”

(cited in Walker, 2005: 176)

Sideris’s (2005) in-depth research with men in rural Mpumalanga is also worthy of note and indicates men’s realisation of the actual insecure nature of their ‘power’ in gender relations. The Nkomazi region, the focal area of Sideris’s study, is very much organised according to patriarchal structures - the man as head of the family is a strong indication of achieved manhood and violence is understood and accepted as a symbol of male authority. With the onset of economic uncertainty and poverty, coupled with a democracy that celebrates the right of women, the men who were interviewed displayed striking features of masculinity redefinition: for example, disapproval of domestic violence and the beginnings of greater equality in the household. Significantly, in realising the actual unstable nature of the power they had held previously, this was a cause for anxiety. Sideris found that this has pushed men to revert back to familiarity and tradition, but in a distinctive way. Indeed,

*“The narrative accounts suggest that in reverting to tradition some of these men are seeking ways to rework the notion of ‘head of the family’ by **reinventing the care and responsibility it implies and downplaying the control that it contains.**”*

(Sideris, 2005: 135, emphasis added)

What these studies highlight is that, despite the prevalence of hegemonic masculinities, there *are* men who are trying to negotiate change in present-day South Africa. The social and political dilemmas that have arisen in this new democratic society have created the actual spaces for men to reflect on deep-rooted gender norms, manhood and masculinities and the various meanings attached to them. Giving men such room for reflection, I would argue, is perhaps the first step in the design of more appropriate HIV interventions that attempt to alter men’s behaviour.

Other research, albeit limited thus far in South Africa, complements Walker’s and Sideris’ findings (Spronk, 2005; Mfecane et al., 2005). As Spronk argues, much HIV prevention research has centred on the problematic aspects of men’s sexuality. I

would argue that for the design of more appropriate HIV interventions, more research such as Walker's is necessitated. Such research goes further than asserting that multiple partnering is an issue. By speaking to men, it begins to look at how socio-economic instability affects their lives, what challenges and constraints they face, and how these affect not just masculinities but also behaviour. Indeed, in actually speaking in-depth to urban and rural men in present-day South Africa, this encompasses their living circumstances and demonstrates that masculinities are not unalterable. The beginnings of such research may assist in seeing why simple condom promotion is not a straightforward solution, why the promotion of the ABC approach may be unrealistic, and why empowering women without taking into account men's circumstances may be unworkable.

The next chapter aims to explore an example of the work that *is* currently being implemented in South Africa with men³⁸. It seeks to see if this emphasis on masculinities is key to the work implemented and what have been the lessons learnt thus far. The South African *Men as Partners* programme has been held up as an international good practice example of a project successfully working with men on issues of gender, gender-based violence, reproductive health and HIV/AIDS. In the existing literature on men's involvement in HIV/AIDS work, this programme is frequently mentioned as a noteworthy approach to working with men, particularly in encouraging men to rework and redefine their attitudes towards gender and hegemonic forms of masculinity and genuinely reflecting and challenging current norms.

By analysing the programme's reports and evaluation documents, and by interviewing key staff, I was most interested to see what those individuals implementing projects on the ground felt were the successful elements of the programme thus far, and more pertinently, how work with men in the future could be improved and expanded.

³⁸ The *Men as Partners* Programme forms part of a small number of groups and organisations in South Africa which work with men. Others include: The Fatherhood Project, Hope Worldwide, Men on the Side of the Road, the 5 in 6 Project, the Men in Partnership Against AIDS initiative, and most recently the Sonke Gender Justice Project.

Chapter 5: The *Men as Partners* programme: paving the way forward?

“The South African MAP Network strives to create a society in which men and women can enjoy equitable, healthy, and happy relationships that contribute to the development of a just and democratic society.”

(EngenderHealth, 2006)

This chapter and the one that follows examine an initiative in South Africa which is currently at the forefront of the handful of programmes aiming to work more closely with men on issues around gender and HIV/AIDS. Often cited as a good practice example in the existing literature (e.g. Barker and Ricardo, 2005; International HIV/AIDS Alliance, 2003; Lewis, 2003), the *Men as Partners* programme presents a useful illustration of how men can start to be more holistically involved in gender and HIV/AIDS interventions and of what kinds of programme approaches work well.

An analysis of the programme’s varied documentation was carried out and separate interviews were conducted with three individuals (depicted as R1, R2 and R3), all of whom have been integral to the programme’s development³⁹. As well as being able to garner additional information on the programme itself, it was hoped that by interviewing individuals at the forefront of work on men’s involvement, further valuable insight would be acquired on what approaches have been working, what challenges still exist and what steps might need to be taken for future comprehensive work with men in South Africa.

³⁹R1 and R2 are currently Programme Officers for the *MAP* Programme in the Western Cape, R1 for the community work, R2 for the work in tertiary institutions (both based in the Cape Town office). R3 was formerly the Programme Manager for the *MAP* programme in South Africa, and divided his time between Johannesburg and Cape Town.

Organisational profile – The *Men as Partners* programme

History and vision:

The *Men as Partners (MAP)* programme is an initiative which was started jointly in 1998 by EngenderHealth* and the Planned Parenthood Association of South Africa (PPASA). Recognising the need to respond more effectively to the dual epidemics of HIV/AIDS and violence against women in South Africa, *MAP* was established to try to *engage* men in both these pressing issues. Core to its vision is that men can play a key role in finding solutions to social problems (Greig and Peacock, 2005). In terms of engagement, the programme aims to involve men more in both HIV/AIDS prevention, care and support activities as well as encourage them to fight against gender-based violence. In so doing, it is hoped that the sexual and reproductive health of men and women will be improved.

Settings:

With administrative centres in Johannesburg and Cape Town, the *MAP* programme is implemented in eight out of South Africa's nine provinces. It operates in urban and rural, formal and non-formal settings. Such settings also now include a programme operating in five tertiary education institutions in the Western Cape (University of the Western Cape, University of Stellenbosch, University of Cape Town, and the Cape Town and Bellville campuses of the Cape Peninsula University of Technology).

Main objectives:

- Increase men's understanding of gender and gender equality.
- Improve men's awareness of, and skills for, healthy relationships with their partners.
- Foster greater responsibility amongst men towards the prevention of HIV/AIDS.
- Improve men's access to sexual and reproductive health information and services.
- Mobilise men to take action to prevent domestic and sexual violence and move towards gender equality.

Methodology:

- Participatory workshops with men to build their knowledge, awareness and capacity to fight for gender equality.
- Community awareness events, road shows and mobilisation.
- Sensitise and build capacity of health care service providers.
- Build the capacity of government and other organisations to implement similar work.
- Advocate policy change, where necessary.

*EngenderHealth is an international NGO, based in New York, with 20 offices across Asia, Africa and the Americas. Its primary aim is 'to make reproductive health services safe, available and sustainable for women and men worldwide.' (www.engenderhealth.org). In South Africa, EngenderHealth's offices are in Johannesburg.

The fundamental *MAP* approach: encouraging men to reflect

Fundamental to *MAP*'s work in South Africa is, in various ways, to give men the opportunity to *reflect*. This reflection is particularly geared towards the characteristics of contemporary gender roles, and more especially masculinities. Building, for example, on the discussion in Chapter 4 around looking historically at the way masculinities have formed, men are encouraged to think about the similarities between contemporary roles and oppressive power relations distinct to the Apartheid years. Men are encouraged to consider how this contemporary oppression detrimentally affects women's health, putting them at heightened risk of violence and HIV/AIDS. In an attempt to spur men to acknowledge and appreciate that gender equality is a human right, *MAP* also makes links between, for example, sexism and racism (Peacock and Levack, 2004). In this way, the history of Apartheid and its associated activism for social justice is evidently capitalised on. Men are encouraged to see how gender equality is as important as those rights fought for during the struggle against Apartheid. Indeed, central to the *MAP* programme is the support of men's proactive involvement in *campaigning* for gender equality, just as men campaigned for other forms of justice during the Apartheid era.

As well as men being encouraged to see how gender inequality is damaging to women, the *MAP* programme also invites men to reflect on how they themselves are affected by gender inequalities. This is elicited in a number of ways, but perhaps most importantly, men are assisted to see how 'being a man' affords them advantages (the patriarchal dividend, as explained earlier) and that these benefits can actually be viewed in an alternative way. As has been elucidated in Chapter 4, men are encouraged to see how being a man can actually make them vulnerable and put their own health at risk. For many men in South Africa, being masculine equates with, for example, multiple sexual partnering as well as the use of violence. Additionally, not wanting to be seen as weak, men may not be as diligent about looking after their health. In terms of HIV/AIDS, this might entail a reluctance to seek out voluntary counselling and testing facilities, and also accessing antiretroviral treatment at a later stage of infection.

In inviting men to reflect, the *MAP* programme is ultimately striving to *stimulate transformation in the attitudes and practices of men*. This means trying to reinforce the idea that men can play a very positive role in the health and safety of their family and community (Peacock and Levack, 2004). This entails examining deep-rooted aspects of gender socialisation and gender relations, an extremely complex task, as outlined in Chapter 2. Recognising the difficulty in such transformation, the next section will examine the types of methods that the programme utilises to attempt to create such change in men.

The *MAP* programme's key strategies for working with men

Over the last few years, the *MAP* programme has developed a range of strategies to work with men to effect change. Perhaps the one method that has remained consistent throughout has been that of workshops. Educational workshops are conducted in a variety of settings to build the knowledge and individual skills of the men and also women who attend them. It is during these workshops that men are encouraged to initiate the reflection process, as referred to above.

