

MEI  
OF QUALITY  
DO NOT  
FEAR  
EQUALITY



SA Report

## SOUTH AFRICA REPORT FOR THE 54TH SESSION OF THE UNITED NATIONS COMMISSION ON THE STATUS OF WOMEN, 2010

Report on the work of the South African Government  
in implementing commitments made since Beijing to  
involve men and boys in achieving gender equality



**Sonke Gender  
Justice Network**  
HIV/AIDS, Gender Equality, Human Rights



# Sonke Gender Justice Network

HIV/AIDS, Gender Equality, Human Rights

## **Johannesburg Office:**

Sable Centre, 16th Floor  
41 De Korte Street  
Braamfontein 2017  
T: +27 11 339 3589  
F: +27 11 339 6503

## **Cape Town Office:**

Westminster House, 4th Floor  
122 Longmarket Street  
Cape Town 8001  
T: +27 21 423 7088  
F: +27 21 424 5645

## **Email address:**

[info@genderjustice.org.za](mailto:info@genderjustice.org.za)

## **Web:**

[www.genderjustice.org.za](http://www.genderjustice.org.za)

## **MenEngage Alliance**

[www.menengage.org](http://www.menengage.org)

2009

## **ACKNOWLEDGEMENTS**

This report was prepared for Sonke Gender Justice Network by Orly Stern and Dean Peacock with assistance from Hayley Thomson, Vaun Cornell, Tamaryn Tesselaar, Marieke Krämer, and Tapiwa Manyati. Sonke acknowledges and thanks the many government representatives who graciously found time to provide the information contained in this report, and to LimeBlue for designing it.

Sonke is grateful for the support of the numerous donors and partners who make our work possible, especially Sida, the Ford Foundation and the South Africa Development Fund who generously support our policy and advocacy efforts.



---

# CONTENTS

<b>1 EXECUTIVE SUMMARY</b>	1
<b>2 OVERVIEW OF REPORT</b>	3
The importance of working with men and boys for gender equality	4
Government's commitments to engaging men and boys for gender equality	5
Key findings	8
Key recommendations	9
Conclusion	12
<b>3 SOUTH AFRICAN CONTEXT</b>	13
<b>4 REVIEW OF GOVERNMENT'S PROGRESS IN ENGAGING MEN AND BOYS AROUND HIV/AIDS AND GENDER EQUALITY</b>	15
Introduction	15
Policy initiatives	16
National Gender Machinery	16
Government structures and staffing	19
Does Government have a plan to implement CSW recommendations?	25
<b>5 GENDER EQUALITY AND EQUAL SHARING OF RESPONSIBILITY</b>	26
Gender equality in laws and policies	26
Behavioural change programmes and public information campaigns	28
Men and marriage	34
Equal sharing of responsibility in parenting	34
Equal sharing of responsibility in caregiving	41
Working with traditional leaders towards gender equality	46

ME!  
OF QUALITY  
DO NOT  
FEAR  
EQUALITY



---

# CONTENTS CONT.

<b>6</b>	<b>GENDER BASED VIOLENCE</b>	50
	What laws and policies have been made relating to GBV?	51
	Recommendations	56
<b>7</b>	<b>SEXUAL AND REPRODUCTIVE HEALTH AND FAMILY PLANNING</b>	57
	Has government developed a comprehensive package of laws and policies promoting male sexual health?	59
	Recommendations	61
<b>8</b>	<b>HIV PREVENTION AND SERVICES</b>	62
	What policies have been made around male HIV prevention?	62
	Recommendations	67
<b>9</b>	<b>WORK WITH YOUNG MEN AND BOYS</b>	60
	Boys and girls in the school system	70
	Crime and violence in schools	70
	Recommendations	76
<b>10</b>	<b>KEY RECOMMENDATIONS</b>	78
<b>11</b>	<b>CONCLUSION</b>	81
<b>12</b>	<b>ANNEXURE A: SCHEDULE OF INTERVIEWS</b>	82
<b>13</b>	<b>REFERENCES, END NOTES</b>	84



# 1 EXECUTIVE SUMMARY

---

Sonke Gender Justice Network (Sonke) is a South African non-governmental organisation (NGO) working across Africa to strengthen government, civil society and citizen capacity to support men and boys to take action to promote gender equality, prevent domestic and sexual violence and reduce the spread and impact of HIV and AIDS. In this way, Sonke is contributing to developing just, democratic societies in which all men, women, youth and children can enjoy equitable, healthy and happy relationships.

Informed by – and lending momentum to – the many programmes working with men and boys globally, over the past ten years a growing international consensus has emerged on the need to include boys and men in the promotion of gender equality and human rights. Since the establishment of a democratic dispensation in 1994, South Africa has begun to prioritise achieving gender equality, preventing gender based violence and reducing the spread and impact of HIV and AIDS. The government has signed and ratified many international instruments and developed comprehensive domestic policies to guide its work in these areas. These instruments and policies include commitments to engage men and boys actively in achieving gender equality for all.

This report was compiled by Sonke for the 54<sup>th</sup> Session of the United Nations Commission on the Status of Women (CSW), which has as its key theme a review of progress made since the Beijing Women’s Conference held in 1995. The report aims to:

- outline government’s international and domestic commitments to working with men and boys towards gender equality;
- monitor implementation and review progress;
- identify key gaps and ongoing challenges;
- make appropriate recommendations to scale up work with men and boys for gender equality.

The report covers these points in relation to the following five key areas:

- gender equality and the equal sharing of responsibility
- gender based violence
- male sexual and reproductive health
- HIV services and facilities which encourage men to use them



- 
- work with boys and youth.

The report reviews the steps that government has taken towards working with men and boys to achieve gender equality in South Africa – in the development of laws, policies and plans, programming, and funding of civil society programmes. The report focuses solely on government efforts. It does not cover work with men and boys done by civil society.

Our review shows that the South African government has signed many global and regional commitments to involving men and boys in achieving gender equality. At the level of policy, this report demonstrates that government departments have developed groundbreaking policies and plans. However, it also makes clear that there is all too often a large gap between policy development and implementation. At the level of programme development, our review reveals that government has indeed implemented some promising initiatives, and, in some cases, has begun to develop strategies to expand on these. However, most government programmes working with boys and men are small scale and limited. Many departments do not do this work at all; others engage in ad hoc efforts, and work is often not coordinated between relevant departments. Most government departments lack proper plans, budget or adequate personnel dedicated to carrying out this work.<sup>1</sup> In order to meet its international and national commitments, government needs to prioritise:

- effective policy implementation, monitoring and evaluation
- support for civil society initiatives
- scaling up programmes to reach large portions of the population
- further regional and international work, including government efforts to shape SADC and AU policy development.

There is evidence of promising government work, and Sonke looks forward to a close collaboration with government to consolidating and expanding these efforts. However, Sonke recognises that it, like all civil society organisations, has a critical role to play in holding government to its commitments and obligations.

The report will be circulated widely among delegates attending the CSW meeting and adjacent functions. Sonke further hopes that it will serve as a useful advocacy tool within South Africa, both by government and civil society, to scale up and improve work with men and boys.



## 2 OVERVIEW OF REPORT

---

This report assesses the South African government's progress in implementing international and national commitments to engage men and boys in achieving gender equality in five key areas:

- Gender equality and the equal sharing of responsibility
- Gender based violence
- Promoting male sexual and reproductive health
- HIV services and facilities which encourage men to use them
- Work with boys and youth, in and out of schools.

The report covers implementation and progress in each of these areas. At the start of each section, the relevant clauses of the instruments are outlined to show what government has committed to doing, followed by a review of progress in implementation by key government departments. Gaps and challenges are identified and specific recommendations made for improvement. The report does not focus on work conducted with women to advance gender equality, nor on the significant work done by civil society with men and boys for gender equality. It focuses solely on government efforts to engage with men and boys. Sonke's progress report to the 2007 CSW describes in detail civil society efforts in place at that time and can be found at <http://www.genderjustice.org.za/docman/south-africa-country-report-to-the-un-commission-on-the-status-of-women/download>

The research methods used to compile this report comprised both desk research and interviews. A thorough literature review of available material was completed, and extensive efforts were made to access additional information and views through in-person and telephonic interviews with key informants in various government departments, both national and provincial, in the relevant Chapter 9 bodies, and with members of civil society organisations (see Annexure A of the full report for the interview schedule). A number of documents written by Sonke were used in compiling this report.<sup>2</sup>

ME!  
OF QUALITY  
DO NOT  
FEAR  
EQUALITY



# THE IMPORTANCE OF WORKING WITH MEN AND BOYS FOR GENDER EQUALITY

Perceptions of masculinity are shaped by culture and are socially constructed. Gender norms and practices can have many negative effects on women and men. Existing gender related norms all too often condone men's violence against women, grant men the power to initiate and dictate the terms of sex, and make it difficult for women to protect themselves from HIV and/or violence. With an adult prevalence rate of 18.3% and 5.5 million people living with HIV/AIDS, South Africa has one of the highest infection rates globally. A 2004 study of over 1,500 women in South Africa indicated that, "women with violent or controlling male partners are at increased risk of HIV infection".<sup>4</sup> Violence is both a problem for men, who are the majority of victims of violence, and about men, since men commit the majority of violent acts. Gender is a key factor driving such violence. Constructions of masculinity normalise controlling and violent behaviours of men towards women and other men.<sup>5</sup>

The HIV and AIDS epidemics disproportionately affects women's lives in terms of both rates of infection and the burden of care and support they carry. By equating masculinity with sexual conquest, gender roles also contribute to a significant factor driving the spread of HIV – multiple and concurrent sexual partnerships.<sup>6,7</sup> Notions of masculinity often also have negative consequences for men. Many men in South African society equate manhood with risk taking, dominance and sexual conquest and view health-seeking behaviours as a sign of weakness. These attitudes put men at risk from both natural and non-natural causes,<sup>8</sup> and increase their risk of infection with HIV and other sexually transmitted diseases. Data from South Africa indicates that men are less likely than women to use voluntary counselling and testing (VCT) services<sup>9</sup> and to access antiretroviral therapy.<sup>10</sup> Men's low use of HIV services is a serious cause for concern, and is partly explained by the fact that health services are not designed to cater to men's needs<sup>11</sup> In South Africa, men's low utilisation of HIV services mirrors their low use of all health services.<sup>12</sup>

In order to challenge gender inequality and improve the health of both men and women, the role of men needs to be addressed and behaviours and attitudes need to be changed, as well as the wider structural forces underpinning these. Men act as the 'gatekeepers' of the gender order, because they act as leaders and decision makers within communities and families. In order to change the gender order, these men need to be targeted and reached. Only 48% of fathers in South Africa are present in the homes of children under the age of 18 compared with 80% of mothers, with a strong relationship indicated between household expenditure and father involvement, irrespective of race.<sup>13</sup> Efforts to promote the importance of fatherhood and encourage men to participate equally in parental responsibilities are key to addressing gender stereotypes and promoting gender equality.

Recent research suggests that carefully designed policies and interventions





---

to engage men and boys can bring about changes that improve men and women's health in a relatively short period of time. As new programmes have been implemented, a body of effective evidence-based programming has emerged, confirming that men and boys are willing to change their attitudes and behaviour and, sometimes, to take a stand for greater gender equality.

In 2007, the World Health Organization and Instituto Promundo released a report reviewing 57 interventions with men in the areas of sexual and reproductive health, maternal and child health, gender based violence, fatherhood and HIV/AIDS prevention. Their analysis confirmed that such programmes, while generally of short duration, have brought about significant changes in men's attitudes and behaviour.<sup>14</sup> A study of nearly 150 Nicaraguan men who participated in workshops on masculinity and gender equity revealed significant positive attitudinal and behavioural change according to both partner reports and self-evaluations, as measured by a wide range of indicators including use of psychological and physical violence, sexual relations, shared decision making, paternal responsibility and domestic activities.<sup>15</sup> In Brazil, Instituto Promundo's intervention with young men to promote healthy relationships and prevent HIV/sexually transmitted infections (STIs), showed significant shifts in gender norms at six and twelve months. Young men with more equitable norms were between four and eight times less likely to report STI symptoms.<sup>16</sup> The South African Medical Research Council's evaluation of the Stepping Stones initiative implemented in the Eastern Cape also showed significant changes in men's attitudes and practices. With two years follow up, men who participated in the intervention reported fewer partners, higher condom use, less transactional sex, less substance abuse and less intimate-partner violence.<sup>17,18</sup>

During 2008, Sonke commissioned an impact assessment of the One Man Can (OMC) programmes in seven of South Africa's provinces, which concluded that: "overall, the findings for the impact of the OMC Campaign are very positive... The phone survey indicated significant changes in short-term behaviour in the weeks following Sonke workshops, with 25% having accessed VCT, 50% having reported acts of gender based violence and 61% having increased their own use of condoms. More than four out of five participants at Sonke workshops also reported having subsequently talked with friends or family members about HIV and AIDS, gender and human rights. In answer to open-ended questions about the impact of Sonke's work, survey respondents described many ways in which this intervention has helped to positively change the fabric of everyday discourse around HIV and AIDS, gender and human rights."



# GOVERNMENT'S COMMITMENTS TO ENGAGING MEN AND BOYS FOR GENDER EQUALITY

South Africa has signed and ratified the following international instruments including commitments to engage men and boys in achieving gender equality:

**The 1994 International Conference on Population and Development** affirms the need to “promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles.”<sup>19</sup>

**The Programme of Action of the World Summit on Social Development (1995)** and its 2000 review also addressed the role of men, in particular with regard to sharing family, household and employment responsibilities with women.<sup>20</sup>

**The Beijing Platform for Action (1995)** restated the principle of shared responsibility and argued that women’s concerns could only be addressed “in partnership with men.”<sup>21</sup>

**The 26<sup>th</sup> Special Session of the General Assembly on HIV/AIDS (2001)** recognised the need to challenge gender stereotypes and attitudes and gender inequalities in relation to HIV/AIDS through the active involvement of men and boys.<sup>22</sup>

**An expert group meeting on the role of men and boys was convened (2003)** in Brasilia by the United Nations Division for the Advancement of Women (DAW/DESA), in cooperation with ILO and UNAIDS, to inform the 48<sup>th</sup> session of the CSW.<sup>23</sup>

**At the 48<sup>th</sup> session, the UN CSW** adopted agreed conclusions calling on governments, entities of the UN system and other stakeholders to, inter alia:

- promote reconciliation of work and family responsibilities;
- encourage the active involvement of men and boys in eliminating gender stereotypes;
- encourage men to participate in preventing and treating HIV/AIDS;
- implement programmes to enable men to adopt safe and responsible sexual behaviour;
- support men and boys to prevent gender based violence; and
- implement programmes in schools to accelerate socio-cultural change.

