

III. The Men As Partners Program in South Africa: Reaching Men to End Gender-based Violence and Promote Sexual and Reproductive Health

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Just eight short years after celebrating the end of apartheid, South Africans now find themselves faced with yet another bitter struggle. This time the battle is against HIV/AIDS and violence against women—twin epidemics affected by social norms about gender, power, and violence. Both currently threaten the lives of millions of South Africans.

The statistics make startlingly clear the extent and severity of these two public health crises. In many parts of the country, up to 30% of adults are estimated to be HIV positive.ⁱ Between five and seven million South Africans are expected to die from HIV/AIDS by the year 2010.ⁱⁱ South African Police Service statistics chronicle 51,249 cases of rape reported to police in 1999, while Rape Crisis Cape Town believes that the real figure is at least 20 times higher—the equivalent of one rape every 23 seconds. These figures give South Africa the highest per capita rate of reported rape in the world.

This case study describes one effort to respond to these twin crises. The Men as Partners (MAP) program in South Africa was established in 1998, as a collaborative project between New York-based EngenderHealth (formerly AVSC International) and the Planned Parenthood Association of South Africa (PPASA). This program creates meaningful opportunities for men from all walks of life to examine contemporary gender and cultural norms, challenge those norms that compromise health and well being, and celebrate those that promote healthy, thriving communities. The MAP program has two primary goals: 1) to challenge the attitudes, values, and behaviors of men that compromise their own health and safety and that of women and children; and 2) to encourage men to become actively involved in preventing gender-based violence and the spread of HIV/AIDS. To achieve its goals, the MAP program was launched in eight of South Africa's nine provinces, establishing a presence in urban, semi-urban and rural communities across the country.

Using a Gender Framework

The program is based on three principles, which reflect an understanding of the unequal balance of power between men and women. First, the program views contemporary gender roles as having devastating health consequences for women, placing them at risk for violence, limiting their ability to negotiate the terms and conditions of sex, and severely compromising their sexual and reproductive health. In this analysis, gender roles confer on men the ability to influence and/or determine the reproductive health choices made by women.ⁱⁱⁱ Second, contemporary gender roles compromise men's health by encouraging men to equate a range of risky behaviors—the use of violence, alcohol, and drugs; the pursuit of multiple sexual partners; the domination of women—with being manly, while simultaneously encouraging men to view health-seeking behaviors as a sign of weakness. Third, the program takes the view that men have a personal investment in challenging the current gender order for their own health reasons,

and also because they do not want to place women they care about at risk of violence and health problems.

Implementation of MAP-South Africa

To change men's attitudes, values and practices, MAP conducts workshops and mobilizes men to take action in their own communities. MAP also collaborates closely with other non-governmental organizations to build their capacity to implement similar programs.

MAP conducts its educational workshops with groups of men from many walks of life in a wide variety of settings, including workplaces, trade unions, prisons, faith-based organizations, community halls, and sporting arenas. In their very design, the workshops reflect a commitment to dealing with the complexities of gender roles and the challenges associated with shifting long held attitudes, values, and practices. Most workshops are typically a week long and often residential. Workshop content is drawn from the *Guide for MAP Master Trainers and Educators*, jointly developed by EngenderHealth and PPASA.^{iv} Unlike many other approaches that tend to have a single issue focus, these workshops address how gender roles affect men's lives. As such, they focus on violence, on sexual and reproductive health, on parenting, on support and care for people living with AIDS and, always, on men's roles and responsibilities related to ending violence and creating healthy, thriving communities.

Workshop activities constantly refer back to the subject of gender. For example, an activity about HIV will explore the ways in which gender roles can increase the likelihood that men will engage in unsafe sex or can deter men from caring for and supporting friends left chronically ill by AIDS.^v Similarly, facilitators might use role plays to challenge the notion that a "real man" uses health services only when he is already seriously ill. Using interactive gender values clarification activities, workshop participants discuss their attitudes towards family planning, prenatal care, and parenting, and examine ways in which gender roles restrict the choices available to both men and women. Workshop facilitators commonly ask, "How does this issue affect men and women differently?"