Over a period of about five days, fully participatory workshops are carried out in different environments, including workplaces, community centres, prisons and military bases. An exploration of 'gender' in such workshops is the central element (Peacock and Levack, 2004). Whilst workshop activities look at aspects related to HIV/AIDS, domestic and sexual violence and relationships, these activities will always look at these features from a gender viewpoint. As Peacock and Levack assert,

"...an activity about HIV will explore the ways in which gender roles can increase the likelihood that men engage in unsafe sex or deter men from playing an active role in caring for and supporting those left chronically ill by AIDS."

(Peacock and Levack, 2004: 179)

R1 explains how the purpose of the training workshops is, essentially, to create paradigm change in men's attitudes. He highlights one particular activity that works well:

"We've got a beautiful exercise...called the Boxes Exercise. It tells how the expectations of society to us as men – they are actually prescribed, prescribed to us

as to how we must behave as men... It puts us in a box and it's got ramifications and implications... to the way you think as a man. If I'm told that a man isn't supposed to cry, it means I have to be Superman in my behaviour, you know...It has health implications for me. I'm not supposed to be seen in the clinic, to access the VCT to start with, let alone the ARV treatment. So this kind of training deals with that kind of behaviour... and the individual who attends the training, comes out of the box and begins to live life to the fullest...

If a man lives out of the box, obviously it's cold outside the box... because there are going to be so many negative statements being said by people in the community: Are you a sissy now? Going to hospital? Going with your wife? Washing dishes? What are you doing? Are you man enough?.. So it's cold outside the box. So we must shape the man to stand those negative statements.. this is the kind of work we're doing (with these workshops)."

(R1, personal communication: 2006)

It is important to note that the *MAP* programme does not limit its work to men, but women are also included in various ways, whether that be in mixed-sex workshops or as female *MAP* educators. Much like the trend of women-only programmes that have received criticism in the men and masculinities' literature, men-only programmes could be criticised for similar reasons. Indeed, there is little advantage in seeking to work with and empower men without involving women in the process. One female volunteer related how in working with the *MAP* programme, she discovered the self-confidence to challenge her boyfriends. "*You have to walk your talk,*" she insisted (Mokae, 2005).

Significantly, the *MAP* programme does not limit itself to workshop methodology. In order to strive for sustainability, it particularly favours a more 'ecological approach' (R3, 2006). As R3 goes on to argue:

"Workshops are important, but they're only useful if you do X, Y and Z. Workshops need to be a starting point, not an endpoint."

(R3, personal communication: 2006)

Over the last few years then, the *MAP* programme has expanded its range of strategies to embrace an ecological approach, which means looking wider than the individual - to look at how that individual is affected by wider socio-cultural processes in his or her life. The framework to achieve this is what the *MAP* programme calls the 'Spectrum of Change' (Greig and Peacock, 2005). It is felt that a whole variety of strategies and actions are required at different levels to realise change – from change at an individual level, all the way to a broader policy level.

This means a range of diverse activities are implemented, and men play a key role in designing and implementing these activities.

The table on the next page illustrates this approach. In the left-hand column I have reproduced the different levels of the *MAP* programme's ecological approach and in the right-hand column I have suggested examples of activities carried out by the *MAP* programme which correlate with each level.

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The Spectrum of Change Tool ⁴⁰	Examples of <i>MAP</i> activities
1. Strengthening Individual Knowledge and Skills	Recruiting men to take part in single-sex and mixed-sex workshops, as described above, to encourage men to reflect on and therefore increase their involvement in tackling gender inequalities.
2. Promoting Community Education	Using visual media to educate and raise awareness in communities. For example, <i>MAP</i> volunteers and local artists came together in Soweto to produce an illustrative mural which depicts men acting out positive roles, such as a man protesting against gender-based violence and a man coming forward for voluntary counselling and testing. The mural was painted in a prominent position, where taxis depart from Soweto (Siegfried, 2005)
3. Educating Providers	Working with health care providers to ensure that facilities cater appropriately for men. This might support the inclusion of male counsellors as well as VCT facilities that are open at times when men can more easily access them.
4. Fostering Coalitions and Networks	EngenderHealth's <i>MAP</i> programme does not work alone. To extend its reach, to promote sharing of experience and lessons, the <i>MAP</i> Network has been formed. The network includes a variety of organisations, including government and NGOs.
5. Mobilising Communities	The formation of Community Action Teams (CATs) to help shift the prevalence of social norms at a community level. For example, the SKEEM Community Action Team, initiated in 2005 in Ekurhleni, near Johannesburg, has so far used a variety of strategies to reach their communities. Talk and road shows have been particularly beneficial, as well as the creative use of poetry to deliver the messages that already exist on posters (Mokae, 2005).
6. Changing Organisational Practices	This may occur at both a local level with small CBOs ⁴¹ , building their capacity to work effectively with men, as well as work with government departments to ensure gender equality mechanisms are mainstreamed in their work.
7. Influencing Policy Legislation	The programme works at the highest levels to try to influence policy change. For example, they are currently having a "hand in pushing the current Sexual Offences Bill" (R2, personal communication, 2006)

This tool, where each level is seen as interconnected, is certainly a very impressive and comprehensive approach in theory, particularly in terms of the variety of methods used to reach different sectors in society. Whilst the *MAP* programme is

⁴⁰Courtesy of the *Men as Partners* programme, cited in Greig and Peacock, 2005.

⁴¹ Community-based organisations

striving to follow this methodology, R3 did acknowledge that there were difficulties with sustainability at the various levels, getting the Community Action Teams off the ground and maintaining momentum, and ensuring continuity (personal communication, 2006).

The impact of the *MAP* programme

To assess the impact their work is having on the men they are working with, organisations implementing *MAP* such as Hope Worldwide, PPASA, the Reproductive Health Research Unit and EngenderHealth have carried out a number of longitudinal studies over the last five years. Overall, these evaluations suggest positive changes in participants' knowledge, attitudes and practices. In a 2002 study, significant positive percentage change existed between pre- and post-workshop attitudes related to gender roles, sexual relationships, and violence (Greig and Peacock, 2005). For example, in a study of 209 men who had completed a five-day *MAP* workshop and were interviewed before the workshop and then three months afterwards

“(t)here was a sustained attitudinal change for most questions related to male and female gender roles... (B)efore the workshop, only 57% of the men thought it was okay for a woman to refuse to have sex without a condom; three months after the workshop, 70% of the men thought it was okay for a woman to refuse to have sex without a condom.”

(Greig and Peacock, 2005: 161)

Similar optimistic changes were noted in attitudes towards women's rights and violence against women.

One interesting aspect that arose from the results of qualitative in-depth interviews with men who had participated in *MAP* training events, was the self-affirmation that was realised (although this was not a direct goal of the training). One interviewee declared that the most significant gain for him was the realisation that 'not all men are bad' (Kruger, 2003). This is particularly worthy of note in light of the preceding chapters' emphasis on the tendency to homogenise men as perpetrators, tyrants and abusers and the actual effect this discourse has on young men.

Although the programme reports positive results in terms of change in attitudes and possibly behaviour, one should consider 'reach' here. Firstly, the respondents inferred that, every month, thousands of men take part in *MAP* workshops and other community activities. Since these take place in a number of diverse settings, this means that different kinds of men will be reached. Broadening the workshop approach by implementing community activities means that more people are reached. Similarly, the fact that there is a *MAP* Network with a number of organisations now conducting comparable programmes means the potential to access greater numbers. However, as R1 asserted (personal communication, 2006), the programme strives to reach out to millions of men. There is perhaps some way to go before this becomes an attainable objective. The reality is that only so many people who can be reached through small workshops each month on limited programme funding.

Secondly, one aspect which should be taken into consideration when thinking overall about the greater involvement of men in gender and HIV/AIDS work is the notion of 'preaching to the converted'. The respondents agreed that the men who come forward to participate in *MAP* events have already taken that first step of showing an interest of becoming more involved in gender-related activities. When asking the respondents about accessing those men who might not be as proactive, R1 and R2 were unable to elaborate on any current strategies in place.

These two elements related to 'reach', although not wanting to detract from the impact that the programme *is* having, are important to take note of.

The *MAP* programme as unique: what sets it apart?

As stated, over the past few years, the *MAP* programme has regularly been cited as a good practice example of work that is being successfully carried out with men. The brief overview above has attempted to outline the rationale, approach and methodology of this work. However, what I was particularly interested in examining was *why* the *MAP* programme has been alluded to in such a positive fashion in recent literature. Is it because of its Spectrum of Change approach? Is it because organisations that work with men in South Africa are few and far between and this

programme stands out as one that is working constructively with men on aspects related to masculinity? By conducting separate interviews with the three individuals who have been instrumental in the programme's development, I hoped to gain some elucidation on this. In fact, much of what came out in the interview analysis served to complement the current literature about men, gender and HIV/AIDS and it would seem that the *MAP* programme fills a fair proportion of the gaps that are recurrently discussed in recent literature.