**In the ten-year review of the Beijing Platform for Action**, member



---

states emphasised that changing men's attitudes and behaviours required a range of strategies including: legislative and policy reform, implementation of programmes, involvement of educational systems and the media, and partnerships with NGOs, the private sector and leaders from all segments of society, including religious leaders.<sup>24</sup>

UNAIDS released its **Operational Plan for UNAIDS Action Framework: Addressing women, girls, gender equality and HIV** recently, stating clearly that the critical importance of engaging men and boys (and cooperating with organisations working with men and boys) in realising the rights of women and preventing infection in the context of HIV/AIDS.

- South Africa has also signed the following regional protocols:
- Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, 2003
- South African Development Community (SADC) Protocol on Gender and Development, 2008.

In terms of domestic commitments and obligations, government has developed several policies and plans that aim to engage men and boys in promoting equity, health, and human rights, for example in:

- HIV & AIDS and STI Strategic Plan for South Africa 2007–2011
- 365 Day National Action Plan to End Gender Violence, 2007
- Domestic Violence Act 116 of 1998
- Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007



## KEY FINDINGS

---

It is critically important to engage men and boys in achieving gender transformation to achieve health, development and human rights. In this regard, government has made many international and national commitments to involve men and boys in achieving gender equality. Government has operationalised these commitments by integrating them into national policies and plans, implementing some activities and providing support for some civil society initiatives. However, government efforts are still inadequate; policies and plans are poorly implemented or monitored and usually ad-hoc and short-lived. We note also with concern the fact that many – and perhaps most – government departments appear not to have developed plans, strategies, budgets or staff dedicated to the critical work of involving men and boys in achieving gender equality.

Challenges faced in effectively implementing policies include a lack of political will, administrative capacity and staffing, liaison and coordination between departments and resources.<sup>25</sup> This has, at times, unfortunately prevented or constrained important policy developments from achieving their objectives. Other significant contributing factors to the success or failure of policy initiatives and programmes include the key stages of policy conceptualisation, design and planning. The table below presents an overview of the limited progress by key departments in implementing and delivering on international and national commitments made by government to engage men and boys in gender equality (further detail on programmes and initiatives implemented are covered in detail in the report).



# KEY RECOMMENDATIONS

---

For the most part, public policies have yet to adequately engage men and boys in preventing discrimination against women and girls or addressing their own gender-related vulnerabilities. The policies that do exist have rarely been monitored or evaluated for their effects. Furthermore, there is too often a huge gap between policy as laid out in national laws, policy proclamations and technical norms and what happens at the level of implementation of public or publicly funded services. This report makes recommendations directed at government. Sonke hopes that this report will serve as a useful advocacy tool within civil society in South Africa to scale up and improve work with men and boys towards gender equality. A summary of the key recommendations is provided below.

- 1. Enforce Constitutional protections and International Human Rights declarations** that guarantee legal protection and equality for women and men, including specific groups of vulnerable men and women, for example, LGBTI women and men, and those who are disabled and from marginalised groups.
- 2. Develop a clear set of principles to guide work with boys and men:** Government and civil society organisations, including women's rights groups, should engage in dialogue to develop a clear set of principles and priorities for work with boys and men to achieve gender equality.
- 3. Government should expand gender work with men and boys including through the provision of more and better support to civil society efforts:** government efforts are limited, ad-hoc and poorly coordinated and its funding for civil society limited and unpredictable. It is imperative that government develop, implement and support plans and programmes with dedicated funds, staff and monitoring strategies, including innovative strategies to reach large numbers of men at their places of work, worship and recreation, and to target vulnerable and high-risk groups.
- 4. Prioritise schools as a critical site for gender and health work with boys:** The education sector is a critical partner for promoting healthy gender norms and practices. DoE should carry out measures to eradicate gender stereotypes and practices in teaching materials, classroom practice and the school experience. Evidence shows that psycho-social support can improve the life and academic outcomes for learners exposed to violence; implementing such programmes at scale will require the DoE to increase the availability of school social workers and psychologists.



---

**5. Intensify efforts to end male violence against women and to involve men in achieving gender equality:** Government must strengthen implementation and enforcement of existing legislation and develop comprehensive primary prevention campaigns that encourage men and boys to take action to prevent men's violence against women, including training on the provisions of the Domestic Violence Act and the Sexual Offences Act so that men can better support survivors to access the services and rights guaranteed them.

**6. Develop public policies that make the public security apparatus a force for protection and not of oppression,** that take seriously women's accounts of violence, that implement policies to reduce and punish sexual harassment by armed forces, that hold police and soldiers accountable for acts of sexual and GBV, and that train police and soldiers in protecting the rights of women and girls, men and boys.

**7. Strengthen the National Gender Machinery:** Measures must be taken to strengthen the National Gender Machinery by providing the authority and funding for it to achieve its goals. Work with men and boys is crucial to gender equality, impacting directly on the rights of women and girls, and thus needs to receive more priority within the National Gender Machinery, including through the implementation of the **National Gender Machinery Working Group on Men and Gender Equality.**

**8. Build capacity within the public sector to engage men and boys in achieving gender equality:** Staff in government departments need training on the importance of work with men and boys for gender equality and how to implement this work effectively. Training should include men in senior leadership positions across government – in the legislative, executive, judiciary and all organs of state – to increase their ability to engage men and address gender-based violence and HIV/AIDS.

**9. Fund civil society interventions working with men and boys:** Consistent, reliable and coordinated funding is needed from government to advance women's rights, promote gender equality and increase support for gender transformation amongst men and boys, including in rural areas where 40% of South Africans still live but where little work with men occurs.

**10. Encourage men to take a more active role in parenting:** Government needs to run awareness campaigns promoting an



---

understanding of the importance of fathering and provide training to equip men to be better parents. Paternity leave should be increased; further mechanisms are required to compel maintenance defaulters to pay child maintenance.

**11. Increase men's involvement in the care economy:** There are signs of increasing male involvement and willingness to be involved in caring for children, the elderly and those affected by illness, including HIV and AIDS, but more effort is needed to recruit men into home-based care programmes. The impact of involving men in traditionally female caring roles will relieve some of the burden of care on women, and contribute to challenging and shifting traditional beliefs about appropriate gender roles for both women and men. Government must implement its plans to increase men's involvement in caregiving, especially the provisions in the National Strategic Plan on HIV and AIDS.

**12. Integrate a focus on men and gender into HIV prevention and treatment:** Government must develop policies and programmes that increase men's utilisation of HIV prevention, treatment and support services, including campaigns that promote partner reduction, consistent and correct condom use, medical male circumcision and regular HIV testing.

**13. Address men's limited involvement in sexual and reproductive health services:** The DoH must undertake wider community education campaigns to improve their own and their partners' sexual and reproductive health, including by making public health facilities and services more male-friendly and by promoting greater male involvement in ante-natal and maternity care, contraceptive decision-making, family-planning, maternity services and infant care.

**14. Meet the needs of marginalised men:** Certain groups of men, including migrants, men who have sex with men, and prisoners, have limited access to health services because of stigma, discrimination and poor health infrastructure. Government must develop campaigns to address this.

**15. Monitor and evaluate Government efforts to involve men and boys in achieving gender equality:** Currently there are few concerted efforts by government to monitor and assess the impact of the work being done departments to involve men and boys in achieving gender equality. Government must monitor and evaluate its strategies to implement gender work with men and boys.



## CONCLUSION

---

In conclusion, it seems that government has made some progress towards meeting its international and domestic obligations regarding working with men and boys. However, much work is still required in this regard. Most government programmes working with boys and men are at a formative stage – on a small scale and at limited sites. Many departments do not do this work at all; others engage in ad hoc efforts, and work is often not coordinated between various relevant departments. Most government departments lack proper plans, budget or adequate personnel dedicated to carrying out this work.

Civil society, including Sonke Gender Justice Network, is committed to helping and supporting government in meeting these commitments. In order to do so, government needs to prioritise:

- effective policy implementation, monitoring and evaluation
- support for civil society initiatives
- scaling up programmes to reach large portions of the population
- further regional and international work, including government efforts to shape SADC and AU policy development.

A promising start has made, and Sonke looks forward to a close collaboration with government and other stakeholders in South Africa and abroad in our vital work with men and boys towards ending violence against women, ensuring gender equality, and making progress in dealing with the HIV/AIDS epidemic.





# 3

## SOUTH AFRICAN CONTEXT

In the 14 years since apartheid, South Africa's new democracy has made remarkable progress. However, many problems persist and the following section will provide brief background on some of the most pressing gender and health related issues. (More in-depth information on key issues will be provided later in this report.)

### HIV and AIDS

South Africa has one of the most severe HIV epidemics in the world, with an adult prevalence rate of 18.3% and 5.5 million people living with HIV/AIDS.<sup>26</sup> The HIV/AIDS epidemic disproportionately affects women's lives in terms of both rates of infection and the burden of care and support they carry for those with AIDS-related illnesses. A study from South Africa revealed that young women are much more likely to be infected than men, with women accounting for 77% of infections among youth aged between 15-24 years.<sup>27</sup> However, infection rates level out later in life with prevalence rates higher amongst men than women after the age of 35.<sup>28</sup> By equating masculinity with sexual conquest, gender roles also contribute to a significant factor driving the spread of HIV – multiple and concurrent sexual partnerships.<sup>29,30</sup> Gender norms of masculinity are also implicated in men's reluctance to seek medical care.<sup>31</sup> Men's low use of HIV services is a serious cause for concern, and is partly explained by the fact that health services are often not designed to cater to men's needs.<sup>32</sup>

### Gender based violence

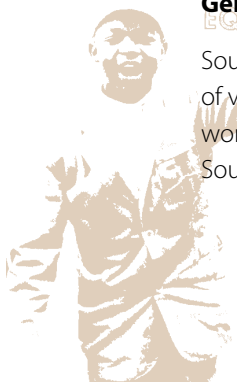
South Africa has among the highest rates of violence against women and rape in the world,<sup>33</sup> with domestic violence pervasive. In South Africa a woman has a higher chance

of being raped than of learning how to read. A 2009 study found that 27.6% of male interviewees had raped a woman, while 4.6% had done so in the previous year.<sup>34</sup> Conviction rates for domestic and sexual violence are amongst the lowest in the world with only one in nine victims reporting rape and fewer than 10% of reported rapes leading to conviction. Inadequate recording of statistics makes it impossible to determine accurately conviction rates for domestic violence but a recent study of domestic homicides in South Africa showed conviction rates no higher than 37%.<sup>35</sup> This sends a clear message to perpetrators that they are unlikely to be apprehended or convicted.

Violence is both a problem *for* men, who are the majority of victims of violence, and *about* men, since men commit the majority of violent acts. Gender is a key factor driving such violence. Constructions of masculinity normalise controlling and violent behaviours of men towards women and other men.<sup>36</sup>

### Health systems constraints

In developing policy that addresses the gender determinants of men's health-seeking behaviour, including men's use of healthcare services, it is important to locate such initiatives within the broader context of severe health systems capacity constraints. Studies show that health systems in Southern Africa are 'buckling' under the pressures of: a dramatically increased workload due to AIDS; AIDS-related morbidity and mortality amongst healthcare workers; emigration of nurses and doctors due to poor pay and difficult working conditions; national policy barriers that prevent task shifting; inadequate national and international attention to the healthcare



---

worker crisis; and a lack of donor funding for recurrent human resource costs. Findings from a recent report from Medecins Sans Frontieres (MSF) make clear the limitations in health systems capacity across Southern Africa. The study shows that whereas the US and the UK have 247 and 222 doctors per 100,000 inhabitants respectively, South Africa has on average 74 doctors. The number of nurses per 100,000 in the UK is 1,170, in the US 901, and in South Africa 393.<sup>37</sup> These figures highlight the need to prevent rather than cure health problems that arise because of gender differences. Working with men and boys to tackle harmful gender norms and attitudes can have positive impacts on the health of all South Africans, male and female.

### **Men and fatherhood**

A study estimates that only 48% of fathers in South Africa are present in the homes of children under the age of 18 compared with 80% of mothers. The study also indicates a strong relationship between household expenditure and father involvement, irrespective of race, with fathers present in only 38% of households spending less than R400 per month compared with 93% father presence in households with a monthly expenditure totalling over R 10,000.<sup>38</sup>

### **Employment**

In 2009, 484,000 jobs were lost across all industries.<sup>39</sup> Between July and September 2009, South Africa had an unemployment rate of about 24.5% (26.5% among women and 22.9% among men).<sup>40</sup> Unemployment affects almost all spheres of South African life. It can be argued that a great contributing factor fuelling violence and the spread of HIV in South Africa is the sense of failure

experienced by men due to unemployment and their inability to provide for themselves or for their families, all still considered markers of manhood in South Africa.

### **Migration, refugees and xenophobia**

Many people in South Africa migrate away from their homes to find work. A number of people from neighbouring countries have also migrated to South Africa to find work, in addition to refugees who come to South Africa. Refugees and migrant labourers are extremely vulnerable due to lack of food, employment and shelter, homelessness and overcrowding. The number of people seeking employment in South Africa, coupled with high unemployment rates, poor service delivery by the state and pervasive corruption, has caused increasing levels of xenophobia amongst South African citizens who target migrants and refugees as easy scapegoats for their dire personal circumstances, which culminated in xenophobic attacks in 2008.



# 4

## REVIEW OF GOVERNMENT'S PROGRESS IN ENGAGING MEN AND BOYS AROUND HIV/AIDS AND GENDER EQUALITY

### INTRODUCTION

The South African government is committed to engaging men and boys around HIV/AIDS and gender equality.

However, it is not enough to simply work with men and boys – the work needs to be conducted in the right way, based on the following guiding principles, with the correct balance between programmatic and policy work. There are some excellent boutique programmatic interventions taking place in the country, but collaboration is required to take programmatic interventions to scale. Programmes and policies need to be conducted effectively to achieve demonstrable results, with continuous monitoring by government to improve implementation.

Actions need to be carefully considered and planned to prevent potentially harmful or unfortunate consequences, as can be illustrated by a recent example in November 2009, of a men's summit hosted by the Commission for Gender Equality (CGE) in Mpumalanga. The wording of the invitation mixed progressive sentiments with fairly conservative views; so while the CGE talks about challenging norms that justify women's "subservience" they identified the goal as "men taking charge" and being "heads of their families". Similarly, Napwa, Positive Men of South Africa (POMESA) and the Congress of

Traditional Leaders (Contralesa) issued a call for a celebration of 'International Men's Day' stating that: "Many countries of the world and South Africans at large are getting involved in activities that will highlight discrimination against men and celebrate their achievements and contribution, in particular their contribution to community, family, marriage and child care." This example shows signs of a backlash – a feeling that there is a need to defend men from discrimination. These two examples suggest that there is confusion regarding the purpose of working with men and boys.