Building a "Big Tent" to Reach More Men

Faced with the growing devastation wrought by HIV/AIDS and violence against women, EngenderHealth and PPASA have worked diligently to expand the impact of the MAP program, by building capacity in the nongovernmental sector, and by promoting community-based efforts to mobilize men.

To reach more men, EngenderHealth and PPASA recently established partnerships with the Solidarity Centre, which works with the three major labor federations representing over 3 million union members;^{vi} the AIDS Consortium representing 800 community-based HIV/AIDS organizations; and the South African National Defense Force, with a membership of about 65,000. EngenderHealth and PPASA provide ongoing training and technical assistance to a core group of staff in each of these organizations, and these staff will then run their own workshops. To ensure that the MAP approach is integrated into clinical settings, EngenderHealth partners with Hope Worldwide, a nongovernmental

organization working on HIV/AIDS prevention and care, and with the peri-natal HIV research unit at Chris Hani Baragwanath Hospital in Soweto, Africa's largest hospital,

Lessons Learned:

- 1. Present men as potential partners capable of playing a positive role in the health and well being of their partners, families, and communities.** Despite high levels of male violence against women, MAP recognizes that many men care deeply about the women in their lives. With opportunity and know-how, men are eager to challenge practices that endanger women's health and to support women's well being.^{vii}
- 2. Build organizational cultures that are committed to working with men.** Buy-in of senior leadership within partner organizations is critical. To ensure that each organization remains committed to this work, the MAP methodology includes workshops with senior management and key staff on the relationship between gender equity, violence against women, and HIV/AIDS.
- 3. Develop a coherent, coordinated response.** The South African government's response to HIV/AIDS and violence against women has been inconsistent, characterized by inadequate resources, confusing public statements, and poor coordination with the nongovernmental sector. To address this and to improve collaborative responses to HIV/AIDS and violence against women, the MAP methodology now includes a focus on facilitating ongoing relationships between collaborative partners.
- 4. Promote activities across the spectrum of prevention.** Many of the organizations collaborating on the implementation of the MAP program have been focused primarily on community education and individual change. Few have prior experience in advocacy, policy change, or community mobilization. To ensure that all partner organizations can take this work on, MAP workshops now include a focus on advocacy, community mobilization, social norms campaigns, and policy change.

Research Findings

The MAP approach has demonstrated significant success in shifting men's attitudes about gender equity and violence against women. Post-training evaluation of attitudes among MAP workshop participants in Western Cape Province revealed the following:

- 71% of the participants believed that women should have the same rights as men, whereas only 25% of men in the control group felt this way.
- 82% of the participants thought that it was not normal for men to sometimes beat their wives, whereas only 38% of the control group felt that way.
- 96% of participants believed that children from abusive homes could become abusive parents, but only 19% of the control felt that this was true.^{viii}

ⁱSouth African Medical Research Council, 2001.

ⁱⁱSouth African Medical Research Council, 2001.

ⁱⁱⁱHorizons Report, Spring 2001; Laing, 1987.

^{iv}Available from EngenderHealth: www.engenderhealth.org

^vSee, for instance, Aggleton, & Warwick (1998) who report that in Kyela, Tanzania on occasion “male heads of households would wish to do more when their partners fall ill but were curtailed by cultural definitions of maleness and the roles defined which determine masculinity.”

^{vi}Coordinated by the AFL-CIO’s Solidarity Centre, each of the three major labor federations—the Congress of South African Trade Unions; the Federation of Unions of South Africa; and the South African Congress of Trade Unions are working to involve men at all levels of the union in challenging male violence and rigid gender roles.

^{vii}For examples of activities that redefine courage, leadership and strength in these ways, see the case study on Men Can Stop Rape that accompanies the BPI paper on building partnerships with schools as well as curricula by Jackson Katz (MVP Strategies) and the “Courage by Degrees” activity developed by Nan Stein in Gender Violence: Gender Justice.

^{viii}Kruger, V. Evaluation Report: Men As Partners Program, Project Evaluation and Research Service, September 2000.

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