Men are given a voice

Silberschmidt (2004) has asserted that a dialogue with men is urgently required. White (2000), warning of the dangers of oversimplifying men's perceptions of their lives, argues that these perceptions and attitudes must be critically analysed according to their broader socio-cultural environment. The *MAP* programme, by inviting men to residential workshops to talk in-depth about issues around gender, violence and HIV/AIDS, means that they are given the opportunity genuinely to reflect on and discuss potentially sensitive themes in a safe space. Topics are not discussed in isolation, but given airtime and analysed as per the men's own socio-cultural experiences. Illustrating the work carried out in a mining hostel

"...it is clear that an effort to open up a conversation with men about gender equality must begin by identifying entry points of concerns and interests that will encourage men to 'come into' the conversation. In the case of the chiefs (indunas) in the mining hostel,.. staff focused on their concerns about their personal relationships with their wives, rather than a more abstract and threatening conversation about women's rights."

(Greig and Peacock, 2005: 31-32)

With regard to HIV/AIDS, *MAP* workshops give men a platform to discuss the pressures they face with regard to embarking on early sexual activity. In this way

"Focusing on this pressure shifts attention to the question of the choices available to young men and the support and skills that they need to make healthy and positive sexual choices for themselves."

(Greig and Peacock, 2005: 82)

With regard to condom use, the *MAP* programme goes further than condom demonstrations and promoting their use. Indeed, men are encouraged to talk about sexual pleasure and how this relates to condom use. As Greig and Peacock (2005) argue, framing discussions in this way helps to promote positive sexuality (something which is hard to come by in current HIV/AIDS discourse, research and

literature), moving away from the problematic men and sex paradigm. In light of what I have argued in Chapter 4 then, I would argue that such an approach stands out. Aspects of men's lives are being analysed by men themselves. An understanding is starting to be realised.

Perhaps what adds to the authenticity of this approach is the fact that the *MAP* educators leading these workshops are extensively trained (Peacock and Levack, 2004). There is the very real danger that, without sufficient training themselves, *MAP* educators could propagate detrimental attitudes and gender stereotypes. This point was expounded in Chapter 2 in terms of how the implementation of gender-sensitive programmes must indeed start at home with the development organisations themselves challenging their own attitudes. As R2 asserted about *MAP* educators working in the tertiary education setting:

"We first off give them an opportunity to examine their own attitudes, and their own beliefs towards gender, sexuality and HIV/AIDS... and once we feel confident enough that they have dealt with these, then they will go out and recruit and take the message to the wider community."

(R2, personal communication: 2006)

R3 also made a comment about the significant number of groups or organisations currently working with men, whose paternalistic messages can be very harmful. He suggested that groups and organisations often lack clarity over vision and programme objectives. Programmes which encourage men to protect women and children can actually reinforce problematic power relations between men and women. This highlights the genuine risk that there do exist organisations actually perpetuating gender stereotypes.

Perhaps even more poignantly, *MAP* educators and facilitators bring their own experiences related to gender to the work they are doing with male and female participants. By talking about these personal experiences, this has encouraged other men to feel comfortable to open up about their own similar circumstances. R2, for instance shared the following personal information which he also discloses to workshop participants:

"I'm from a really violent background... I have been exposed to violence. Myself I have been beaten up by the police. That kind of violence showed me how to respond in my own interaction with a woman – through violence."

(R2, personal communication: 2006)

As an educator talking about this so openly in a workshop setting, it starts to open up a previously prohibited topic area for other male participants. However, this is not to say that this is a straightforward given. As Greig and Peacock (2005) make clear, there are instances of resistance that the MAP programme must contend with. Discussions around men's violence against women may understandably cause men to become defensive. Equally, one must take into account men's interest in retaining the power that they are socialised into believing is their right.

"Our agenda as men will be to retain this power, which brings with it privileges. It is not easy for anyone on this earth to freely give away your privilege."

(Botha, cited in Greig and Peacock, 2005: 30)

Issues around resistance and defensiveness must be taken seriously, and the MAP programme is rigorous about providing the necessary support to men during these discussions. On violence, this might involve encouraging men to empathise with women's affliction. In order to personalise the violence, questions such as 'How would you feel if that happened to your wife or sister?' (Greig and Peacock, 2005) are posed.

Furthermore, discussions can become very demanding and the need for wide-ranging support for participants is paramount. This further emphasises the value in having comprehensively trained MAP educators. One MAP educator relayed the following incident which took place in a workshop he was facilitating alone where sexual violence was being debated:

"This participant said that if he found a man raping a woman he would kill him. I thought, let me probe around that issue and ask him more what does he mean. And the guy said that his mother had been raped by a man who was considered a family friend. He added:

"And as a result I was conceived. I am a product of rape and from that day on my mum hated me."

One lady cried and another one said that a lady that she lived with was raped on her way to work. And then she started crying. This gentleman stood up and left and the two ladies went outside as well. And then another participant said that a friend of hers was raped as well at a party at knifepoint by some guys.

Now the mood changed. Unfortunately that day I was alone. I stopped the workshop briefly and went outside to counsel the participants there and some other participants who had been to our workshops before helped. Now that obviously poses a challenge for support because you are opening up a wound and you're doing nothing to help heal that wound.

So there is a lot of emotional support that is needed, through counselling for example. But also in the form of support groups of men that are committed to

change, of men who want to do things differently, where they can go and draw their strength. Because it is a difficult thing when you are a man alone trying to do things differently.”

(cited in Peacock and Levack, 2004: 185-6)

This anecdote, as well as demonstrating the need for experienced trainers, also confirms, as argued in Chapter 2, just how intricate the nature of this work is around gender (particularly violence). Yes, the *MAP* programme encourages men to speak out, share their experiences, listen to others – this is critical to the objectives of the programme. Indeed, if men are to be part of the solution to problems such as violence, HIV/AIDS, gender inequality, then starting with a safe space for their views to be aired is crucial. However, the trauma which such openness may produce should be equally acknowledged and managed. Going back to Walker’s (2005) argument, men are being encouraged to ‘embark on an introspective journey’ (2005: 179), but the challenges that this brings with it must be dealt with sensitively and constructively.

Looking broader

As well as providing men with a forum to discuss, reflect, and challenge their own attitudes and behaviour, particularly in relation to gender, the *MAP* programme is unique in looking wider than many programmes do. As R3 explains about the origins of the programme:

“Most programmes (in South Africa) focus on family planning, or HIV, or gender-based violence. The MAP programme in South Africa ha(s) all of those things.”

(R3, personal communication: 2006)

Coupled with that, as R2 made clear and confirming those assertions made in Chapter 2, many gender or HIV/AIDS-related programmes in this country have focused on women-only programmes and the empowerment of women. In this regard then, the *MAP* programme stands out.

What is also so significant about the *MAP* programme is that its work does not just stop at ‘working with men’ to help them challenge their own beliefs and practices. This has been depicted in the Spectrum of Change examples. As well as going wider than the workshop approach and encouraging men to work in their own

communities to transform attitudes and practices in the form of Community Action Teams, the *MAP* programme also recognised early on that this work must be supplemented with comprehensive work with other sectors in society, as any successful response to HIV/AIDS must entail. If, as has been suggested, many men do not go willingly for voluntary counselling or testing, or feel discouraged from attending clinics where staff are frequently on the female-dominant side, merely changing men's attitudes towards this will clearly not suffice. The *MAP* programme therefore gives technical support to service providers, so that they might better understand men's needs and thus will be able to cater more appropriately for them in service delivery settings. Recognising the influence that tradition and culture play in South African communities, the *MAP* programme also collaborates closely with traditional leaders, those leading the initiation and circumcision process, as well as faith-based organisations. R1 mentioned how he has recently been working with 'older' men. He has seen this as a particular challenge, due to older men's attitudes perhaps taking more time to shift.

Despite such challenges, the programme does fully acknowledge the need to attempt to work with all sectors in order to effect genuine change. In this way, the *MAP* programme's broader outlook certainly stands out in South Africa.

Partnerships and technical exchange

As well as working with other stakeholders in society, R3 suggested that the *MAP* programme's approach of building partnerships with key organisations has been invaluable to the development of the programme:

"I think EngenderHealth's strategy of providing (partner) funding for other organisations...formalising MoUs⁴², (with) clear expectations around delivery... it's a very different way of working than, say, TAC's way which is to build up your own organisation with a large membership base. EngenderHealth has historically focused on building a few big relationships... We ended up with this really interesting mix of large trade union partners, small CBOs, bigger national NGOs, and they complement each other really well... It generated all sorts of interesting synergies."

(R3, personal communication: 2006)

⁴²Memoranda of Understanding

All three interviewees were very positive about the *MAP* Network that has developed over the last few years. By linking up with a wide range of organisations (now including tertiary education institutions) and by building the capacity of staff within these organisations to work with men, a number of benefits have resulted. Importantly, the capability of reaching many more men in South Africa has increased and as R2 asserts:

"It's very important because we've found that there are quite a lot of NGOs doing work with men, but not on a big scale, and they don't have a platform to share with other NGOs what they've been doing – to exchange ideas and skills.... So that is what we try to do with this MAP Network. We are the co-ordinating NGO for this body of organisations."

(R2, personal communication: 2006)

The lack of technical exchange (sharing lessons, ideas and skills) between organisations working with men has arisen in the literature quite emphatically (Barker and Ricardo, 2005). The *MAP* programme's concentrated efforts to take a lead on this is certainly notable.

Marketing

Connected with the comments above about technical exchange comes a repeatedly cited criticism about work that focuses on men's involvement in gender and HIV/AIDS work that it is poorly or insufficiently documented or publicised (Barker and Ricardo, 2005). As R3 asserts about the *MAP* programme,

"We were very vigilant about our marketing strategy and I think that sets us apart in South Africa... I think we got the word out, and we use the media a lot. We've recently built a relationship with SABC⁴³ and whenever we have an event, we tell (them)... I think most of the time they will send a reporter to cover it. I think we've built a certain name recognition. Our Canadian donor, on her way to our meeting, she heard a radio report and it totally changed the way she thought about our work."