- In order to have impact, work is required on several levels:
- Broad policy change (including non gender-specific policies)
- Government support for civil society initiatives
- Taking programmes to scale to reach large portions of the population
- Regional and international work, including government efforts to shape SADC and AU policy development.

Throughout this report, changes in national policy are pointed out and government's success at this level is acknowledged. The South African government has also been involved in SADC and AU policy development processes, and has participated



in international events aimed at improving the status of women, such as the CSW. It seems that government has been less successful in supporting civil society initiatives, and taking programmatic work with men and boys to scale, and there is room for improvement in these areas. This will be elaborated on in various relevant sections in this report.

## POLICY INITIATIVES

Legislation and policy initiatives are an important avenue for government's work with men and boys. Significant progress is noted in this area, with the development of policies directly or indirectly focusing on men to promote gender equality and prevent gender based violence.

A 'public policy' is a course of action, or inaction, chosen by public authorities to address a given problem or interrelated set of problems.<sup>41</sup> Policies consist of laws, regulatory measures, courses of action, and funding priorities promulgated by a governmental entity.<sup>42</sup> Changes to laws are a strong form of policy change and many of the policy changes identified in this report are embodied in legislation, while others are contained in policies, directives, regulations or plans.<sup>43</sup> The South African Constitution enshrines the right to gender equality, and forbids discrimination on the basis of gender. All policies are therefore required to comply with the principle of gender equality, in order to be valid.

Change needs to be brought to scale via government policy. Public policy interventions attempt a re-orientation of society through institutional change, which in turn change attitudes and practices.<sup>44</sup> Unfortunately, even where important laws and policies have been developed, there remain real issues around the

consistency of implementation. Challenges faced in implementing policies include a lack of political will, administrative capacity, liaison and coordination between departments and a lack of resources.<sup>45</sup> This has, at times, prevented or constrained important policy developments from having the desired effects.

Other significant contributing factors to the success or failure of policy initiatives include the key stages of policy conceptualisation, design and planning. It is important for policy makers to consider the links between issues; for example, non-gender specific policies can have important impacts on women and gender equality. So policies that deal with guns or alcohol, while not linked explicitly to gender issues, will have important gendered effects and men will be their biggest target group. It is important that those creating these policies realise this, and consider the effects of masculinity and the gendered dimensions that these issues entail.

Each substantive section of this report will include information about the laws and policies made in each area. Where gaps are identified, specific recommendations will be made about how best ways to address these.

## NATIONAL GENDER MACHINERY

The National Gender Machinery consists of the state bodies responsible for protecting and promoting gender equality and mainstreaming gender equality into government's work through:

- The Ministry of Women, Youth, Children and People with Disabilities
- The Office on the Status of Women



- Gender Focal Persons
- Commission for Gender Equality
- Parliamentary Joint Monitoring Committee on the Improvement of the Quality of Life and Status of Women.

Significant problems with the working of the National Gender Machinery have made it less effective. These include confusion over the mandates of the different bodies, and a lack of funding and human resources,<sup>46</sup> as is illustrated in the following section.

#### **Ministry of Women, Youth, Children and People with Disabilities:**

In 2009, a new **Ministry of Women, Youth, Children and People with Disabilities** was created to replace the Office on the Status of Women in the Presidency. As the Ministry is still in its formative stage, it is too early to have a clear sense of how it works and assess its performance. Its creation has been criticised by many activists – some claim that its new focus associates women with the weak or disabled, while some men’s groups raised concerns about whether there is a place for men in a Ministry that focuses on women.<sup>47</sup>

#### **The Office on the Status of Women (OSW):**

The OSW was located at national level in the Office of the Presidency and at provincial level in the Office of the Premier. It no longer exists as the OSW, but rather, will exist as the Women’s Branch within the Ministry of Women, Youth, Children and People with Disabilities.<sup>48</sup> The main task of the OSW was promoting gender mainstreaming in government departments by training, monitoring, implementing programmes, liaising with civil society and with international bodies. The OSW was responsible

for preparing reports in terms of human rights treaties and for creating the National Gender Policy Framework. One of its most important roles was coordinating the Gender Focal Persons (GFPs) in all government departments, through providing training in gender analysis and sensitisation, and supporting them in mainstreaming gender into departmental policies and programmes. Unfortunately, this did not always happen effectively with GFPs reporting that they did not receive training or adequate information from OSW, while individuals within OSW complained of a shortage of financial resources and technical expertise. One of the main problems experienced by OSW was its lack of authority over provincial and national officials, who were more accountable to their department heads. This meant that the OSW often experienced difficulty in accessing reports, which went first through provincial and national government departments, and OSW lacked the authority to enforce cooperation. The provincial OSWs varied greatly, and some provinces chose to dissolve their OSW units.<sup>49</sup>

#### **Gender Focal Persons:**

Within each government department, both at national and provincial level, there are **Gender Focal Persons**. Since OSW has been replaced by the Ministry of Women, Youth, Children and People with Disabilities it is unclear who is responsible for coordination with GPS, who are responsible for creating gender-sensitive policies and programmes and ensuring gender mainstreaming. Most GFPs have not been located at the level stipulated in the National Policy Framework for Women’s Empowerment and Gender Equality (they are not located in the office of the Director General). As a result, GFPs often lack authority and thus access



---

to information or meetings at which key decisions are made. Many GFPs have also not been sufficiently trained on gender issues and applying gender perspectives to programmes and policies, and many have no prior experience with gender analysis. The high turnover of staff in government departments exacerbates this problem. Many GFPs are not allocated sufficient funds to do their work.<sup>50</sup>

#### **The Commission on Gender Equality:**

Constitutionally mandated watchdog bodies collectively called “Chapter 9 institutions” were set up to provide accountability and oversight mechanisms. The Commission on Gender Equality (CGE) is a Chapter 9 institution created as a body independent of government, mandated to monitor government, the private sector and civil society with the aim of promoting gender equality. Unfortunately, the CGE, like many other Chapter 9 institutions, has not performed its role adequately, and it has been criticised for its reluctance to challenge the government. Factors contributing to its weak performance include a lack of resources, staff and training.<sup>51</sup>

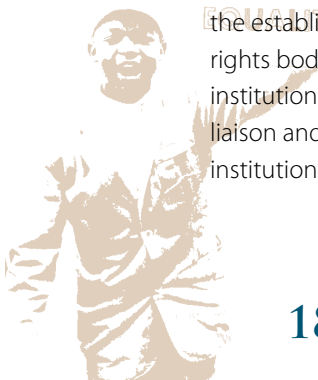
In 2007 the Parliamentary ad hoc Committee on the Review of the Chapter 9 and Associated Institutions (otherwise known as the Asmal Report), commissioned to review the structure and functioning of these institutions, found that the current proliferation of such human rights orientated institutions had “resulted in an uneven spread of available resources and capacities”.<sup>52</sup> It recommended the establishment of an umbrella human rights body incorporating several Chapter 9 institutions (including the CGE), and improved liaison and communication between the institutions.<sup>53</sup>

#### **The Joint Monitoring Committee on the Improvement of Quality of Life and Status of Women (JMC):**

The JMC is made up of Members of Parliament from both the National Assembly and the National Council of Provinces, and was established to monitor government’s obligations to the Beijing Platform for Action, as well as any other applicable international instruments to which the country is a signatory. The JMC has performed its mandate by inviting the OSW and other relevant departments to report on a regular basis.

#### **The NGM Working Group on Men and Gender Equality:**

Following the 2004 UN CSW meeting on men, boys and gender equality, the OSW convened a meeting of key stakeholders and representatives from national departments and civil society to discuss the formation of a National Gender Machinery Coordinating Committee on Men and Gender Equality. A task force was appointed to develop a working framework comprised of representatives from the OSW, the CGE, the South African Local Government Association (SALGA), the Men in Partnership Against AIDS Initiative of the Department of Health and civil society representatives from the South African Men’s Forum and the Men as Partners Network. This taskforce presented a series of draft documents in 2004 and 2005, and the NGM Working Group on Men and Gender Equality was formally ratified on November 15, 2005. The Working Group is a groundbreaking initiative as one of very few structures of its kind globally. However, due to staff turnover within government and civil society it has failed to live up to its full potential.



It is disappointing that the National Gender Machinery has largely failed to make systematic and widespread progress in work with men and boys. It seems that many aspects of the gender machinery are dysfunctional and failing to achieve their intended purpose. In addition to this, men and boys are largely neglected within the sphere of gender work.

## GOVERNMENT STRUCTURES AND STAFFING

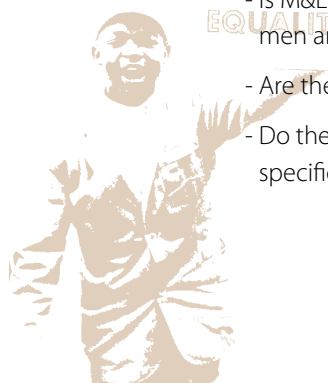
This section will examine staffing and structures within government departments, and explore ways in which those in government departments understand and carry out work with men and boys. Employees of various government departments were asked the following questions;

- Do they see working with men as part of their and their department's mandate?
- What work has their department conducted involving men and boys?
- Do they have plans or strategies in place for taking work with men and boys forward?
- Is there funding available for work with men and boys and a budget created for this work?
- Are there any staff members who are tasked solely to work with men and boys?
- Is M&E conducted on programmes with men and boys?
- Are there plans for M&E?
- Do they support NGOs who work specifically with men and boys?

### Department of Social Development

The Department of Social Development's (DSD) work with men and boys is conducted mainly by the Victim's Empowerment Programme. A representative from the **Victims Empowerment Programme** explained that in 2004 they were given responsibility by the National Gender Machinery to coordinate issues around men and boys in preparation for the CSW and since then they have been doing this. He said that work with men forms a large part of their new strategy.<sup>54</sup> The main focus of this work is the prevention of gender based violence (GBV)<sup>55</sup> As part of their strategy, the DSD carried out a pilot programme focused on men and boys and GBV in 2007/2008, called the **SA Men's Forum**.<sup>56</sup> The pilot has now been developed into a national strategy, called **The Engagement of Men and Boys in the Prevention of Gender Based Violence**, which is intended to be rolled out to all provinces over the next two years. At the time of writing, this national strategy had been approved by senior managers in the Department and was going to print. The project involves training and workshops, to be implemented and customised at provincial level. Various government departments will be involved. Approximately five provinces will begin with the programme in 2010 and the remaining provinces will commence in 2011.<sup>57</sup>

The main types of work that the DSD has been doing with men and boys include facilitating the establishment of men's forums through provincial Victims Empowerment focal persons and funding organisations which render services and programmes to men and boys.<sup>58</sup> The GFP for the DSD reported that the DSD's **Gender Department** work is gender mainstreaming and that they do



**CHECKLIST: ACTION TAKEN BY GOV DEPARTMENTS AGAINST INTERNATIONAL AND NATIONAL COMMITMENTS TO INVOLVE MEN AND BOYS IN ACHIEVING GENDER EQUALITY**

	Developed policies and programmes	Implemented activities	Workplan or strategy Developed	Dedic-ated staff	Budget developed	M&E Plan to measure impact	Provide support to NGOs
<b>Dept of Health</b>	√	√	×	×	×	×	-
<b>Dept of Social Development</b>	√	1/2√	√	√	×	√	√
<b>Dept of Education</b>	×	√	×	×	×	√	√
<b>Dept of Arts and Culture</b>	×	×	×	×	×	×	×
<b>Dept for Women, Youth, Children and Persons with Disabilities</b>	×	×	×	×	×	×	×
<b>Dept of Co-operative Governance and Traditional Affairs</b>	×	√	×	×	×	×	×
<b>Department of Justice</b>	×	×	×	×	×	×	×
<b>Dept of International Relations and Cooperation</b>	×	×	×	×	×	×	×





not do programmes of their own. They do not actually work with men and boys, but rather support those who are doing this work through technical assistance. They therefore do see work with men and boys as part of their mandate in the gender department. Unfortunately, the GFP did not seem to be aware at all of what work was occurring with men and boys and was not able to discuss this<sup>59</sup>. A Director in the **Directorate of Families** explained that they are busy discussing a plan for work with men and boys but this had not yet been sufficiently developed for her to comment on what it might involve as it still needs approval after March 2010, in the next financial year. Only after budget approval will the details of the plan be developed. It seems the plan will be aimed at creating more general services directed at men, which acknowledge the particular needs and challenges of men, as well as empowering men.<sup>60</sup>

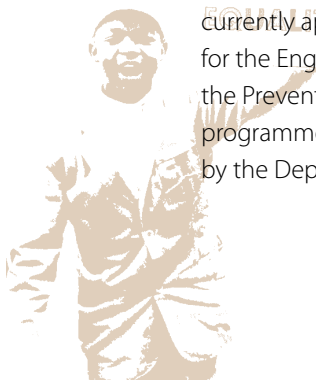
It therefore seems that, apart from these different projects run by directorates, an overall strategy for work with men and boys by the DSD still needs to be developed,<sup>61</sup> and there is no specific departmental budget set aside for this work. A representative explained that the department needs to deal with a wide range of issues. Any budget for work with men and boys must be drawn from the Victim Empowerment Programme budget, with its various key performance areas; thus work with men and boys is just another area competing for funding from their budget.<sup>62</sup> The DSD is currently approaching UNICEF to get funding for the Engagement of Men and Boys in the Prevention of Gender Based Violence programme; the pilot programme was funded by the Department<sup>63</sup> The staff member

responsible for this work in the **Victim's Empowerment Unit** has other responsibilities and is not dedicated solely to this work.<sup>64</sup> There is no dedicated staff member in the Families Directorate tasked specifically with dealing with men and boys. If their plan is approved, an official will be appointed to oversee its implementation.<sup>65</sup> There is also no staff training provided on issues relating to men and boys for staff of the DSD,<sup>66</sup> Although there are ongoing discussions about this and when budget is available training would definitely be planned for.<sup>67</sup> The DSD does receive training on gender issues, organised by the gender sector of the Department. One of the trainings conducted in the previous year focused on masculinities, but only certain people attended this.<sup>68</sup>

The DSD has conducted an evaluation on their pilot programme, the SA Men's Forum. The UN Office on Drugs and Crime funded and co-ordinated M&E for the pilot, with assistance from the DSD, and a report was produced. The national strategy will have a M&E component run by the Directorate of M&E with a consultant. Monitoring and evaluation will be ongoing throughout the project but an official impact analysis will be carried out in 2012 and 2013.<sup>69</sup> The DSD will be responsible for organising the M&E for the national strategy – although this is being carried out by several departments. The pilot was considered very successful and it is believed that when the programme is rolled out nationally it will impact the behaviour of men towards gender equality.<sup>70</sup>

### Department of Health

The GFP for the **Department of Health (DoH)** explained that a process was begun



in August 2009 to develop a **Men's Health Forum**, beginning with a department workshop. The idea was that the Department would develop this programme from the inside out, to create a **roadmap** and garner lessons on how to scale up implementation through establishing various Men's Health Forums. At the end of 2009, the DoH began developing a **Programme of Action**. The Men's Health Forum will be launched officially during 2010 and will focus on advocacy and men's health, awareness and improvement of service delivery by integration into every event or campaign the DoH organises, thereby continually involving men in all activities and bringing attention to the inclusion of men.<sup>71</sup>

In 2002, the Department spearheaded **Men in Partnership Against Aids (MIPAA)**, a collaboration between several government departments, business, labour unions and community organisations aimed at reducing the impact of HIV/AIDS and TB, and educating men to be sexually responsible and take part actively in all efforts to halt the spread of AIDS. The DoH organised consultative workshops with civil society and government stakeholders, developed working groups, provincial committees and 'dialogues'. Unfortunately, MIPAA experienced constraints due to a lack of resources and dependency on the DoH.<sup>72</sup>

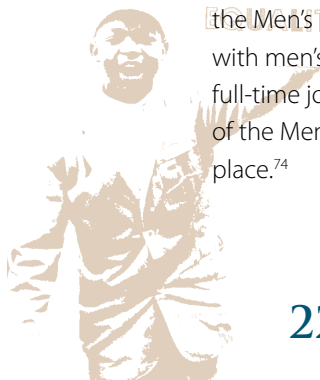
At the time of writing, the DoH does not have an overarching strategy or dedicated budget for work with men and boys. The members of the Men's Health Forum will be tasked to deal with men's issues, but members all have other full-time jobs.<sup>73</sup> Monitoring and evaluation of the Men's Health Forum has not yet taken place.<sup>74</sup>

### **The Department of Women, Youth, Children and People with Disabilities**

The Deputy Director of the **Department of Women, Youth, Children and People with Disabilities** confirmed that the Ministry views work with men as part of their mandate, although this work has not really begun yet,<sup>75</sup> besides their involvement in men's forum activities. It was claimed that they have also run some provincial workshops, although the information provided was very vague.<sup>76</sup> They do not yet have a plan for work with men and boys. A few people reported that plans are in discussion, but have not yet been developed or approved.<sup>77</sup> The **Department of Women, Youth, Children and People with Disabilities** has no dedicated budget for work with men, but they say that there will be budget set aside for this once a plan has been developed.<sup>78</sup> The **Department of Women, Youth, Children and People with Disabilities** has a skeleton staff at present, and so staff have not yet received training on working with men and boys. When more staff are employed there will be a staff member whose job will incorporate work with men and boys, but at this stage there is no such person.<sup>79</sup> As the Department has not implemented any work that focuses on men and boys, no monitoring or evaluation has taken place,<sup>80</sup> though staff there said that this would take place in the future,<sup>81</sup> and asserted that the Ministry has been supporting other departments and organisations, including NGOs, in their work with men and boys, but has been unable to offer any financial support.<sup>82</sup>

### **Department of Education**

The National Department of Education deals



---

with policy and monitoring, while it is the Provincial Departments of Education which are responsible for the running of schools. Therefore efforts made in schools differ widely in the different provinces. Efforts made by the **Department of Education** to target boys consists of the **Girls and Boys Education Movement**, which involves Boys and Girls Clubs. This initiative was launched in 2002 and 2003. Boys Clubs aim to provide support to boys in public schools to help them develop life and leadership skills and to empower them to make positive decisions and life choices. A representative from the Department explained that boys also benefit from the Life Orientation curriculum.<sup>83</sup> It would therefore seem that boys and girls are for the most part targeted in the same way rather than a specific strategy being developed to deal with boys. There is no workplan or budget for working specifically with boys.<sup>84</sup>

The **Gender Equity Directorate** is tasked with promoting gender equity in the education sector, 'thereby ensuring that the rights of both boys and girls are protected, and advanced'.<sup>85</sup> No staff member is tasked solely with focussing on boys. The Acting Head of the Department of Research at the Commission for Gender Equality, explained that there is not enough capacity within the Department of Education to cope with gender issues, as in each province there is only one Gender Focal Person, and only three working at the National Department of Education. This small number of people, she said, could not be expected to steer gender into the focus for the entire department.<sup>86</sup> Monitoring and Evaluation for programmes in the Gender Equity Directorate takes place, but there is no specific monitoring and evaluation that takes place on work with

boys.<sup>87</sup> The Department does partner with NGO's for specific projects, depending on relevance and availability of resources, but these do not specifically target boys.<sup>88</sup>

The **Gender Equity Directorate** is tasked with promoting gender equity in the education sector, 'thereby ensuring that the rights of both boys and girls are protected, and advanced'.<sup>89</sup> No staff member is tasked solely with focussing on boys. The Acting Head of the Department of Research at the Commission for Gender Equality, explained that there is not enough capacity within the Department of Education to cope with gender issues, as in each province there is only one Gender Focal Person, and only three working at the National Department of Education. This small number of people, she said, could not be expected to steer gender into the focus for the entire department.<sup>90</sup> M&E for programmes in the Gender Equity Directorate takes place, but as no programmes focus specifically on boys, no M&E has taken place on work with boys.<sup>91</sup> The Department does partner with NGO's for specific projects, depending on relevance and availability of resources, but these do not specifically target boys.<sup>92</sup>

#### **Department of Co-operative Governance and Traditional Affairs (COGTA)**

The GFP for the **Department of Co-operative Governance and Traditional Affairs** explained that few activities organised by her department have specifically targeted men and boys. The 16 Days Campaign included men and boys as one of its key focus areas. They also hosted the Million Man March in 2007, although this was poorly attended and the accompanying workshop did not materialise.<sup>93</sup> There is no work plan nor budget



---

for taking forward work with men for gender equality.<sup>94</sup> In the words of the GFP: “No one can just focus on men and boys”. A representative from the unit of Gender and Disability within COGTA deals with issues relating to men and boys, but that falls within the broader mandate of gender.<sup>95</sup> No M&E has taken place on work with men and boys. COGTA also does not support any NGOs which specifically target work with men and boys.

### **Department of Justice and Constitutional Development**

The Deputy Director of the **Department of Justice and Constitutional Development** said that she is unaware of any gender work with men being conducted by the Department. She said that their work is victim-centred and aims to empower women about their rights.<sup>96</sup> It seems that the department does not view working with men to advance gender transformation as part of their mandate. As the Department does not conduct gender programmes with men, there is no dedicated budget nor staff and no M&E has taken place to advance efforts to engage men and boys for gender equality.<sup>97</sup>

### **Department of Arts and Culture**

The GFP for the **Department of Arts and Culture**, Kgomotso Mahapa, explained that they have as yet done any gender work involving men and boys,<sup>98</sup> suggesting that they do not see this as part of their mandate. She said that last year they had a meeting at which such work was suggested but they were informed that there was no available budget and thus there are no plans for this work to take place in the future.<sup>99</sup> There is no person in the department tasked with gender work with men and boys.<sup>100</sup> The

Department also does not offer any support to NGOs specifically targeting men and boys for gender transformation. During 2005, the Department conducted a series of workshops for employees over one week, which focused on the role of men in reducing violence against women. The Deputy Minister also held a breakfast for senior management where they discussed the role of men in curbing violence in the workplace and the home.

### **Assessment of Government efforts:**

The impression that the writers of this report were left with is that many officials view gender work with men as being covered by simply working with everyone – and not as a specific focus area of work. For example, when a representative from the Directorate of Families in the Department of Social Development was asked if they do gender work with men and boys, she answered yes, because men are included in families and are therefore incorporated in the Family Preservation Programme.<sup>101</sup> There seemed little understanding of the fact that gender interventions with men need to be carefully considered and rigorously implemented. This seemed to be a common misunderstanding among many respondents, who felt that as bigger groups included boys this counted as working with men and boys and it was not necessary to do more. Thus while many government departments do see working with men and boys for gender equality as part of their mandate, there appears to be an incorrect understanding of what this entails or else an inability to provide concrete examples of gender work done with men and boys. It is a matter of great concern that the GFPs within these departments have not prioritised this work in accordance with the many national



---

and international commitments made by the South African government.

Another concern was that as an individual was often the only person doing this work within a department work with men and boys relies on the dedication of certain individuals. High staff turnover was another problem reported by several government departments; even where people are trained on how to do this work, they are often moved on to other positions and their replacements have not received the same training. Further training is required for staff of government departments. Sonke has conducted some training in the past and would value the opportunity to scale up training on work with men and boys in government departments.

## DOES GOVERNMENT HAVE A PLAN TO IMPLEMENT CSW RECOMMENDATIONS?

The government department charged with implementing recommendations from the CSW is the **Department of Social Development**. When asked if the DSD has a plan for this, the GFP said that the people working with HIV/AIDS and the men's department do these things anyway – they don't just do it because of the CSW<sup>102</sup>, thus suggesting that there is not a proper plan in place for implementing the CSW recommendations. In contrast to this, a representative in the **Victims Empowerment Programme** of the DSD, said that after 2004 they were given the responsibility by the National Gender Machinery to coordinate issues around men and boys, in preparation for

the CSW, and have continued to do so since then.<sup>103</sup> Another representative said that the Department's strategy, **The Engagement of Men and Boys in the Prevention of Gender Based Violence**, had been implemented in order to comply with the recommendations of the last CSW.<sup>104</sup> The **Department of Women, Youth, Children and People with Disabilities** do not yet have a plan for implementing the CSW recommendations. A representative from the Department said that they are not yet organised about this, although there has been some discussion.<sup>105</sup> It appears that although the DSD is doing this work, at least partly in reaction to the CSW's recommendations, neither they nor the Department of Women, Youth, Children and People with Disabilities have clear plans for implementation of the CSW's recommendations.



# 5 GENDER EQUALITY AND EQUAL SHARING OF RESPONSIBILITY

In South Africa important steps have been taken to work towards gender equality and the equal sharing of responsibility between men and women. Each subsection will state the relevant sections drawn from international and domestic instruments, which created obligations for the government, and will then address questions that test whether government has abided by these commitments. This section will deal with the movement towards gender equality in the following areas:

- Striving towards equality in laws and policies
- Behavioural change programmes
- Alcohol abuse
- Men and marriage
- Equal sharing of responsibility in parenting
- Equal sharing of responsibility in caregiving
- Working with traditional leaders towards gender equality.

## GENDER EQUALITY IN LAWS AND POLICIES

The South African government has made commitments to achieving gender equality and equal sharing of responsibility in the following instruments and policies:

**Commission on the Status of Women – 48<sup>th</sup> Session, 2004**, Section (d) and **53<sup>rd</sup> Session, 2009**: “Review, and where appropriate, revise, amend or abolish all laws,

regulations, policies, practices and customs that discriminate against women or have a discriminatory impact on women, and ensure that the provisions of multiple legal systems, where they exist, comply with international human rights obligations, commitments and principles, including the principle of non-discrimination.”

### **Protocol to the African Charter on Human and People’s Rights on the Rights of**

**Women in Africa, 2003**, Article 2: 1. “States Parties shall combat all forms of discrimination against women through appropriate legislative, institutional and other measures. In this regard they shall: d) take corrective and positive action in those areas where discrimination against women in law and in fact continues to exist.”

### **SADC Protocol on Gender and Development, 2008, Article 4.2:**

“States Parties shall implement legislative and other measures to eliminate all practices which negatively affect the fundamental rights of women, men, girls and boys, such as their right to life, health, dignity, education and physical integrity.”

### **SADC Protocol on Gender and Development, 2008, Article 6.1:**

“States Parties shall review, amend and or repeal all laws that discriminate on ground of sex or gender by 2015.”



---

**Has a review been conducted of all laws that might discriminate against women? Where laws were found to discriminate against women, have they been revised and abolished?**

Section 9 of the **Constitution of South Africa** states that everyone is equal before the law and has the right to equal protection and benefit of the law.<sup>106</sup> Therefore the Constitution does not allow gender discrimination and demands gender equality. The Constitutional Court of South Africa is the highest court in the country for constitutional matters, tasked with reviewing whether laws and actions violate constitutional rights to equality. Several cases claiming gender discrimination have been brought before the Court, and in some landmark judgments the Court has struck down laws and actions found to discriminate on the basis of gender, including several dealing with issues relating to men. Not all discriminatory laws have been reviewed yet but the courts are open to anyone – government, individuals or civil society – who wants to challenge a law. In South Africa there are several NGOs who effectively conduct public interest litigation aimed at challenging unfair laws, which is one of the reasons that the Constitutional Court has had so many opportunities to review discriminatory laws.

As well as important case law, there have also been important legislative changes geared towards promoting gender equality. In 2000, the government passed the **Promotion of Equality and Prevention of Unfair Discrimination Act**, which works in conjunction with the equality clause in the Constitution.<sup>107</sup> There have been several laws created to deal with *de facto* situations that had discriminatory effects. The remainder of

this report sets out some examples of laws that have been passed, which have the effect of protecting women from discrimination and making society more gender equitable. On the basis of this research, it seems that government and the courts have performed well in meeting their commitments in this regard.

**Where there are multiple legal systems (i.e. customary law) have discriminatory aspects of the law been amended?**

This has been a controversial and complicated issue in South Africa's legal development, as the South African Constitution protects both the rights to equality and the right to culture. The Constitution itself protects Customary Law, and therefore it has been difficult to establish to what extent discriminatory provisions can be removed without violating the constitutional protection of culture. Over the past few years, the courts have begun to deal with these issues, and steps have been taken towards removing discriminatory aspects, though this is an ongoing process and not yet complete.

The 1998 **Recognition of Customary Marriages Act** recognises polygamous marriages. However, it also makes allowance for women in polygamous marriages to be entitled to maintenance and inheritance rights to which they were not previously entitled. The Act provides for the legal capacity of women to be equal to that of their husbands.<sup>108</sup> The landmark case of **Bhe v Magistrate, Khayelitsha** concerned the customary law of succession, specifically the principle of male primogeniture whereby only the eldest male relative of a deceased can inherit. The court said that the principle



of male primogeniture was unconstitutional, and therefore it was abolished.<sup>109</sup> In the case of ***Shilubana (and others) v Namitwa*** the court found that women have the capacity to enter into traditional leadership roles. In ***Gumede v President of the Republic of South Africa***, the Court found the propriety consequences of a customary marriage to be unequal and discriminatory on the grounds of gender, and allowed the plaintiff and others in her position to inherit.<sup>110</sup>

While the courts and the legislature have made important strides towards amending discriminatory aspects of Customary Law, much remains to be done in this regard.