(R3, personal communication: 2006)

R3 goes on to explain that the purpose of this marketing is, more importantly, to try and really shift the prevailing notion that men do not support gender equality, and that gender is women's work. It is about encouraging men that it is in fact absolutely acceptable to lead a gender equitable life. This builds on the arguments laid out in Chapter 4, that the programme attempts to assist men in redefining aspects of

⁴³South African Broadcasting Corporation

masculinity and in particular those which are positive; it seeks to encourage them to reflect on their culture and norms.

The *MAP* programme is also well documented. A few articles for both journals and books have been published over the last few years as well as the delivery of presentations at international conferences (Peacock and Levack, 2004; Mehta et al, 2004; Peacock, 2003). These all go far to illustrate the impact of the programme and the lessons learnt. Additionally, and significantly, through EngenderHealth the *MAP* programme has recently published more innovative and personalised materials; these include a collection of case studies of interventions carried out by the programme and a DVD of stories by individuals who have taken part in the programme. Such a strategy ensures that *MAP*'s approach is able to be widely and easily disseminated, particularly in order to aid similar organisations wanting to carry out similar work both in South Africa and beyond, as well as assisting in the wider aim of policy work.

It was noted, however, that there was a lack of articulation in the documentation about the *specific strategies* for addressing HIV/AIDS. This thesis looks at male involvement in gender and HIV/AIDS work, and although this information surfaces within the broader strategies that the *MAP* programme applies, there was a lack of information on the explicit activities implemented to tackle HIV/AIDS. Given the expressed need for this in current literature, this is something that the programme could include in the future. The approach that is outlined in the current documentation is certainly useful at a more academic level, but in terms of concrete guidelines for other NGOs, the specifics on HIV/AIDS could be a more than useful addition.

Research, monitoring and evaluation

Related to this issue of documentation is the very important aspect of research, monitoring and evaluation. Barker and Ricardo (2005) and Rivers and Aggleton (1999), amongst others, have pointed to the dearth of systematic evaluations of HIV-related work with men. This, in part, is understandable due to the fairly recent addition of such work to the development agenda. The *MAP* programme, however,

has taken this on board and monitoring and impact evaluations are integral to their interventions. This was emphatically reinforced by all three respondents. Perhaps of most interest was R3's comment about how interlinked the notions of research, monitoring and evaluation are and how a focus on these elements forces programme staff to take a more sophisticated approach to their work. As he asserts:

*"What's interesting (is that) the research has really pushed us. OK, if you're talking about policy, what is it you're going to be doing? What is the kind of change you're expecting to see, at a community level, at an individual level? I mean, you talk about men and reproductive health, but what do you want to see change.. to achieve?... What are the assumptions we're making about men, going into these kinds of programmes?... So it's not just the monitoring and evaluation, I think some of the forms of research have to **understand what men need, (what) the realities are**, prior to posing a set of interventions."*

(R3, personal communication, 2006, emphasis added)

This comment is important, particularly in light of supporting Chapter 4's push for a more in-depth analysis of masculinities in order for more appropriate interventions to be designed.

Policy

Most of the current, albeit limited, work being implemented with men in South Africa is based on the ground: it focuses on conducting workshops and working with men in communities. This work should not be undermined or understated. Working *with* men, listening to men's voices, challenging masculinities, encouraging the formation of alternative forms of masculinity, beginning to ensure men's needs are included more holistically in health service provision – all these factors are of paramount importance. Much of the current literature focuses on these aspects when arguing for the greater inclusiveness of men in interventions.

However, perhaps where the *MAP* programme stands out in its objectives (and what more of the literature and other civil society organisations' programmes should be pushing for) is in its moves to work with government, at a policy level. This occurs at level 7 of the Spectrum of Change as illustrated earlier. As has been

demonstrated by countries such as Uganda and Thailand⁴⁴, political commitment to combating HIV/AIDS is integral to any comprehensive response to the epidemic. The same could be said for South Africa and HIV/AIDS, not only in broad terms, but also more specifically with regard to men's involvement. As R3 emphasises,

"We started to work at a national level, with different government departments – who wanted training at different levels. That was really helpful; it increased our credibility, and our level of contact change. That policy work is something that sets EngenderHealth and MAP apart, not only from other organisations doing this work nationally, but actually from any other organisation doing work with men."

(R3, personal communication: 2006)

Perhaps most significantly,

"It's not often actually changing policy, it's helping them (the government) to act on existing policies. We actually have a very progressive constitution, bill of rights... but not a lot of capacity to operationalise that and so we've been able to use that gap, that orientation, to begin to deal with things better."

(R3, personal communication: 2006, emphasis added)

R3's statement about the MAP programme's endeavours to challenge the lack of capacity to operationalise is crucial. Working with men in workshops is valuable on one level. But changing men's attitudes and behaviour will be further enhanced if those at the highest levels are also sensitised on the issues, and most importantly encouraged to support such change. As R3 highlights, South Africa has one of the most progressive constitutions in the world: this is a potentially very valuable point of advantage to ensure men's place on the national agenda is realised. The MAP programme's multi-pronged approach of operating at a number of levels - individual, community and policy - therefore sets them apart in South Africa. Indeed, working at these different levels in an interrelated manner, is perhaps the most effective approach for having the greatest impact.

Conclusion

This chapter has given an overview of one programme in South Africa that is effectively working with men on issues related to HIV/AIDS, gender and gender-

⁴⁴ For example in Thailand in the early 1990s, the leadership at a national level was particularly noteworthy and is said to have contributed highly to the successful curbing of the HIV/AIDS epidemic. There was political commitment at the most influential government level – AIDS policy was co-ordinated by the Prime Minister's office for instance (Phoolchamen, 1998).

based violence. It has given a summary of the *Men as Partners* programme's rationale, approach and methodology. Additionally, through programme documentation analysis and interviews with key staff involved in the roll-out of the various interventions, a study of some of the fundamental factors which have made the *MAP* programme unique in South Africa and beyond have been suggested.

Work with men however is still relatively new; methods are still being tried and tested and innovative strategies are being devised. In all this, challenges to this type of work have undeniably arisen. The *MAP* programme itself has encountered such challenges and envisages similar difficulties for the future. The next chapter will start to look at a few of the major challenges and, based on current literature on working with men and the interviews with the three respondents, will attempt to identify further gaps and make recommendations for future work with men on gender and HIV/AIDS interventions in South Africa.

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Chapter 6: Challenges and recommendations for the future

Although the *Men as Partners* programme has employed a variety of strategies for working with men that have seen positive results over the last few years, these have not come without their challenges. Some of these have been highlighted in the preceding chapter – e.g. ensuring that all levels of the Spectrum of Change model are comprehensively covered, reaching maximum numbers of individuals through the programme, and dealing with the complexities that discussions around gender relations invoke. This chapter will look more closely at other significant challenges, and, by analysing further the current literature and the three respondents' perspectives, will attempt to assess what the major gaps might still be in South Africa. This will be accompanied by recommendations, so that the UNAIDS statement of "Men make a difference"⁴⁵ may become a realistic outlook rather than mere rhetoric.

Challenges

Measuring changes in attitude and behaviour

As emphasised in Chapter 2, working with gender and gender relations is not a straightforward process. As such work is the main focus for the *MAP* programme, challenges have certainly arisen, particularly with regard to true measurements of attitudinal and behavioural change. Although the programme has comparatively stringent monitoring and evaluation mechanisms in place, and has been able to access the men that have gone through the workshop process in order to re-question their changes in attitude and behaviour, a true reflection is perhaps out of reach. As R2 asserts about working with young men in tertiary education institutions,

"...(when) we come to behaviour change at an individual level, I think that's a lot more difficult to measure, unless you have an individual that is very open about the way they are changing..."

(R2, personal communication: 2006)

⁴⁵ 'AIDS – men make a difference' was the theme of the 2000 World Aids Day on 1 December.

Thomson (2003) supports this by asserting that the lifespan of a project might not produce tangible transformation in gender relations, particularly on a wide scale. Indeed, as she goes on to argue, this could take generations, but should not deter us from dealing with aspects related to gender in innovative ways. Thomson has a valuable point here. It is important not to be scared off by the enormity of the task of altering 'gendered' attitudes, norms and behaviour, but at the same time a full comprehension of the scale of such an aim has to be factored in. It is perhaps the *MAP* programme's multifaceted strategy of working at multiple levels which helps to make some modest headway in this task.

Resources

In terms of resources, a few separate issues arose which continue to be challenges for the programme. Both R1 and R2 said that funding continues to be problematic.

As R1 commented on the community component to the programme:

"The programme isn't well funded, I must be frank with you...We are a technical organisation giving support to other organisations. For example, the three organisations that I'm working with in the Western Cape, they are getting R30,000 annually. What is that? It's nothing you know. We want to reach out to millions of men and change their behaviour."

(R1, personal communication: 2006)

Interestingly however, as R3 (personal communication, 2006) asserted, it is in fact small organisations such as these that are implementing the most dynamic work without a significant amount of funds. He brings up a quite different point to R2 by asserting that, in reality, the broader organisation (such as EngenderHealth) does have significant funding, but that much of it goes on covering salaries and overheads in other international offices⁴⁶.