## BEHAVIOURAL CHANGE PROGRAMMES AND PUBLIC INFORMATION CAMPAIGNS

With regard to behavioural change and implementing public information campaigns, the government has made commitments in the following instruments and policies.

- **Fourth World Conference on Women – Beijing Declaration.** Article 25:

“Encourage men to participate fully in all actions towards equality.”

- **Commission on the Status of Women – 48<sup>TH</sup> Session, 2004,**

Section 6f: “Encourage the design and implementation of programmes at all levels to accelerate a socio-cultural change towards gender equality, especially through the upbringing and educational process, in terms of changing harmful traditional perceptions

and attitudes of male and female roles in order to achieve the full and equal participation of women and men in the society.”

- **Commission on the Status of Women – 48<sup>TH</sup> Session, 2004,** Section 6j:

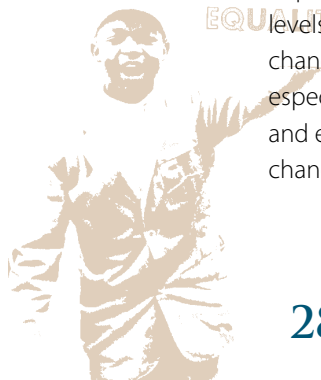
“Develop and utilize a variety of methods in public information campaigns on the role of men and boys in promoting gender equality, including through approaches specifically targeting boys and young men.”

- **Commission on the Status of Women – 48<sup>TH</sup> Session, 2004,** Section

(rr): “Address gender stereotypes in the context of equal sharing of responsibilities between women and men by encouraging media to promote gender equality and the non-stereotypical portrayal of women and girls and men and boys, and by carrying out and publishing research on views, especially of men and boys, on gender equality and perceptions of gender roles, as well as by assessing the impact of efforts undertaken in achieving gender equality.”

- **Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa, 2003,** Article 2.2: “2. States Parties shall

commit themselves to modify the social and cultural patterns of conduct of women and men through public education, information, education and communication strategies, with a view to achieving the elimination of harmful cultural and traditional practices and all other practices which are based on the





idea of the inferiority or the superiority of either of the sexes, or on stereotyped roles for women and men.”

### **What behavioural change programmes are taking place which target men and boys? What role is government playing in these programmes?**

There are a number of behavioural change programmes targeting men and boys, run mostly by civil society organisations with varying degrees of government involvement. The following are some of the programmes which enjoy some measure of government support:

- The **Brothers for Life Campaign** is a national men’s campaign. The campaign aims to encourage men to influence each other positively as men, partners, parents and leaders. It works to encourage men to have responsible relationships, to be responsible parents and to behave responsibly. The **Department of Health** and the South African National AIDS Council (**SANAC**) have facilitated access to senior government officials who serve as Brothers for Life Ambassadors.
- Sonke implements its **One Man Can Campaign** in all nine provinces. The campaign supports men and boys to take action to end domestic and sexual violence, reduce the spread and impact of HIV/AIDS and promote healthy, equitable relationships. The Office of the Premier in the Western Cape provided initial funding in 2006 to support the development of the One Man Can Campaign.

Apart from the abovementioned programmes, government has taken some action to start

working directly with men and boys to achieve behavioural change, including:

- In 2007/8, a pilot programme was carried out in the North West by the **Department of Social Development**, which focuses on GBV but also addresses other issues like HIV/AIDS, teenage pregnancy and drugs. This pilot is now being developed into a national strategy to be rolled out across the country over the next few years.
- The **Commission for Gender Equality** (which is a Chapter 9 institution, rather than part of government), with the **South African Council of Churches** and the **South African Men’s Forum**, conducted a series of ‘Men’s Dialogues’ in each of the provinces of South Africa between 2002 and 2005 entitled ‘Unmasking Patriarchy’, which explored men’s roles and responsibilities in achieving gender equality.<sup>111</sup>
- In 2005, a Summit was organised by the **Commission for Gender Equality**, called **Men and Gender Transformation at the Crossroad: Seeking Positive Engagements**, bringing together provincial legislators, councillors from municipalities, men’s organisations, the national gender machinery, and religious and traditional leaders. This was the culmination of provincial consultative summits, which took place in all the nine provinces during 2004, to focus on men’s roles and responsibilities towards gender transformation. Various recommendations were made at the summit, but it is reported that these did not get



implemented due to a lack of committed resources.<sup>112</sup>

- In 2007, a **National Men's Imbizo on Men, Health and Gender Equality** was held by Sonke Gender Justice Network in collaboration with the NDOH to bring together stakeholders from eight provinces to discuss policy responses to improving men's health and gender equality.<sup>113</sup>

The various **Provincial Offices on the Status of Women** worked in partnership with civil society and with provincial line departments. The following section provides highlights of some of their work:

- The **KwaZulu-Natal OSW** facilitated a conference with the KwaZulu-Natal legislature in 2004 and 2005. The Wellness Programme run through the KZN Office of the Premier also touches on issues of gender with both men and women.
- The **KZN OSW** has supported the Pietermaritzburg NGO Targeted AIDS Intervention to reach out to boys and men through soccer. The KZN OSW has also been instrumental in reviving the Girl and Boy Scouts, and has worked closely with the Girls Education Movement (GEM) and the Moral Regeneration Movement.
- The **Limpopo OSW** supports the Girls Education Movement (GEM), which encourages dialogue about how boys and girls relate to and respect one another. GEM has been piloted in a number of schools through teacher training. During the 16 days of activism, Limpopo's OSW ran workshops, information sessions, and door to door campaigns targeting specific

issues in justice, health, and education.

- The **Northern Cape OSW** co-ordinates a number of initiatives being implemented by various line departments in the province. Men's Forums have been launched in all regions and some line departments have also launched their own Men's' Forums.
- The **Northern Cape OSW** has a regular slot on local radio where a variety of gender related issues are discussed and men often call in. The office has a good working relationship with the religious sector (working with predominantly male leadership) and debates on gender issues are held in the churches. The provincial DoE runs programmes in schools with young boys and has GFPs in all regions of the province who work to include boys in gender related activities.
- The **Western Cape OSW** worked with GETNET in 2004. GETNET presented training to 30 men from different departments. The office brought 60 men from government and from organisations who were implementing the Men as Partners initiative together for a workshop. The office has also arranged a video conference with USA partners (State of Maine), the provincial DoE and local NGOs to discuss a successful US programme focusing on the role of boys in teen pregnancy prevention. Together with the Men as Partners Network, the OSW co-hosted a 1000 Men's breakfast in 2005 attended by men from government, the private sector and civil society organisations. In 2006, the office also supported the Men as Partners Network



“My Strength is Not for Hurting” poster series.

- In rural areas, during 2006 the **OSW** worked with Hope Worldwide, Men’s Trust and Sonke to develop the ‘One Man Can Campaign’, which was then rolled out across the province in a series of men’s dialogues with community leaders, church leaders, and teachers.

Much of the work with men and boys that government is implementing and supporting happens on an ad hoc basis. More funding and more focused attention is required to take this work to scale. It is further suggested that government provide more financial and other support for programmes implemented by civil society.

#### **Are behavioural change programmes being evaluated by government or with government’s support?**

Monitoring and evaluation of the pilot programme in the North West Province by the **Department of Social Development** was funded and co-ordinated by the UN Office on Drugs and Crime, with assistance from the DSD. The DSD will be responsible for M&E for the national strategy. The pilot was evaluated as very successful and it is believed that national roll-out of the programme will impact positively on the behaviour of men in regard to gender equality.<sup>114</sup> The **Commission for Gender Equality** carries out evaluations of gender mainstreaming, including of behavioural change in men. The CGE is responsible for drafting a national report based on their findings and submitting this report to Parliament.<sup>115</sup> However, it seems that very little has been done by government in terms of consistently evaluating behavioural change

programmes and far more needs to be done in this regard. Without such evaluation, successes cannot be consolidated and failures cannot be avoided or duplicated.

#### **Are behavioural change programmes targeting all groups in the population (all ages, all socio-economic classes and all races)? Which vulnerable groups are not being catered to?**

Programmes seem to target predominantly urban areas and poor communities, with limited focus given to rural areas, white and more affluent communities,<sup>116</sup> disabled people or the elderly. Most programmes reach people under 55.<sup>117</sup> While many behavioural change programmes for youth are channelled through schools, children who are not attending school are often neglected.

The evaluation report on the DSD’s pilot recommended that the programme expand its focus, and pointed out that prisoners and street children were not being reached. Obed Masilela, of the **Department of Social Development**, explained that all recommendations would be taken into account in the National Strategy but stressed that each province would decide on where the programme was needed most.<sup>118</sup> From the above it would seem that there are gaps in groups targeted by behavioural change programmes – and these gaps should be identified and innovative strategies developed for people who are currently beyond the reach of mainstream programmes.

#### **Are public information campaigns used by government to promote gender equality? Do they specifically targeting men and boys?**

While many groundbreaking civil society



---

initiatives like SoulCity have shown how successful media campaigns can be, Government has made little use of the media to engage men and boys in advancing gender transformation. The SABC has supported efforts to reach and engage men—although that has been the exception to the norm. The **South African Broadcasting Corporation** partnered with the **Men as Partners Network** during the 2005 16 Days Campaign, including hosting a series of events to engage men in positions of senior leadership. Similarly, the **Department of Health's Khomanani Initiative** worked with its partner, Ochre Productions, to provide coverage of Men as Partners initiatives on a number of occasions, including World AIDS Day in 2004 and through the popular reality TV show 'Zola 7'. These are clearly small and ad-hoc efforts and insufficient given the importance of engaging men and boys for gender transformation.

### Have different contexts in which large numbers of men can be reached been utilised to sensitise men on gender equality?

A few interesting initiatives have been conducted to reach men in different contexts. From 2003 to 2004, the Men as Partners Network used foreign aid to work with **South African National Defence Force** (SANDF) to promote gender equality through the Gender Equity Programme (GEP), aimed at reducing HIV transmission within the military by working with men to address the pervasive and destructive gender stereotypes that relate to sexual and reproductive health and contribute to HIV/AIDS prevalence. EngenderHealth was the coordinating agency, while PPASA and the Women's Health Project (WHP) were the primary civil society training partners. The

GEP trained 114 Master Trainers, 1040 Peer Educators and 1,070 military personnel. While the programme was evaluated as effective in increasing awareness within the SANDF of the connections between HIV/AIDS, violence and gender roles and norms, it met with some resistance from a number of male participants, white military personnel and senior officers.

**South African Police Service** (SAPS), working with civil society organisations, initiated 'Men for Change' forums in all nine provinces and at their head office in Pretoria, providing a platform for men in the SAPS to address other men about stereotypes to try and influence each other's mindset and behaviours positively. SAPS has involved men in signing pledges against domestic violence, has peer educators and offers VCT within SAPS for both men and women. The SAPS participated as members of the interdepartmental anti-rape team in the Gender Education Movement, which addresses boys' involvement in gender equality.

Work with men is only in its infancy and SAPS does not appear to have done much to establish locations for implementing gender equality programmes where large numbers of men can be accessed easily,<sup>119</sup> such as mines, shebeens and sporting events.

### What is being done to deal with alcohol abuse in South Africa?

Alcohol consumption has long been used by men as a way of expressing masculinity. In some parts of society, alcohol use has taken on a symbolic role as a marker of gender difference, most notably in the male dominated spaces of bars and shebeens. Today men are likely to drink more heavily than women and more likely to be habitual heavy



drinkers.<sup>120</sup> Alcohol consumption is in turn a risk factor for gender based violence and for the sexual disinhibition that contributes to the spread of HIV/AIDS.<sup>121</sup> In a study of women abused by their spouses, 69% identified alcohol/drug abuse as the main cause of conflict leading to the abuse.<sup>122</sup>

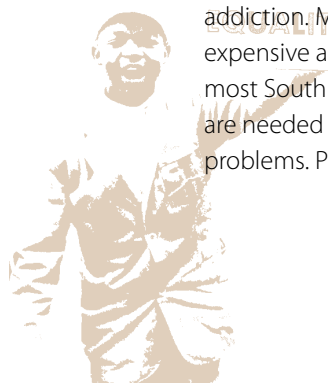
Regulation of outlets selling alcohol to the public remains the key form of regulatory control by government. While the **Liquor Act 59 of 2003** regulates the manufacture and distribution of alcohol and prohibits the sale of alcohol to a minor, another strategy used to control the use of alcohol is excise taxes on alcohol products (**Customs and Excise Act 91 of 1964**). The **Department of Welfare's National Drug Master Plan (1999)**, formulated by a committee on which the **Department of Health** served, recommends a broad strategy for integrating the efforts of various government departments and civil society to address substance abuse. The current **National Drug Master Plan 2006 – 2011** seeks to introduce measures to: reduce the demand for alcohol, the social health and economic costs associated with substance abuse and substance abuse-related mortality and morbidity; improve access to substance abuse information and interventions including treatment, and reduce the supply of illicit substances including unregulated alcohol. The plan recommends community-based prevention of substance abuse programmes which focus both on supply and demand.

There is a shortage of facilities available to treat addiction. Most facilities are privately run and expensive and remain beyond the reach of most South Africans. Further public facilities are needed to assist those with alcohol problems. Policies to address this issue need

to consider and reflect the gendered nature of alcohol consumption and issues of masculinity in their approaches.

## RECOMMENDATIONS:

- More focused funding and attention is needed to take ad hoc government behavioural change programmes to scale.
- Government should also provide more financial and other support for programmes implemented by civil society.
- Government should support further public information campaigns specifically targeting men and boys in promoting gender equality.
- Behavioural change programmes working with men and boys need to be monitored and evaluated, and constantly revised. Government should play a greater part in the evaluation of these programmes.
- Work on gender equality should be conducted in contexts where large numbers of men can be reached (eg. mines, shebeens, sporting events).
- Different and vulnerable groups of men and boys (including the elderly, homeless boys and out-of-school youth) need to also be targeted and reached.
- Policies designed to target alcohol abuse need to consider the gendered nature of alcohol consumption and issues of masculinity.
- More substance abuse programmes and facilities are needed in locations throughout South Africa, including marginalised rural communities.