There is also the problem of provision of stipends to *MAP* Peer Educators. As R1 highlights, the *MAP* programme is working predominantly with otherwise unemployed young men. It is essential that this is taken into consideration when training and working with these Peer Educators. Remuneration, although often difficult to budget for and unattractive for donors, is something that the *MAP*

⁴⁶ This introduces the idea of the problems in relationships between large and small NGOs, and the different power dynamics at play.

programme has had to take seriously, particularly if it is to meet the various needs of the men they are working with.

R2, who co-ordinates the tertiary institutions' *MAP* programme in the Western Cape also reports on *restrictions* to funding:

"We can only do so much work with what we're getting. You are restricted to only certain parts of campus; we can't really take the message out to the entire student population, but also staff. Staff need this (training) as well."

(R2, personal communication: 2006)

R2 makes a crucial point here: university staff members need to be sensitised and trained on the issues of gender, men and HIV/AIDS too; it is not just a matter for students. This is similar to working with service providers for example, as well as the men who might access such services. Although a goal for the future, the *MAP* programme does not yet have sufficient resources to extend to these teaching and other staff.

An often overlooked aspect, pointed out by R3, relates to international funders. Increasingly, international development

"...circumvents national government, because they've (international funders) got the money; they can step in and play this quasi-governmental role, almost."

(R3, personal communication: 2006)

Since government's input and commitment is so critical to developing successful HIV/AIDS interventions, this could be seen as a potentially dangerous trend, particularly in light of South Africa's situation, where the government's ambiguity around HIV/AIDS has historically been so prominent. If large funders are able to 'avoid' engaging with the South African government, it is surely less likely that government's current ambiguity will be rectified.

Continuing prevalence of social norms and stigma

It cannot be denied that the *MAP* programme is working in original ways with men to tackle ubiquitous, but sensitive issues in South African society: gender-based violence, HIV/AIDS, and other gender-related inequalities. However, as has been mentioned throughout, it would be astounding if the programme did not come across certain challenges relating to stigma and the rigidity of particular social and gender

norms. Indeed, issues around 'achieving manhood' are used as a key focus area to assist in redefining masculinities.

It is this specific issue of social and gender norms that the *MAP* respondents gave most attention to in their interviews. Without a doubt, it is felt that the force of such norms continues to be highly influential in men's lives, and thus challenging when working with them on gender-based interventions. R3 gave a brief, but illuminating example of a man he interviewed, who would cook and clean in the house with the curtains closed. Such an anecdote, as well as exemplifying the entrenched nature of particular gender and social norms, also reinforces the need to work in a positive manner with men. Integral to the *MAP* programme, then, is trying to position their work as something which is full of optimism and hopeful for the future. Historically, there has been persistent pessimism about trying to change gender roles. The programme attempts to counteract this by supporting men's actions in the gender fields, encouraging men themselves to challenge the notion that gender is about women alone.

Having outlined a few of the key challenges the *MAP* programme continues to face, the next section aims to build on these to identify more broadly the current gaps in endeavours to work with men, and how these might start to be tackled.

Gaps and recommendations

Greater research into men and masculinities

Chapter 4 emphasised the diversity of men and their masculinities, the contemporary forces that are helping to shape them, and the need to research such masculinities further. As Marinova (2003) argues, men are situated differently from women in the epidemic and HIV/AIDS interventions must be developed to reflect these differences. And men are of course not an homogenous group; interventions must also take this into account. As a recommendation for future work with men and HIV/AIDS, it is felt that the necessity for more finely-tuned research cannot be understated. To my mind, it is *this* recommendation that is most pressing. However, in asserting this recommendation, I do recognise that it is barely justifiable

as a stand-alone suggestion. After all, action is what is needed. If, however, research can be given the necessary priority, I would argue that this would certainly be of value in the long-term.

Chapter 4 attempted to highlight that there is a range of factors affecting men and their masculinities. How these factors relate to men's needs and responses to HIV/AIDS is still inadequately understood. If, as has been argued, masculinities are being affected that much more acutely by contemporary economic and social forces, then HIV/AIDS programming must take this into account. In this regard, I would propose that a greater amount of funding is invested to go into such research, with a strong qualitative edge. A disproportionate number of studies examine the behaviour of men from women's points of view; genuinely researching men's attitudes can therefore only be of value.

So, to add to studies that ask men whether they used a condom the last time they had sex with a non-regular partner (Shisana et al, 2005), more questions on why they were not used and men's attitudes towards protection would perhaps be of use. A gender analysis of the epidemic has produced a more intricate picture of HIV/AIDS in South Africa, but how men feel about, and react to, social meanings attached to contemporary manhood is understood less clearly. This is in urgent need of attention in order to feed into future HIV/AIDS interventions.

Giving research a more qualitative edge may also be helpful in understanding why some dominant forms of prevention strategies have failed. For example, Campbell's (1997) research on South African mines has demonstrated how the shaping of masculinities has been moulded by the everyday conditions that miners have had to endure. She has asserted that understanding how masculine identities have been constructed psycho-socially may assist in understanding why, perhaps, simple condom promotion may not work. Rather, more structural changes may be of benefit, such as the provision of facilities to house miners' partners and families so that commercial and other sex would not necessarily be as appealing.

However, research should not halt here. Building on from Becker's (2005) argument, the more innovative research that has emerged over the last few years still fails to capture the volatility of masculinities which the forefathers of masculinity theories have emphasised. Wood and Jewkes (2001; 1997) and others capture men's attitudes towards their violent behaviour to their sexual partners, but how these 'hegemonic' masculinities alter from one context to another is less clear. It is perhaps only when more in-depth, ethnographic, psychological and phenomenological long-term studies are implemented that a fuller picture and thus *understanding* of men's lives will be acquired. Such understanding may then feed into HIV/AIDS interventions.

Additionally, if new forms of masculinity are to be encouraged and endorsed, then work with younger men and boys is also called for. R2 asserted that part of the *MAP* programme's future plan is to expand their work from tertiary education institutions to high schools (personal communication, 2006). The workshop approach that *MAP* currently employs is perhaps replicable in a school or similar setting. If gender socialisation and the entrenched nature of social norms *are* so significant, it seems logical to target males about their attitudes and behaviour at an age when these influences start to take root.

Sexualities and desire

Connected with this need for more acute, long-term research into masculinities, men and their lived experiences, is a more direct focus on sexualities. It is felt that this has been neglected thus far in the epidemic, paradoxically perhaps, with sex being at the crux of the disease. As outlined in Chapter 2, there have been tendencies to blur gender and sexuality. This is particularly the case when a gendered approach to HIV/AIDS is pursued and consequently a focused discourse on gender power relations may in fact neglect the diversity of sexualities. Ultimately HIV/AIDS is an epidemic of desire, concerning sex. Do we *genuinely* understand different men's sexual desires, or women's for that matter? Is there enough known about the different types of sex men and women are having? This is something that Rivers and Aggleton pushed for back in 1999 and Berger emphasised again at the end of 2004 with his desire to 're-sexualise' the epidemic.

Looking at HIV/AIDS in terms of gender power relations is crucial, but as Berger (2004) argues, this is based on a rather simplistic understanding of sexuality. To what extent there have been conclusive moves to ascertain more information on the diverse dynamics of sexuality in a qualitative manner, is debatable. What about the frequency of, and desire for, heterosexual anal sex (a known high-risk HIV activity)? What of men's sex with other men, despite them possibly self-identifying as heterosexual? What about other types of sex such as rough sex and dry sex? The particular nature of sex and sexual pleasures must be included in any comprehensive analysis of the HIV/AIDS epidemic. Such research is indeed highly sensitive, particularly in a country such as South Africa where communication about sex has been historically taboo, especially cross-generationally. However, it seems fundamental to the design of HIV prevention strategies. Conceiving appropriate methods that target men seems fruitless without the knowledge of their genuine varying sexual desires and behaviour.

Positive role models for men

"His (Jacob Zuma's) evidence in court, where he is facing rape charges, suggests that his many speeches and his leadership of the South African National AIDS Council were all shallow rhetoric. He did not abstain, he is not faithful and he did not condomise."

(Mail & Guardian, 7-13 April 2006: 22)

If, as has been argued, male-gendered socialisation plays a significant role in the spread of HIV/AIDS in South Africa, having positive male role models who potentially challenge particularly harmful forms of masculinity may well serve as beneficial. It might seem that when the ex-Deputy President 'endorses' the notion that showering after sex will reduce the risk of HIV/AIDS, there is little hope for young men in South Africa. The unfolding of the Jacob Zuma trial, as deeply disappointing as it is in the battle against HIV/AIDS, has emphasised even further this need for male role models. Indeed, as Lewis (2003) asserts:

"Lack of local, visible and 'positive' male role models makes redefining masculinity more difficult for men who would like to challenge those restrictive beliefs."

(Lewis, 2003: 17)

Lewis's use of the word 'positive' should be analysed here. As well as role models that young men will look up to because of their values, the need for positive male role models in terms of HIV-status is also a need in South Africa. Again, one might

want to call on the government here. How many members of the ANC government have openly come out as living with HIV/AIDS? To date, there have been none (Hassan, 2006). If, as has been argued, men tend to be in denial about their HIV status in South Africa, is there not a serious need for more prominent men in the public eye to be direct and open about living with the virus?

In saying that, one should also pick up on Lewis's support for *local* role models. Those in the public eye certainly have a role to play, but so do those role models living in young men's everyday contexts by being more 'real', and thus perhaps more influential. As Greig and Peacock (2005) argue, men who have been through the *MAP* programme have succeeded in acting as role models for others in their community. As one *MAP* educator relayed:

"At first it was not easy becoming a peer educator, because my friends took it that I was trying to be better than them, because I used to do some silly things with the guys. They now see that I am doing a very good job. I always go to the guys and talk to them about seeing things from a different perspective."

(cited in Greig and Peacock, 2005: 25)

Taking new prevention research seriously

Care and treatment have been the HIV/AIDS buzzwords over the last few years in South Africa. This is so, particularly with regard to the Treatment Action Campaign's successful endeavours to persuade the government to provide antiretroviral therapy through the public health system. One might argue then that prevention efforts, or at least the associated publicity, have taken a backseat. The Zuma case is a good example (coupled with the continuing high rates of HIV infection) of why prevention interventions are not necessarily proving successful in this country. Zuma is extremely high profile, with access to all resources and information regarding HIV/AIDS. Moreover, he chaired the South African National AIDS Council. The fact that he apparently thought that showering would reduce his chances of HIV infection says much about the gaps in prevention efforts in this country. Looked at in positive fashion, it is perhaps a serious wake-up call for the country for rigorous re-examination of prevention interventions which hitherto have focused predominantly on the ABC approach – abstain, be faithful, condomise.

With this in mind, I would argue that when new prevention research is forthcoming, it is given appropriate consideration. Some exciting new research has very recently come out of Orange Farm, south of Johannesburg. Initial studies show that male circumcision may reduce HIV infection in men by at least 60%⁴⁷ (cited in Shisana et al., 2005). Such results are very encouraging, although recent reactions and responses to this research have displayed a somewhat cynical edge. There exists a train of thought that men will use circumcision as another excuse to go and sleep with lots of women without using a condom, in a 'if I've been circumcised, I'll be fine' kind of fashion. Although such reactions are understandable to some degree, it seems futile to dismiss what could be a potentially very effective prevention strategy. On the one hand, such criticism perpetuates the 'blaming of men' discourse, as outlined in Chapter 3. On the other, it looks narrowly at a prevention strategy. Although the enormous challenge of encouraging millions of men to get circumcised is fully acknowledged, it could be a highly effective method of reducing HIV infection rates if wide-scale programmes are implemented appropriately with the right kind of complementary prevention messages stringently put in place⁴⁸.

Men testing for, and living with, HIV/AIDS

The literature and research that exist on men and the HIV/AIDS epidemic focus insufficiently on the effect HIV/AIDS has on men living with the disease (Barker and Ricardo, 2005). As argued in Chapter 2, from a human rights perspective, men's experiences are as important as women's. This includes men's experiences and needs while living with HIV/AIDS. Like women, men suffer greatly with the disease; they require support, both in the form of treatment and psycho-socially. As outlined in Chapter 3, the modest research in South Africa that does exist points to the following trends: men presenting themselves for treatment at an advanced stage of infection; men feeling reluctant to attend support groups for people living with HIV/AIDS as the groups are dominated by women; men feeling uncomfortable attending clinics that are staffed by female-dominated nurses and counsellors and

⁴⁷It is thought that the foreskin, with a larger existence of HIV target cells, can absorb the HI virus more effectively. In addition, the foreskin's greater vulnerability to tears and abrasions ensures an easier route for sexually transmitted infections (USAID, 2003).

⁴⁸This might include collaborating with organisations such as Soul City, a large NGO in South Africa, which uses a range of media strategies to disseminate HIV/AIDS information.

clinic hours not necessarily suiting their time constraints (Levack et al., 2005; Barker and Ricardo, 2005; McNab, 2005; Beck, 2004).

Two issues arise here. Firstly, once again, this evidence illuminates the need to question further aspects of men's masculinities in South Africa. Why and when do men feel uncomfortable attending clinics? Why and when do men feel it is a sign of weakness to get treatment for HIV/AIDS? Furthermore, it points to the need for institutional changes if South African public health services are to cater appropriately for men at risk of, or living with, HIV/AIDS. If, as Levack et al argue (2005), stigma continues to be a major barrier to men's decision to test for HIV, more male-friendly voluntary counselling and testing (VCT) facilities should be developed. This may mean providing more services at locations which men frequent such as shebeens⁴⁹. This may also make VCT facilities more accessible to men who are unable to attend clinics because of work or job-seeking commitments. In addition, by placing services in everyday contexts and environments, this may go some way to help normalise HIV/AIDS.

Other organisational modifications would also be of benefit. For example, as reinforced through findings from my programme evaluation of *Yabonga*, it would be worth ensuring more male counsellors, male clinic staff and male Peer Educators are recruited⁵⁰. It would also be advantageous if clinics and NGOs were to run more consistent support groups for men living with HIV/AIDS. Feedback from interviews conducted with male clients in the Cape Town region (McNab, 2005) certainly supported this. As one male client reported:

"I have a good relationship with the Peer Educators, but there is only one male Peer Educator. It would be better to have more men. Man-to-man conversations are easier for us as men."

(cited in McNab, 2005: 16)

The tendency for support groups to be dominated by women is a commonly cited complaint from men, and they have reported that such female-heavy environments are not conducive to feeling comfortable sharing their attitudes and beliefs around

⁴⁹Encouraging results have come out of testing facilities for men in beer halls in Zimbabwe and thought appropriate for replication across other parts of sub-Saharan Africa (Fritz et al., 2002).

⁵⁰This is suggested without wishing to overlook the serious human resources crisis that is currently occurring in the South African public health sector.

sensitive issues (McNab, 2005; Beck, 2004). Similar to the essence of the *MAP* workshops, a possible knock-on effect of male support groups may be that men are given safe spaces to open up about aspects of masculinity, to talk about issues related to health which they have previously felt uncomfortable doing.

Men's role in care and support

Related once again to gender norms and dominant forms of masculinity is the issue of care and support. As detailed in Chapter 3, gender socialisation has ensured the burden of care and support for people living with HIV/AIDS lands on the shoulders of women. However, men's involvement in family life, and in particular in HIV/AIDS care and support activities is under-researched and often underplayed (Montgomery et al., 2006). In asserting that a focus on men in HIV/AIDS interventions should be increased, this should equally include their involvement in the realm of care and support.

The research carried out by Montgomery et al. is illuminating. Through a two-year study carried out in Kwa-Zulu Natal with twenty families where at least one adult household member was living with HIV/AIDS, the study found that

*"...men are involved in a diverse range of activities within immediate and extended families coping with the numerous impacts of HIV/AIDS... Men responded to changing circumstances around illness, bereavement, and the care needs of adults and children by performing roles that extended far beyond economic support. Yet **prevailing norms regarding gender roles and responsibilities within households mitigate against community acknowledgment of such positive involvement**, focusing attention instead on men's frequent inability to meet the traditional obligation of economic provision through wage labour."*

(Montgomery et al, 2006: 2417, emphasis added)

The research found that these 'prevailing norms' were indeed a significant factor in disguising men's proactive involvement in care and support. It was found that where men might be prompted to adopt traditionally 'female' roles such as washing or caring for children, they were actually deterred because of the risk of derision from other members of the community. These findings complement those comments made by the *MAP* respondents, and in particular the emphasis R3 gave to 'distorted social norms' in terms of challenges to the work the *MAP* programme is

carrying out with men. R3 felt that a social norms approach⁵¹ could have a huge bearing on work with men. Indeed, such an approach may be translated successfully to the sphere of men, masculinity and HIV/AIDS and working hard on interventions which attempt to tackle the impractical social norms which appear to continue to dominate in South African society, namely that caring for people living with HIV/AIDS is only women's work, that men do not cook and clean, that men should sleep with lots of women as a sign of their masculinity, and that men should control sexual relationships - to name just a few.

One could argue therefore that given the social realities that exist in South Africa today, particularly that of the effects of HIV/AIDS, such norms are no longer ethical or functionally justifiable. New norms should be posited. There seems to be plenty of scope to use Berkowitz's approach for work with men in the HIV/AIDS field, but, given the necessity to evaluate and challenge current norms, the most useful characterisation may be 'a critical approach to norms' rather than Berkowitz's rather more generalised 'social norms approach'. In terms of care and support, concrete interventions which reinforce for men the notion that it is acceptable and encouraging that to help care for those affected by HIV/AIDS, and that they can be public about such activities, would be particularly valuable. This must, of course, go hand in hand with positive institutional support for men to achieve such an aim, with health and other social services playing an equally supportive role in men's involvement. In taking a 'critical approach to norms', this is perhaps one more way of giving men the space to redefine aspects of their masculinity and simultaneously gain approval for this.

This is something that Morrell (2005b) is particularly keen to invest in, but starting in the school setting. Recognising that over the last few years there are considerably more people who are sick and in need of care and support in South Africa (due to HIV/AIDS), Morrell (2005b) feels that the current South African Life Schools curriculum should start to introduce components which teach learners, both *boys* and *girls*, how to care for sick members of their family. As well as being an

⁵¹This approach was first suggested by Berkowitz, who argues that one's behaviour is influenced by false perceptions of how other people from one's social groups think and behave. Berkowitz has used the example of alcohol use to demonstrate that young people may overestimate their peers' attitude towards and use of alcohol, leading to an increase in such problem behaviour (Berkowitz, 2004).

acknowledgment of the situation that boys and young men are finding themselves in as a result of increasing parental deaths from AIDS, such a move would also help generate new socially acceptable gender roles and redefined masculinities.