---

## MEN AND MARRIAGE

The family is the primary arena for gender socialisation of children. Policy interventions which seek to enable more equitable constellations of gendered power within families may have profound long-term implications for gender equality. Current gender norms, while supporting men's power, simultaneously operate to exclude men from emotional closeness in families and circumscribe their role to one of 'provider'.<sup>123</sup> The ways in which the law treats marriage can have profound implications for gender relations. Until relatively recently all (white) marriages<sup>124</sup> were "in community of property", unless the parties contracted otherwise, meaning that all assets and liabilities were shared with spouses, co-owners in half shares of the joint estate. The **Matrimonial Property Act 88 of 1984** abolished the marital power held by the husband in all such marriages. Marital power implied a husband's power to enter into contracts for the joint estate without his wife's consent or even knowledge, as well as power over her person. By contrast in terms of the **Black Administration Act 38 of 1927**, black marriages under apartheid were automatically out of community of property but with the retention of marital power meaning that the husband managed both his estate and that belonging to his wife. The **Marriage and Matrimonial Property Law Amendment Act 3 of 1988** removed the distinction between black and white marriages. Today there are three possible marital regimes for new civil marriages – in community of property (excluding marital power), which is the automatic regime, out of community of property, or the accrual system. Under the accrual system each spouse's estate

is administered separately; however, the accrual to the marriage within each estate is shared amongst the spouses on dissolution of the marriage. This is viewed as a particularly fair system. South Africa also recognises customary marriages. The **Recognition of Customary Marriages Act 120 of 1998** expressly provides for the equal status and capacity of the spouses in a customary marriage. The Act allows for a husband to have more than one wife, seeking only to ensure that adequate provision is made for the wives of such a marriage via a court order;<sup>125</sup> marriages which do not seek such an order can be voided. A husband seeking a second marriage must make application to a court to determine a contract regulating the property consequences of the marriages.

In 2006, the Constitutional Court ruled that the current law on marriage discriminated unfairly against lesbians and gay men.<sup>126</sup> And the **Civil Union Act 17 of 2006** was subsequently passed to allow persons of the same sex to enter into a civil union either by way of a marriage or a civil partnership.<sup>127</sup> Despite this legislation, homophobia remains prevalent in South African society.<sup>128</sup>

## EQUAL SHARING OF RESPONSIBILITY IN PARENTING

There is a large body of research showing the positive impacts of men's involvement as parents on their children's development. The engagement or presence of a father or father figure in their life is said to positively affect children's life prospects, academic achievement,<sup>129</sup> physical and emotional health<sup>130</sup> and linguistic, literacy



and cognitive development.<sup>131</sup> In contrast, children's psychological, social and cognitive development is hampered by paternal abandonment and a lack of emotional and material support.<sup>132</sup> Desmond and Desmond (2005) estimate that only 48% of fathers in South Africa are present in the homes of children under the age of 18 compared with 80% of mothers. They add that, "in 96% of households headed by men, a female spouse of the head was also present, compared to only 21% of female-headed households that had a male partner of the head present." Their data also indicate a strong relationship between household expenditure and paternal involvement irrespective of racial group, with fathers present in only 38% of households spending less R400 per month compared with 93% in households with a monthly expenditure totalling over R10,000.<sup>133</sup>

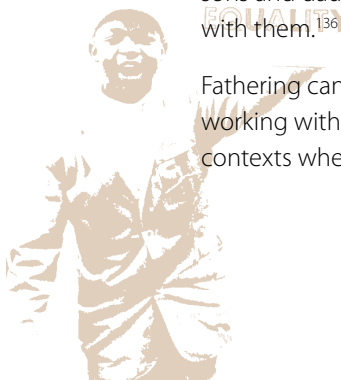
However, Richter points out that men's involvement is not automatically positive; many men commit violence against women and their children. There is also an urgent need for men to become more involved in childcare activities as time-use studies show that men spend only "a tenth of the time, compared to women, performing childcare tasks for children under seven years of age."<sup>134</sup> Fathers' negative behaviours have further impacts; men who are violent, aggressive or alcoholic are more likely to have children, particularly boys, who behave in a similar way.<sup>135</sup> Conversely, fathers with gender-equitable attitudes to childrearing are more likely to pass on those values to their sons and daughters and to spend more time with them.<sup>136</sup>

Fathering can be a useful entry point for working with men on gender equality. In contexts where men have scant engagement

with childrearing, expanding and increasing their involvement in the lives of their families can change gender behaviours and attitudes more generally.<sup>137</sup> As awareness increases, traditional ideas about men's role and behaviours in relation to their wives and children are being challenged.<sup>138</sup> However, many men lack the skills, knowledge and opportunity to change how they act as parents. They lack positive role models and support in adjusting to a new role as fathers, and their negative experiences with their own fathers can make it hard for them to talk about fatherhood.<sup>139</sup> Programmes are required to provide men with these skills and encourage them to play a greater role in parenting.

The South African government has made the following commitments to involving men in parenting:

- **Commission on the Status of Women – 48<sup>TH</sup> Session, 2004**, Section 6c: "Create and improve training and education programmes to enhance awareness and knowledge among men and women on their roles as parents, legal guardians and caregivers and the importance of sharing family responsibilities, and include fathers as well as mothers in programmes that teach infant child care development."
- **Commission on the Status of Women – 48<sup>TH</sup> Session, 2004**, Section 6d: "Develop and include in education programmes for parents, legal guardians and other caregivers information on ways and means to increase the capacity of men to raise children in a manner oriented towards gender equality."
- **Commission on the Status of Women – 53<sup>RD</sup> Session, 2009**, Section 15(j):



---

“Take appropriate measures to achieve equal sharing of work and parental responsibilities between women and men, including measures to reconcile care and professional life and emphasise men’s equal responsibilities with respect to household work.”

- **Commission on the Status of Women**

- **53<sup>RD</sup> Session, 2009**, Section 15(o):  
“Design, implement and promote family-friendly policies and services, including affordable, accessible and quality care services for children and other dependants, parental and other leave schemes and campaigns to sensitise public opinion and other relevant actors on equal sharing of employment and family responsibilities between women and men.”

- **Commission on the Status of Women**

- **53<sup>RD</sup> Session, 2009** Section 15(u):  
“Ensure that women and men have access to maternity, paternity, parental and/or other forms of leave, and consider providing incentives to men to avail themselves of such leave for caregiving purposes, and take measures to protect women and men against dismissal, and guarantee their right to resume the same or equivalent post after utilising such leave.”

- **International Conference on Population and Development, 1994,**

- Section 4.11: “Male responsibilities should be emphasised with respect to child-rearing and housework.”

- **International Conference on Population and Development, 1994,** Section 4.13: “Countries are

strongly urged to enact laws and to implement programmes and policies which will enable employees of both sexes to organise their family and work responsibilities through flexible work-hours, parental leave, daycare facilities, maternity leave, policies that enable working mothers to breastfeed their children, health insurance and other such measures. Similar rights should be ensured to those working in the informal sector.”

- **International Conference on Population and Development, 1994,**

- Section 4.26: “The equal participation of women and men in all areas of family and household responsibilities, including family planning, child-rearing and housework, should be promoted and encouraged by governments. This should be pursued by means of information, education, communication, employment legislation and by fostering an economically enabling environment, such as family leave for men and women so that they may have more choice regarding the balance of their domestic and public responsibilities.”

- **International Conference on Population and Development, 1994,**

- Section 4.28. “Governments should take steps to ensure that children receive appropriate financial support from their parents by, among other measures, enforcing child-support laws. Governments should consider changes in law and policy to ensure men’s responsibility to and financial support for their children and families. Such laws and policies should also



OF QUALITY  
DC  
PEAK  
EQUALITY



encourage maintenance or reconstitution of the family unit. The safety of women in abusive relationships should be protected.”

The sections that follow will examine government’s progress towards encouraging the involvement of men in parenting.

### **Is government taking steps to achieve equal sharing of parental responsibility?**

While government has not yet made much progress in promoting the equal sharing of parental responsibilities and active involvement of men as fathers, it is encouraging to note the increased focus on these issues through initiatives such as those mentioned below.

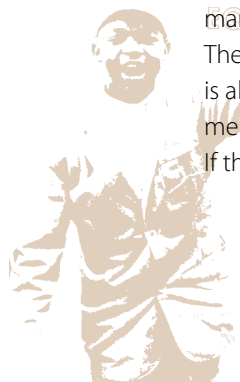
The **Department of Social Development** has a men and masculinities programme, which incorporates some content on parenting. The **Directorate of Families** has identified the need to reach men through parenting and family campaigns as the emphasis on women and the girl child has meant that men and boys are often neglected. Percy Ntsoane, the Deputy Director of the Directorate of Families, stated that a manual is being developed on the rights and responsibilities of parents, and particularly of fathers.<sup>140</sup> The **South African Broadcasting Corporation** has sent a proposal to the **Directorate of Families** to start a reality TV programme on absent fathers, to encourage men to play a more meaningful role within their families. Senior managers are still considering the proposal.<sup>141</sup> The **Western Cape provincial government** is also piloting a programme to encourage men to play a more meaningful role as parents. If this pilot is successful, it will be rolled out

in other provinces.<sup>142</sup> The **Brothers for Life Campaign**, with the DoH as a partner, also focuses on responsible fathering. Despite these few initiatives, it seems as though not enough is being done by government to encourage fathers to become more involved in parenting. Government needs to scale up its work in this area in order for them to deliver on this commitment.

### **Is government running any training and education programmes aimed at training fathers in how to be better parents? Are fathers included (with women) in programmes that teach infant childcare development?**

The **Department of Social Development** report that a **Parenting Manual** is being developed in conjunction with the **Directorate of Childhood Development**. Both bodies will conduct trainings for service providers so that they can train at the local level.<sup>143</sup> The **Department of Social Development** also funds certain NGOs who conduct such training. Some of these projects work with women only and some include men. However, these are often small-scale initiatives with limited reach; funding for training is only provided in some districts. The DSD Head Office has a register of projects receiving such funding, which changes every funding cycle. Many of these NGOs only provide ad hoc advice to families in need, while others offer more conventional training. The **Human Rights Commission** has also run parenting programmes in schools on disciplining children without violence, which address the legacy of men as disciplinarians and boys as recipients of corporal punishment.

### **What is government doing to promote**



---

**the understanding of the importance of fathering to the wellbeing of children? Have there been campaigns to sensitise public opinion on this issue?**

A representative from the DSD contributed that the **Directorate of Families** celebrates **Family Day** on 15 May, to encourage men and women to play a more meaningful role in their families. The theme for 2008 focused on men and fathers. While the Directorate campaigns continuously to encourage families to strengthen their familial bonds, none of these campaigns specifically target or focus on men. They also publish and distribute various parenting manuals on relevant topics, but again none of these have yet focused on men. This gap will be addressed in the future, after the annual budget assessment, as work with men is included in their 2010 goals.<sup>144</sup> There are some other initiatives run by NGOs, which receive some government support (such as **Brothers for Life Campaign**, which sensitises public opinion on the sharing of employment and family responsibility). However, it seems that there is little awareness raising taking place on the issue, and thus government is not yet meeting its commitment to promote an understanding of the importance of fatherhood.

**Is paternity leave provided in South Africa?**

The **Basic Conditions of Employment Amended Act 11 of 2002** and the **Labour Relations Act 66 of 1995** make provision for fathers to take a maximum of three days family responsibility leave a year – when a child is born or is sick, or in the event of a death in the family.<sup>145</sup> Many employees are not even aware of such policies. South Africa is unique in that

it has a constitutionally entrenched equality clause, therefore men and women are entitled to equal protection under the law, including in the labour market.<sup>146</sup> It should follow that men and women have equal entitlement to paternity and maternity leave.<sup>147</sup> After the 2009 CSW, the government called for an extension of the three-day leave time afforded to fathers.<sup>148</sup> Once maternity leave has been extended to 12 months, the government plans to extend paternity leave to six months.<sup>149</sup>

A representative from the **Directorate of Families** explained that family responsibility leave has now been extended from three to five days, and while this is still insufficient, he was unaware of any moves to address this issue. If fathers wish to take more leave to be with their baby, they are required to use their annual leave.<sup>150</sup> The **Department of Public Works** provides five days for paternity leave on the date of birth of an employee's child.<sup>151</sup>

**What laws and policies are in place to encourage equal sharing of parental responsibilities?**

Some laws and policies do take steps towards encouraging equal sharing of parenting, as outlined briefly below.

**• Men and acknowledgement of paternity:**

By law, a notice of birth is given under the surname of either the father or the mother of the child or the surnames of both (as a double-barrelled surname).<sup>152</sup> A child of unmarried parents is usually registered under the surname of the mother, but at the joint request of the mother and the father (acknowledging his paternity in writing) the child can be registered under the father's surname.<sup>153</sup>

**• Men and the obligation to maintain**



**their children:** Acknowledgment of paternity is important because in South African law the biological father of a child, whether married or unmarried, has a legal duty to maintain his child in proportion to his means. The laws related to maintenance are set out in the **Maintenance Act 99 of 1998** (see Section 5.4.6 for more discussion on maintenance).

- **Men and parental rights:** The law now expressly recognises unmarried fathers' rights (where these are in the best interests of the child), and custody is no longer awarded by default to the mother. The **Children's Act 38 of 2005** provides that fathers who demonstrate involvement in their children's lives acquire full rights and responsibilities.<sup>154</sup> Legislation now stipulates that married fathers of children automatically have full rights and responsibilities in relation to the child, and in the case of divorce, the courts must make custody decisions based on what is in the best interests of the child.<sup>155</sup> Most divorce orders now also provide for generous access to be exercised by a non-custodial parent, and joint custody has also become more common.
- The role of fathers as carers is acknowledged in other policy, such as the **Guidelines for Early Childhood Development (ECD) Services (2006)**, which says: "Both parents share responsibility for bringing up their children. They should always consider what is best for each child. Governments should help parents by providing services to support them."<sup>156</sup> A further example is the **Kangaroo Mother Care (KMC) Policy and Guidelines for the Western Cape Province (2003)**, which encourages fathers to care for low

birth rate infants: "support KMC givers, especially the father, should be involved in KMC training as early as possible, together with the mother, while the infant is still in the Neonatal Unit".<sup>157</sup>

While certain policies have been developed to encourage equal sharing of parental responsibility, this trend needs to be intensified and gaps identified, such as the lack of paternity leave, need to be addressed.

### **Are maintenance systems in South Africa sufficient to ensure children receive appropriate financial support from fathers?**

The **Maintenance Act 99 of 1998** regulates all aspects of maintenance in South Africa, providing for maintenance orders obliging fathers to pay maintenance for their children. Standardised processes for dealing with complaints and investigations were formulated by the Act.<sup>158</sup> The Act allows courts to order employers to deduct maintenance from fathers' salaries, provides for maintenance courts, and for maintenance officers and investigators to trace fathers and gather information about both parents where necessary.<sup>159</sup>

In 2006, the **Department of Justice and Constitutional Development** launched 'Operation Isondlo'. The broad aims of the operation were to improve the capacity of maintenance courts and civil enforcement of maintenance claims, to decrease the case backlog and to raise public awareness. In total, R80-million in unclaimed maintenance was distributed.<sup>160</sup> In terms of increasing capacity, many positions were filled (including 86 maintenance officers, 140 maintenance investigators and 100 legal interns), but more



---

staff are required (310 of 400 maintenance courts still lack maintenance officers).