Building capacity

As has been noted, the literature on men, masculinities and HIV/AIDS is explicit about men being included more comprehensively in HIV/AIDS responses. And as has been pointed out, a 'critical approach to norms' with regard to working with men may well be of value. But what appears to be missing, and which was emphasised by R3 and outlined in Chapter 2, is the fact that many NGOs and government stakeholders actually lack the *capacity* to work with men. It is indeed a positive step that there are increasing calls for a closer look at masculinities, men's position and how they are implicated in the HIV/AIDS epidemic, but this does not mean that NGO programme staff, funders, and government have the appropriate skills to direct and implement this type of work. This is accentuated by the fact that successful work that might be being carried out with men is thus far quite poorly documented (as outlined in Chapter 5). As R3 explains:

*"I don't think the government is really clear about what the criteria are for working with men. I think **we should put together some short guidelines**.. what kind of things should you expect to see from organisations doing men's work and what would you not want to see... the government is less clear, but should be, on both the **concept and the strategy** (of working with men)."*

(R3, personal communication: 2006, emphasis added)

Likewise with NGOs, as has been suggested in Chapter 2, many development staff may assert that gender mainstreaming is part and parcel of their projects, but the reality on the ground may well be different. Building their actual capacity and know-how with regard to incorporating men more fully into interventions is also crucial.

Multi-sectoral collaboration

It could be argued that the greater the built capacity of, for example, government departments, the greater the likelihood of sustained multi-sectoral collaboration. As the HIV/AIDS epidemic has progressed worldwide, the necessity for consistent working partnerships between government, the private sector and other civil society organisations has been increasingly emphasised (Barnett and Whiteside, 2002). In

South Africa, it has been argued that there is still a great need for closer alliances in this regard (Tabane, 2006). The seemingly continuous and very public battle between the Treatment Action Campaign (TAC) and the government is evidence for this.

Indeed, the latest in the series of battles between the TAC and government includes the Department of Health's objection to the TAC's and the Aids Law Project's participation at the UN General Special Session on HIV and AIDS (UNGASS). It is thought that an invitation did not arise due to the government's fear that the two organisations would criticise their endeavours to fight HIV/AIDS in South Africa (Shlensky, 2006). The absence of the TAC, South Africa's largest and most influential HIV/AIDS civil society organisation, at a Special Session as reputable as UNGASS is unquestionably shocking. But more revealing is the continuing lack of collaboration between them and the government. One might assert that it is this overall unity that is required on HIV/AIDS before the specifics of men and HIV/AIDS are achieved.

However, this is not to say that there is a complete absence of dialogue about men and HIV/AIDS at policy level, as already outlined in Chapter 3. As Barker and Ricardo (2005) assert:

"The National Office on the Status of Women spearheaded the development of a National Task Force on Constructive Male Involvement and has promoted numerous dialogues between key national government representatives, civil society, and leaders from the field of male involvement."

(Barker and Ricardo, 2005: 51)

It is work such as this that has been initiated in the last couple of years that must be built on. As well as the likelihood of a more coherent, co-ordinated response to HIV/AIDS interventions including men, there is also the possibility of opening up increased opportunities for national-level (and therefore governmental) funding. In speaking about working with different governmental subdivisions, R3 explains the prospect of

"...a shared agenda, across government departments, identifying clear roles and responsibilities – there is a huge pot of money sitting there available in different government departments. It doesn't require new pots of money, it requires

tapping into... you know, Arts and Culture have got an HIV budget.. and sport and agriculture etc.”

(R3, personal communication: 2006, emphasis added)

Interventions that work with men have thus far been characterised by a lack of cohesion (R3, personal communication: 2006). Multi-sectoral collaboration, as well as being necessary at a broader HIV/AIDS level, locally, nationally and internationally, is also critical for consistent and sustainable work with men.

Community mobilisation and advocacy

With the aim, as this thesis proposes, of men being more comprehensively involved in HIV/AIDS responses in South Africa, this should stretch to involving as many men as possible. With mobilised communities of men, arguably the greater the chances are of successful advocacy for changes in governmental policy and practice. Both R2 and R3 highlighted the TAC as an example of an organisation in South Africa which has used such a strategy to put pressure on the government to take valuable action⁵². Similar advocacy is required to campaign for greater men's involvement in gender and HIV/AIDS work. Along with the *Men as Partners* programme, there are a handful of groups and organisations in South Africa that are making moves towards this goal, for example 'Men for Change', 'The 5 in 6 Project' and 'The South African Men's Forum'.

Fortunately, South Africa does have a unique history from which it can benefit. Firstly, as has been pointed out in the literature (Wainaina, 2003) and by the three respondents, there is the history of activism. As R2 points out,

“During the apartheid years, prominent groups of students were out there in the frontline, fighting against apartheid, and I don't see why it should be different now – fighting for gender equality.”

(R2, personal communication: 2006)

Additionally, R3 spoke about the mechanisms that have been put in place which reflect the strategies used in the anti-apartheid movement. These especially endorse 'people's power' and the need to make government accountable. In this

⁵²After the rape and murder of TAC activist Lorna Mlofana in December 2003 in Khayelitsha, a township in the Cape Town area, the TAC mobilised successfully to ensure that Mlofana's murderers were brought to justice. Those who were mobilised (both *men and women*) went on demonstrations and put pressure on the police and government. As a result, heavy sentences were eventually dealt out to the perpetrators, including one life sentence (R2, personal communication: 2006).

regard, R3 mentioned District AIDS Councils and Community Policing Forums, going on to argue that

“They’re all sorts of government structures.. and we should be using those.. we should be putting people into those structures.. you know, a MAP person who makes sure individuals act according to their legal responsibility... That kind of advocacy and accountability, I think, has to be in place.”

(R3, personal communication: 2006)

It is argued therefore that increased community mobilisation and efforts to undertake advocacy towards shifts in policy is as crucial as conducting workshops. In this way, one might see a greater prospect for *broader* change in the ‘men and HIV/AIDS’ fields.

Working with links between HIV/AIDS, men and unemployment

I began this section with the argument that continued research into masculinities is a pressing need. To end this set of recommendations, I would add specifically that this research (and thus associated interventions) should focus explicitly on factors related to poverty and unemployment. As outlined at the very beginning of Chapter 2, although this thesis has approached HIV/AIDS from a gendered perspective, this framework does not seek to overlook other significant structural determinants of the epidemic, particularly in relation to poverty. Furthermore, it was argued that gender is not a stand-alone category, but one that is implicated in broader socio-economic processes. Historically, HIV/AIDS has tended to be described, explained and responded to with an overwhelming focus on biomedical constructions (O’Manique, 2004). The concentration has been on methods of transmission, how to prevent and treat, what the *individual* can do to change his/her behaviour, and how education and clinical management can assist in reversing the epidemic. Neglected, however, has been the contribution of wider economic factors and how these continue to play a profoundly significant role in influencing health and the HIV/AIDS epidemic (Farmer, 1999).

With regard to men and HIV/AIDS, projects such as the *MAP* programme coincide with O’Manique’s description: the primary focus is quite localised, working with groups of people to challenge their attitudes on gender, violence, HIV/AIDS and masculinity. Although this is certainly constructive, it is felt that in the future such

work with men should place greater emphasis on factors related to poverty, and in particular unemployment. It is in light of national prevention campaigns such as loveLife that the need for this emphasis should be further highlighted. As Hunter points out, loveLife promotes 'choice, independence, and self-respect' (2005: 154), but

"...for the majority of poorer, predominantly African, South Africans..., the resonations between 'choice', 'positive living' and the lived experiences of poor schooling and unemployment are more muted."

(Hunter, 2005: 155)

As depicted in Chapter 4 from a masculinities perspective, huge numbers of men in South Africa are being bruised by high levels of unemployment. As household structures have transformed, increasing numbers of men have parted with the breadwinner role. Coupled with little prospect of work, undoubtedly masculine identities have been diluted. At the same time, as has also been argued, wider structural issues such as unemployment may also contribute to men's HIV vulnerability, especially in terms of feeling fatalistic and short of control, leading to possible unsafe sexual behaviour. With this in mind, I would strongly argue the notion that gender and HIV/AIDS-based work with men should not be carried out in isolation but in relation to men's 'real' daily circumstances. In this way, then, it might mean a fuller acknowledgment of how men's health and associated behaviour is closely linked to aspects related to poverty and unemployment. Since work with men is still in its relative infancy, such interventions may take some time to develop. However,

"...projects... that develop employment skills and engage men in income generation activities may have benefits beyond the obvious economic merits. At the very least, programs that reach men should open up discussions about experiences of unemployment and possible relationships between loss of self-worth and a decreased interest in protecting one's health."

(Levack et al., 2005: 16)

In this way then, if gender-based HIV/AIDS interventions with men could be combined with activities that tackle unemployment, there is potential to engage with two broad determinants of the epidemic, gender *and* poverty.

Certainly such work should not fall entirely to NGOs to undertake and one must look further field than this. Work at the NGO level needs to be complemented by large-

scale economic change. South Africa, like many other countries, is characterised by neoliberal policies. Such economic policies ripen conditions for HIV transmission; they mean less money is spent on vital health services; they promote economic and cost-efficiency considerations over human rights; and with a predominantly laissez-faire approach, neoliberal policies effectively mean the community has largely to shoulder the responsibility of the impact of HIV/AIDS (O'Manique, 2004; Lee and Zwi, 1996). At a broader level, all of these aspects may have an effect on men and HIV/AIDS. I would argue, therefore, that concrete work with men on the ground must go hand in hand with genuine macro-level challenges to the current economic system, a system which, at present, does not facilitate everyone's human right to health. Although the extent of such a task is appreciated⁵³, a combination of such approaches may assist, albeit indirectly, with increasing the scope for constructive male involvement in the HIV/AIDS epidemic.