The introduction of investigators to trace defaulters has had a huge impact on the courts' capacity to deal with complaints and resolve cases speedily. It is further reported that R20-billion has been allocated by the Department of Justice and Constitutional Development to improve case investigation as the courts still lack sufficient infrastructure, resources and manpower.<sup>161</sup><sup>162</sup> In the words of a representative at a court, the "logistical problem is a nightmare",<sup>163</sup> with difficulties in reliable access to computers and vital information still posing a major challenge for some investigators.<sup>164</sup> <sup>165</sup>

Despite the 2003 introduction of a new financial system to eliminate corruption and mismanagement and facilitate maintenance payments, there are still many challenges in getting defaulters to pay. However, maintenance money can now be drawn from automatic teller machines (also installed in all magistrate's courts in South Africa).<sup>166</sup>

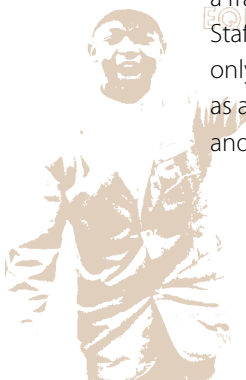
Government is involved in campaigns to raise awareness and educate the public around access to maintenance courts through seminars, workshops, Imbizos and distributing information materials, which acknowledges and affirms paying fathers. According to a representative from the Cape Town maintenance court there are programmes implemented once a year to improve civil knowledge regarding child maintenance and encourage women to claim, but unfortunately "only a fraction of the people"<sup>167</sup> can be reached. Staff shortages mean that campaigns can only take place when the court is not sitting as additional staff for community outreach and education has not been made available.

Despite government's efforts, many people are still inadequately informed about their rights and how to access the legal system, and civil education in this area needs to be extended and improved.

Has an enabling economic environment been fostered to allow more choice about balancing domestic and public responsibility?

Social structures may also inhibit men from playing a more active role as fathers, including work practices, the gendered distribution of labour and remuneration and an absence of social support.<sup>168</sup> The economic security of families often dictates who stays at home to look after children,<sup>169</sup> which can cause difficulties for fathers as they struggle to balance home and work commitments. A representative from the **Commission on Gender Equality** answered that an economic environment has not been fostered to allow choice about domestic and public responsibility – if men are at home (which would enable them to look after children) this happens by default. Men don't stay at home because they choose to. They stay at home because they are unemployed.<sup>170</sup>

According to official statistics, more women are unemployed than men. Women often work in the informal sector, or do unpaid work. A majority of black women work low status, and low salary jobs. In 2003, 81% of black women earned less than R2,500.<sup>171</sup> The **Department of Trade and Industry** has been working to create an enabling environment for women entrepreneurs and to develop policies to include women in small and medium enterprises.<sup>172</sup> The Extended Public Works Programme has been implemented in all the provinces, with the aim of creating a million jobs, through the



use of labour-intensive methods in government service delivery programmes, and on-site training to improve skills and employment prospects. By July 2006, 52% of the beneficiaries were women.<sup>173</sup> While small steps are being taken to foster an enabling economic environment that will allow men and women more choice about whether to work or to play a greater role in caring for their children, much more needs to be done in this regard in order for government to fulfil this commitment.

### Recommendations

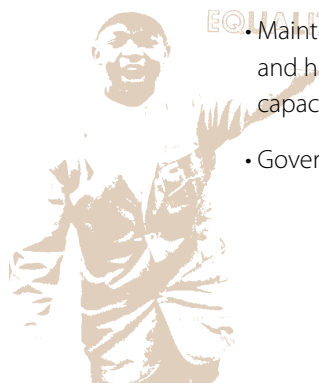
- Government should implement programmes to encourage further involvement by men in parenting.
- Government should conduct more awareness-raising campaigns to promote an understanding amongst men and communities of the importance of fathering.
- Government should provide more funding for NGOs to train communities on parenting and improving parental skills.
- Further government initiatives aimed at supporting and encouraging responsible parenting should be carried out in all districts in the country.
- Paternity leave should be provided to allow fathers to bond with infants.
- Further mechanisms are needed to compel defaulters to pay maintenance.
- Maintenance courts need more financial and human resources to improve their capacity.
- Government should conduct more

public information campaigns about maintenance, the courts and laws and procedures.

## EQUAL SHARING OF RESPONSIBILITY IN CAREGIVING

The South African government has made the following commitments to encouraging men to participate in caregiving activities:

- **HIV & AIDS and STI Strategic Plan for South Africa, 2007 – 2011:** Objective 8.2: “Expand and implement CHBC as part of the EPWP.  
**Intervention:** Recruit and train new community caregivers (including CHWs), with emphasis on men.  
**Intervention:** All community caregivers to receive nationally determined stipends.  
**Intervention:** Develop standards and career pathways for community caregivers as mid-level workers according to the National Qualifications Framework.  
**Intervention:** Strengthen support, mentoring and supervision of community caregivers.”
- **Commission on the Status of Women – 48<sup>TH</sup> Session, 2004,** Section 6n: “Encourage men, through training and education, to fully participate in the care and support of others, including older persons, persons with disabilities and sick persons, in particular children and other dependants.”
- **Commission on the Status of Women – 53<sup>RD</sup> Session, 2009,** Section 15(qq): “Take measures to increase the participation of men in caregiving



---

both within households and in care professions, such as information and awareness campaigns, education and training, school curriculum, peer programmes and government policies to promote men's participation and responsibilities as fathers and caregivers, and to encourage men and boys to become agents of change in promoting the human rights of women and in challenging gender stereotypes, in particular as they relate to men's roles in parenting and infant development;"

• **International Conference on Population and Development, 1994,**

Section 5.11: "Governments should support and develop the appropriate mechanisms to assist families caring for children, the dependent elderly and family members with disabilities, including those resulting from HIV/AIDS, encourage the sharing of those responsibilities by men and women, and support the viability of multigenerational families."

• **SADC Protocol on Gender and Development 2008,** Article 7.3(c):

"State parties shall by 2015, develop and implement policies and programmes to ensure appropriate recognition of the work carried out by caregivers, the majority of who are women, the allocation of resources and the psychological support for caregivers, as well as promote the involvement of men in the care and support of people living with HIV and AIDS."

As the HIV/AIDS epidemic progresses and more and more people become seriously ill,

the impact on women and girls in Southern Africa becomes more apparent and the consequences more devastating.<sup>174</sup> Lack of access to treatment has had disastrous consequences for women and girls in terms of the burden of care and support they carry. Women are more likely to serve as primary caretakers of sick relatives, including those living with HIV/AIDS, although they are not assured of care to the same extent.<sup>175</sup> This work is seldom paid and is largely unrecognised as work. Taking on this socially prescribed female role of caring often has a serious impact on women's lives. Carers report that looking after people living with HIV/AIDS has drained them both economically and emotionally.<sup>176</sup> While the role of men and boys in caregiving is poorly documented and insufficiently understood,<sup>177</sup> a few studies shed light on the issue and provide anecdotal evidence of how HIV/AIDS has forced changes in male behaviour, resulting in male participation in community-based caregiving.<sup>178</sup>

Community members and family members providing home-based care to people living with HIV/AIDS provide invaluable treatment, support and care. The Free State Department of Health estimates that 90% of people living with HIV/AIDS can be treated within a comprehensive home-based care programme.<sup>179</sup> At one hospital that was studied the average time spent in hospital by people living with HIV/AIDS has decreased from at least 14 days to 3.5 days for patients referred to a home-based care system.<sup>180</sup>

While the government has begun to formalise community caregiving and create such programmes, government needs to do more to fulfil its commitment to encouraging male involvement in caregiving.



### What proportion of community caregivers are men?

In a study conducted in South Africa, it was found that 93% of community caregivers were women, while only 7% were men.<sup>181</sup> This includes both informal caregivers and those formally employed as caregivers. Interestingly, in contrast to this study, a Kaiser Foundation survey found that 32% of care in South Africa is provided by men.<sup>182</sup> A district coordinator of the formal community-based care for the Department of Health, Western Cape, says that not more than 10% of formal community caregivers are men, as men just do not apply for these positions.<sup>183</sup> A national survey in South Africa of how 8,500 households divide their time showed that women perform eight times more care work than men.<sup>184</sup> School-aged girls are increasingly pulled out of school to take care of the sick and to assume household responsibilities previously carried out by their mothers.<sup>185</sup>

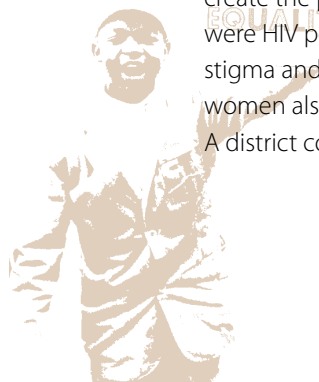
### Why do such a low proportion of men participate in caregiving?

In focus groups conducted, many men identified traditional gender roles and the fear of losing respect from their peers as significant deterrents to participating in care and support activities. Men answered that some men see doing work traditionally performed by women as an "affront to their dignity".<sup>186</sup> Some answered that many men simply do not have the knowledge or skills. Men raised the fear that involvement in care activities might create the perception that they themselves were HIV positive, which might lead to stigma and social exclusion.<sup>187</sup> Interestingly, women also perpetuate these stereotypes.<sup>188</sup> A district coordinator of community care-

based programmes said that the majority of patients receiving home-based care are only comfortable with women caregivers.<sup>189</sup> Stigma from clinics and hospitals contribute further to hinder men's participation in community-based caregiving services.<sup>190</sup> However, there is a growing body of evidence that it is possible to change men's gender-related attitude and practices relatively quickly,<sup>191</sup> and thus change male perceptions and participation in caregiving.

### What role is government playing in community-based caregiving?

In order to relieve the over-burdened formal health sector, the government has attempted to decentralise care to community level with caregiving in communities carried out largely by NGOs, community-based organisations and families of people with AIDS. While a **Community Care Worker Policy Framework** was developed by the **Department of Health** and the **Department of Social Development**, it is reported that implementation of the policy has been virtually non-existent,<sup>192</sup> with little collaboration between the national and provincial governments.<sup>193</sup> The **Department of Labour's Expanded Public Works Programme** aims at training community caregivers whilst at the same time creating additional career opportunities.<sup>194</sup> Allowance is made for projects to pay below the minimum wage as gazetted in the Code of Good Practice for Employment.<sup>195</sup> Thus community caregivers form part of an unregulated, informal industry without mandatory guidelines prescribing industry practices. It is vital for the protection of both caregivers and patients that caregivers be assigned a formal job description, reimbursement and professional supervision,<sup>196</sup>



within the scope of employees in terms of South Africa's labour legislation.<sup>197</sup> Recognition by the state is essential to the effective running of community-based caregiving schemes and much work is still necessary to support and regulate this sector.

### How are government policies promoting male caregiving in South Africa?

Although community-based caregiving is encouraged by government, policies at the national, provincial and local level do not specifically address men and boys as caregivers,<sup>198</sup> and governmental intervention does little in terms of explicitly encouraging men and boys to play an active role in care and support activity.<sup>199</sup> A representative from the **Department of Health** said that governmental advertisements geared at community caregivers are aimed at both men and women, but men rarely apply, possibly because of the low salary offered coupled with the cultural context.<sup>200</sup> Far more work needs to be done by government to recognise the need for male caregivers, encourage men to become caregivers, and encourage communities to accept men as caregivers.

### Are community caregivers trained?

Adequate training of community caregivers by health and related governmental departments is of paramount importance to the success of community-based care. Many men believe they lack the skills to participate and offering adequate training could alleviate this concern. The **Integrated Community-based Home Care Model (ICHC)**, initiated in 1997, was implemented in seven hospices around the country<sup>201</sup> with the aim of providing the best quality of life for patients and their families.<sup>202</sup> Recruitment

and training of caregivers is provided by the hospice and includes "basic nursing, hygiene, general and bereavement counselling skills, general and clinical aspects of HIV/AIDS and palliative care".<sup>203</sup> The ICHC model provides three months training, comprising 70 hours of classroom input linked to 160 hours of clinical placement, shared between hospice, primary health care clinics and participating hospitals.<sup>204</sup> A district coordinator for the Department of Health, Western Cape, noted that a lot of training has been provided by NGOs funded by the **Department of Health**, but government has now implemented a policy that requires accredited courses.<sup>205</sup> The **Department of Labour's Expanded Public Works Programme** aims at training community caregivers whilst at the same time creating additional career opportunities.<sup>206</sup> The programme is an attempt to formalise the industry and recognise caregivers as employees,<sup>207</sup> While some training is provided by NGOs supported by government, and by government, training needs to be scaled up, particularly to reach more men.

### Are stipends being provided to community caregivers? Are stipends high enough? Is this system working well?

Stipends range between R500 to R2,000 with most falling in the former range.<sup>208</sup> According to the district coordinator of community and home based care for the **Department of Health**, Western Cape, the current monthly stipend for caregivers in the Western Cape is R1,200.<sup>209</sup> Stipends relieve the economic burden on women and make it more likely that they can encourage more men to share in caregiving duties.<sup>210</sup> Some community-based caregiving organisations receive funding from the **Department of Health** or





the **Department of Social Development**, but many organisations do not receive such support, and so caregivers perform these services without any form of remuneration.<sup>211</sup> Stipends constitute a contentious issue as the **Department of Health** views community caregivers as volunteers while the **Department of Labour** views them as employees.<sup>212</sup>

Anecdotal evidence reveals that late payment of stipends by government departments threatens to cripple the already-overburdened system.<sup>213</sup> The DoH contracts with approximately 1,636 NGOs and in 2008, the department allocated R62million (US\$6,5 million) for the funding of community-based organisations.<sup>214</sup> Due to low pay, hospitals risk training caregivers and then losing them to better paid jobs elsewhere in the health sector, indicating that the stipends are not adequate.<sup>215</sup>

### **What supervision, mentorship and support is provided to community caregivers?**

Little has been done to provide clear guidelines linking clinics to community-based caregiving organisations, possibly due to the fact that overcrowded clinics lack the time or resources to provide supervision.<sup>216</sup> The government has collaborated with NGOs on this in the past, but there has only been a formalisation of the partnership recently,<sup>217</sup> in terms of which the provincial coordinator monitors the district coordinators who monitor and manage the sub-district co-ordinators who manage the community-based organisations. Community-based organisations collaborate with trained nurses, who each supervise and mentor about 10-15

carers, who provide care to the patients.<sup>218</sup> Financial support, recommendations, and treatments, including trauma counselling, are provided at all three levels of government involvement.<sup>219</sup> The progress made to mentor caregivers through NGOs is encouraging and it is hoped that this system continues to thrive. It is further suggested that government should link caregivers to government clinics.