⁵³Perhaps what is significant is that despite the lack of existing viable substitute economic systems, the discourse is very much out there. Questions are being raised, dialogues persist and exchanges of ideas for transformation are being cultivated. It is only from this very process that any possibility of alternatives will evolve.

Conclusion

HIV/AIDS is devastating communities, families and individuals across sub-Saharan Africa. South Africa is at the hub of this devastation and as we stand in 2006, the epidemic shows few significant signs of abating. This thesis has viewed the dynamics of HIV/AIDS from a gender perspective, asserting in particular that gender relations are crucial to understanding the workings of the epidemic. It was argued that the meaning of gender relations, both in the literature and in NGO-led HIV/AIDS strategies, has been simplified and condensed to epitomise relations where women are distinctly disadvantaged. Indeed, men's disproportionate power in their social relationships with women has led to women's marked vulnerability to HIV/AIDS. In this way, women may have less negotiation power in sexual relationships when it comes to the practice of safe sex; they bear the brunt of gender-based and sexual violence, and women's weaker socio-economic position may mean risky sexual behaviour is the only option open to them. In light of this (and despite the number of men at risk of, and living with HIV/AIDS), I have argued that men's position has been homogenised and their own vulnerability to the disease and needs therein have been sidelined.

In Chapter 2, an exploration of the concept 'gender' was undertaken, both to try to understand historically why men may have been marginalised in development and HIV/AIDS discourses, and also to emphasise why 'gender' should not be taken lightly nor simplified. The complex and multifaceted nature of gender was given attention, arguing that such complexity may make sensitive interventions with men and women challenging. However, rather than characterising gender relations as the way women are disadvantaged in their relations with men, by looking more profoundly at how gender and gender relations are played out in real situations, there may be opportunities for more considered strategies to combat HIV/AIDS. Despite the intricacies of gender, it was argued that the term has historically been bound up in a simplistic gender = women paradigm whereby the only gender genuinely studied has been that of women. To some degree this is understandable, given women's unequal socio-economic position. However, as well as serving to

marginalise the position and perspectives of men, this paradigm also serves to simplify gender's composite make-up.

Chapter 3 looked deeper into why a rather unsophisticated view of gender has helped to sideline men's place in the HIV/AIDS epidemic as society's tendency to underscore women's crisis-level vulnerability has gained momentum. Women's vulnerability *is* patent: this is evidenced by the disproportionately high number of girls and young women infected with HIV in South Africa in comparison to boys and men. This can be explained, to some extent, as a consequence of factors relating to patriarchy, poverty and cultural practices. In light of the reasons that make up these three 'Ps', it was argued that both a 'blaming' and homogenous discourse has developed to describe men. This has been particularly prolific from the mid-1990s where sex and sexuality have infused public and media discussions. It has been argued that, due to women's more visible vulnerability, HIV/AIDS interventions have focused on improving *their* particular circumstances.

Typical projects have centred especially on women's 'empowerment' – for example, equipping women and girls with the skills and confidence to negotiate sexual relationships. Although the merit of such an approach is appreciated, it is felt that its benefits are limited if work with men is not carried out simultaneously. The example of 'empowered' female Peer Educators returning home after a day's work to regular domestic violence from their male partners is a valuable case in point. Additionally, as per the focus on women, men's needs have been neglected in that basic services do not necessarily cater holistically for them; lack of male health staff and counsellors being just one example.

It is in highlighting these trends that the notion of 'masculinities' comes to the fore. In asserting that men, too, are highly vulnerable to HIV infection and equally in need of comprehensive care and support if living with the disease, it was argued that a vigorous emphasis on *understanding* men's position in the epidemic is overdue. It is argued that any hope of altering behaviour rests on endeavours to increase understanding. Recognising that gender socialisation and norms of masculinity play a profoundly significant role in the shaping of boys and young men, these aspects

need to be further researched and understood to assist in tackling the epidemic. With patriarchal attitudes, (sexual) violence and poverty all being directly linked to HIV/AIDS, it has been argued that instead of accepting these as par for the course and dealing with the consequences, pursuing a more probing exploration into their connections with masculinities is vital. A historical examination of South African masculinities was also stressed, indicating that a greater understanding of their roots is imperative, an understanding that should be examined in conjunction *with* men.

A focus on masculinities in tackling the HIV/AIDS epidemic is considered particularly constructive. As Morrell (1998) has asserted, it deviates from previously essentialist arguments which simplify men. In addition, recognition that masculinities are diverse, shifting and capricious is very positive from an HIV/AIDS point of view: it affords hope of challenging the current norms and gender socialisation to which men are intricately connected. With investment from interventions that work with men, there is scope for alternative masculinities to emerge, masculinities that emphasise responsibility, strength and empathy.

Organisations that work directly with men to achieve these types of objectives are still in a minority in South Africa, but over the past few years an increasing number have started to respond to calls for constructive male involvement. Furthermore, in the past year, there has been positive action and dialogue at government levels to endorse such a call, as exemplified by the National Office on the Status of Women. In Chapters 5 and 6, EngenderHealth's *Men as Partners* programme was used as a case study to explore more meaningfully this concept of constructive male involvement. Conducting interviews with staff currently at the forefront of men's work in South Africa not only provided valuable insight into this work but also highlighted where the gaps still lie with regard to a focus on men. The approach which the *Men as Partners* programme uses to work with men was explored, in particular their interventions of giving men the safe space to explore their attitudes to violence, to HIV/AIDS, to reproductive health and other gender-based themes. Initial evaluations show that such interventions provide optimistic scope for change – particularly in terms of attitudinal change. The programme implementers

recognise, however, that work with individual men must be combined simultaneously with efforts at other levels – community, institutional and policy. Indeed the *Men as Partners* programme endorses the notion that a redefinition of masculinities must go hand in hand with sensitising communities in reflecting on and tackling social norms, building the capacity of other organisations, and especially government departments to implement such work with men, but also mobilising men to advocate for wider change.

The *Men as Partners* programme is taking the appropriate steps towards including men more holistically in the response to HIV/AIDS and greater gender equality in South Africa. There is still much work to be done - ongoing work that must admittedly be implemented in complex conditions. These include environments which still endure extensive stigma and discrimination, communities deeply affected by poverty and unemployment, and the continuation of deep-rooted gender inequalities. Significant gaps that have been identified include the need for more intricate research into men and their masculinities to gain a fuller understanding of their lived experiences in present day South Africa. Such research must, it has been argued, probe into the very intimate nature of sexual relations. HIV/AIDS is an epidemic of sex, thus for prevention efforts to be hopeful of success, all types of sexual behaviour, needs, and desires must be examined further – both men's and women's. The necessity for men's constructive involvement does not stop at prevention efforts. There are still significant gaps in catering comprehensively for men living with HIV/AIDS. Male-friendly clinics, accessible treatment and increased support groups for men living with the virus are just three examples. As argued in Chapter 2, men have the 'right' to be able to freely access such services.

Broadening the capacity of organisations to work with men, ensuring increased cohesive collaboration across all sectors (governmental, private and civil society), and making sure communities themselves are mobilised to see the value in male involvement are essential tasks. But this must go hand in hand with what I have termed a critical approach to norms. Men (and women) need to reflect on current socio-cultural norms, challenge them and use them to redefine masculinities. Changes in South Africa are serving to destabilise old masculinities to a certain

degree. Although perhaps unsettling for some men, this is an opportunity for a critical approach to norms to take effect. Mtutu (2005) puts it succinctly in saying that

"...the concept and practice of masculinity needs to be reconstructed in ways that fit the new socio-economic and political realities, from rural migration to women's advancement, HIV/AIDS and unemployment. A new way of perceiving manhood would empower men and boys to live differently."

(Mtutu, 2005: 141)

In this way, 'new' norms might be realised - norms that expand the notion of manliness to mean, amongst other assets, 'caring' and 'health-seeking'. The evolution of these traits may in some way assist in altering gender relations and thus HIV/AIDS risk.

The enormity of the task of altering concepts of masculinity is certainly recognised. One must acknowledge that many men may not have the desire to strive for gender equality and build new notions of masculinity. Indeed, owning the patriarchal dividend can certainly be attractive for men. Additionally, given the vast challenges that many South African men currently face, it is fully appreciated that many men might not have the *luxury* of forming new concepts of masculinity. It is with this in mind that I conclude that responses to HIV/AIDS and gender inequalities must be viewed from a macro-level too. Whilst the *Men as Partners* programme may be most successful at a community level, its achievements may only be enhanced if there is significant change at a broader, structural level. Rigorous moves towards reducing poverty and unemployment in South Africa are therefore vital, as is an examination of how they are intimately linked with the HIV/AIDS epidemic. Interventions with men should reflect these links.

A heightened and consistent focus on working with men and masculinities is not a panacea for the extensive HIV/AIDS crisis in South Africa, an epidemic which is multi-faceted and complex. Nor does it mean that less attention should be given to the disadvantaged position of women and girls. It is, however, thought to be one rational strategy in tackling a pandemic which is fuelled by factors related to gender and gender relations. The message of the UNAIDS' 'Men make a difference' campaign in the year 2000 should not be neglected. All sectors, and most

importantly men themselves, should be passionate in striving to make this difference.

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