### **Is training provided by government to support men to fully participate in the care of others (including disabled, sick, etc)?**

There is no specific training for men in communities to participate in care over and above the regular training for caregivers described above.

### **What mechanisms has government created to assist families caring for those with HIV/AIDS?**

**Social Development Grants** are available to the sick, the elderly or those with a disability. HIV/AIDS is considered a temporary disability until such time as the patient is healthy enough to work.<sup>220</sup> While grants are available to people living with HIV/AIDS and other disabilities, the process of accessing grants is tenuous and not always effective.<sup>221</sup> Many people are unable to receive grants because of the application criteria which require that the patient is terminal,<sup>222</sup> and many patients die before receiving any money. The process involved in accessing grants can also be time consuming, difficult and expensive for family members who are struggling to care for ill relatives. Further mechanisms need to be developed and implemented to assist families in accessing grants.



### Recommendations:

- Efforts need to be strengthened to increase the number of men involved in caregiving, both formal and informal.
- Adequate and accessible training methods, supervision and remuneration are required for caregivers.
- Community caregivers should be included in the definition of 'employee' and fall under the protection of the Labour Relations Act.
- Psychosocial support needs to be incorporated into primary healthcare programmes.
- Governments should provide a mix of public services and cash transfers to those who provide care and support to people with AIDS-related illnesses, and should ensure that such grants and services are well publicised, and easily available.

## WORKING WITH TRADITIONAL LEADERS TOWARDS GENDER EQUALITY

Much of South Africa's population live traditional lifestyles under the guidance of traditional authorities, in which gender equality has not always been well-respected. Traditional leaders have significant influence and can be important agents of change towards gender equality. This section will assess how government is working with traditional leaders, and what government is doing to monitor and challenge harmful traditional practices. Government has made the following commitments in policies and

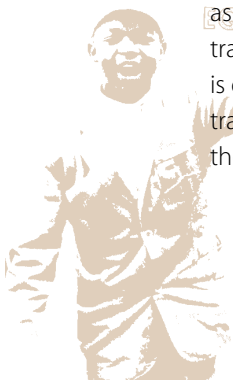
international instruments towards working with traditional leaders towards gender equality and working against harmful traditional practices:

- **HIV & AIDS and STI Strategic Plan for South Africa 2007 – 2011:** Objective 1.5: Intervention: "Mobilise and engage custodians of culture and cultural practices through debates, seminars and workshops on cultural practices that fuel the spread of HIV as well as those that are desirable."
- **365 Day National Action Plan to End Gender Based Violence, 2007,** Prevention Section: Objective 2: "Strengthen partnership with traditional and religious leaders to instil positive norm and values on gender relations."
- **HIV & AIDS and STI Strategic Plan for South Africa 2007 – 2011:** Objective 18.1: "Minimise the risk of human rights violations from cultural, religious and traditional practices.  
**Intervention:** Facilitate and sustain dialogue with cultural, religious and traditional leaders to build consensus on harmful practices."

### What is being done to monitor gender transformation in the traditional sphere?

While there is no official government body tasked with monitoring gender issues in the traditional sphere, the following bodies have mandates that include monitoring what happens in this arena:

- **The National House of Traditional Leaders**
- **The Commission for Religious and**



## Linguistic Rights

- **The Commission for Gender Equality**
- **The Human Rights Commission.**

Traditional leaders themselves are entrusted to deal with issues arising in their communities. They receive complaints and rectify them as, for example, in the case of women not being able to represent themselves in traditional courts.<sup>223</sup> The **National House of Traditional Leaders** has a **Gender Portfolio Committee** that does limited monitoring of gender issues. Unfortunately, the committee lacks human and other resources and thus its capacity for monitoring is weak.<sup>224</sup> Additional resources need to be allocated to improve their monitoring capabilities.

## Are women represented in traditional leadership structures?

According to the **White Paper on Traditional Leadership and Governance**, Notice 2336 of 2003, Department of Co-operative Governance and Traditional Affairs: "These councils must also allow for the representation and participation of women in their own right. At the least, one third of the members should be women", and "Each provincial House must ensure that at least one third of its membership is drawn from women." While this is an encouraging trend, certain Traditional Councils are opposed to women as traditional leaders and thus women are often assigned places on the Traditional Council in the capacity of a community member or family member of a traditional leader, or they are assigned an acting position, rather than fully-fledged membership. There are no channels to prevent this or penalise this type of action.<sup>225</sup>

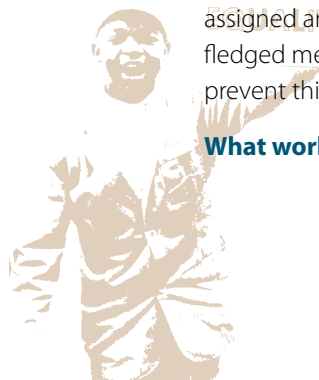
## What work is being done with traditional

## leaders to encourage them to work against harmful traditional practices?

In South Africa, 16.5 million rural people live under the authority of traditional leaders. Traditional leaders are therefore very well placed to address gender issues and issues related to HIV/AIDS in rural communities across the country. The national government pays for **trainings** and **engagements** for traditional leaders, usually conducted by outside agencies. Government also encourages traditional leaders to form cooperatives.<sup>226</sup> Local government also provides **funding** to traditional leaders – but not training.<sup>227</sup> There is a **National Programme of Support** for traditional leaders, which makes money available skills development.<sup>228</sup>

The senior Manager responsible for **Gender and Disability** within the **Department of Co-operative Governance and Traditional Affairs**, said that the Department recently completed a handbook on GBV for use by traditional leaders, intended to inform and educate about the causes and effects of GBV and how to counteract it. The use of the handbook will be presented at workshops with traditional leaders. In the future similar handbooks dealing with other social issues will be developed for traditional leaders.<sup>229</sup> She explained that it can be difficult to influence elder traditional leaders but that younger traditional leaders are being targeted as advocates for change as they are often more open to progressive and liberal ways of thinking and innovative approaches to development.

The **Health Policy Initiative** is run in partnership between USAID and the **National House of Traditional Leaders**, which



involves traditional and religious leaders at national, provincial and district levels, providing technical and financial support to the National House of Traditional Leaders and training traditional leaders in HIV-related community mobilisation. Traditional leaders are trained as trainers and are now initiating and participating in HIV activities in their communities. For example, in one month three traditional leaders reached 576 people with prevention messages.<sup>230</sup> The project has run for the past two years, and is ongoing. The Health Policy Initiative also assisted the National House of Traditional Leaders to develop their **Sector Plan** on how to deal with AIDS for submission to the South African National AIDS Council. The plan includes a focus on “good behaviour derived from cultural norms”.<sup>231</sup> While there are a range of initiatives by government to work with traditional leaders and promote gender equality, there is still resistance among some traditional leaders and much more work is needed in this area.

### What is government doing to curb or change harmful traditional practices?

The **Tradition, Custom and Culture Committee** is tasked with identifying cultural practices that may be harmful.<sup>232</sup> If a practice is identified as harmful traditional leaders from the **National House** take the information down to their **Provincial House**, which is in turn communicated to the **Local Houses** and **Traditional Councils**, and raised at imbizos. Any practice requiring legislative intervention is dealt with at the National House.<sup>233</sup>

One of the **Commission for Gender Equality's** thematic areas is ‘Gender, tradition and culture’. The Commission has investigated

practices such as ukuthwala, virginity testing, widowhood, setting up a committee to contact and liaise with traditional leaders. A toolkit on this issue has been developed by **Department of Co-operative Governance and Traditional Affairs** and Genderlinks. Apart from these limited efforts, not much seems to be taking place in this area, as was confirmed by a Senior Manager Responsible for Gender and Disability in the Department of Co-operative Governance and Traditional Affairs, who said that “very little of this is happening”.<sup>234</sup>

### Is there a sustained dialogue with cultural, religious and traditional leaders to build consensus on cultural practices which fuel the spread of HIV?

Despite the importance of such a process, it appears that little progress has been made in this area. According to the Senior Manager quoted in the previous section, it is only when something terrible happens that there is dialogue.<sup>235</sup> She noted that some traditional leaders are not adequately informed of the role they are expected to play in terms of increasing awareness in rural areas and ensuring dialogue and partnership between the traditional sphere, government and rural areas. She felt that more workshops, debates and seminars would be beneficial, as presently most events occur on an ad hoc or reactive basis. More work is needed to empower traditional leaders to understand the important role they can play in change.<sup>236</sup> As of 1 December 2009, the **Department of Co-operative Governance and Traditional Affairs** has been split into two so that the Department focuses on co-operative governance separately from traditional affairs, and this will receive more focus. The new



Department of Traditional Affairs is going to have a series of special programmes all focusing on issues such as HIV/AIDS and gender based violence. The interviewee stated that things were going to change drastically and far more work would take place on these key issues.<sup>237</sup>

### **Is a partnership developing between government and traditional and religious leaders?**

Partnership between government, traditional and religious leaders is being developed and improved. Traditional leaders now form part of government and traditional leadership is being mainstreamed into all areas of service delivery. Traditional leaders also participate in local government through the **Department of Co-operative Governance and Traditional Affairs**.<sup>238</sup> Work with traditional leaders, including on gender issues, is part of the mandate of the Department of Co-operative Governance and Traditional Affairs. The **Cultural, Religious and Linguistic Commission** is also tasked with building partnerships on this issue.<sup>239</sup>

## RECOMMENDATIONS

- Traditional leaders need capacity building and skills training in a range of issues, including gender and literacy.
- There is need to extend awareness and improve the literacy of traditional leaders about legislation that impacts them.
- Female traditional leaders need support and training to deal with harassment.
- Improved monitoring of harmful traditional practices is needed, along with mechanisms to address these.
- Further dialogue and partnership is needed to build consensus about harmful traditional practices and other matters of mutual interest and concern.



# 6 GENDER BASED VIOLENCE

South Africa has among the highest rates of violence against women in the world.<sup>240</sup> The 1998 South Africa Demographic and Health Survey found that 10% of women had experienced physical assault at the hands of men in the past 12 months. Seven per cent reported having ever been forced to have sex, and a further 4.4% that they had been raped.<sup>241</sup> A 2006 Medical Research Council survey of 1,370 male volunteers recruited from 70 rural South African villages indicated that, “16.3% had raped a non-partner, or participated in a form of gang rape; 8.4% had been sexually violent towards an intimate partner; and 79.1% had done neither.”<sup>242</sup> A 2009 study by Rachael Jewkes found that 27.6% of the men interviewed had raped, while 4.6% had done so in the previous year.<sup>243</sup> Women who experience sexual assault are at greater risk of HIV/AIDS infection than other women.<sup>244</sup> Research suggests that men’s violence limits women’s ability to negotiate the use of condoms in their sexual relationships, and a South African study found that women who experienced forced sex were nearly six times more likely to use condoms inconsistently than those who did not experience coercion. In turn, women with inconsistent condom use were 1.6 times more likely to be HIV infected than those who used condoms consistently.<sup>245</sup>

The following clauses highlight government’s commitments to preventing and addressing

GBV:

- **365 Day National Action Plan to End Gender Violence, 2007:** Prevention, Objective 1: “Strengthen capacity of men and boys to reduce gender based violence in partnership with women and girls.”

- **365 Day National Action Plan to End Gender Violence, 2007:** “Prevention, Objective 1:3. Enhance community capacity to condemn gender based violence.”
- **365 Day National Action Plan to End Gender Violence, 2007:** Prevention, Objective 1:5. “Awareness creation and raising programmes.”
- **365 Day National Action Plan to End Gender Violence, 2007,** Response section, Criminal Justice System, Objective 2: “Reduce Secondary Victimization by improving support services to survivors of gender based violence”.
- **Commission on the Status of Women – 53<sup>RD</sup> Session, 2009,** Section 15(nn): “Design and implement programmes, including awareness-raising programmes, to promote the active involvement of men and boys in eliminating gender stereotypes as well as gender inequality and gender-based violence and abuse...”
- **HIV & AIDS and STI Strategic Plan for South Africa, 2007 – 2011:** Objective 1.3: “Develop and implement strategies to address gender based violence. Intervention: Develop communication strategies including leadership messages, which address the unacceptability of coercive sex, gender power stereotypes and the stigmatisation of rape survivors.”
- **Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa, 2003,** Article 4:2 “States Parties shall take appropriate and effective measures to:



- a) enact and enforce laws to prohibit all forms of violence against women including unwanted or forced sex whether the violence takes place in private or public;
- b) adopt such other legislative, administrative, social and economic measures as may be necessary to ensure the prevention, punishment and eradication of all forms of violence against women;
- c) identify the causes and consequences of violence against women and take appropriate measures to prevent and eliminate such violence.”

The following section examines the extent to which government has met these commitments, and identifies gaps that still need to be addressed.

## WHAT LAWS AND POLICIES HAVE BEEN MADE RELATING TO GBV?

In the past years there have been important changes to the laws relating to GBV. The **Criminal Law (Sexual Offences and Related Matters) Act 32 of 2007** changed the definition of rape so that it is gender-neutral and covers any form of non-consensual penetration of the vagina, anus or mouth. The Act also changed the definition of consent to “voluntary and un-coerced agreement”, and specified circumstances in which consent is understood to be lacking, including situations where the perpetrator abuses a position of power, thus acknowledging the gendered power dynamics under which rape can occur.

The law also provides for HIV testing of perpetrators and state care for rape survivors and obliges healthcare providers and the DoH to provide post-exposure prophylaxis (PEP) and healthcare to survivors of sexual offences. The **Domestic Violence Act 116 of 1998** provides a broad definition of domestic violence and creates protection orders for which victims of domestic violence can apply to interdict the abuser from carrying out certain acts. Police are obliged to arrest perpetrators who fail to comply. A protection order may also provide police with a firearm confiscation order. The national **Sexual Assault Care Policy**, created by the **Department of Health** in 2005, seeks to ensure that victims of sexual violence receive appropriate treatment and are not subject to further victimisation when seeking medical attention. This policy outlines the responsibilities of the health sector including the need to provide support for survivors, to meet their medical needs of pregnancy and STI prevention (including providing PEP) and the documentation of findings on examination and collection of evidence to assist courts. While the government has taken important steps towards improving the laws and policies relating to GBV, implementation has been inconsistent. (Section 6.1.5 will examine some of the gaps in implementation.)

### Have strategies been developed and actions been taken to address GBV?

The government’s major initiative to tackle GBV is the **16 Days of Activism Against Gender Violence Campaign**, which runs each year from November 25<sup>th</sup>, the International Day Against Violence Against Women, to 10<sup>th</sup> December, International Human Rights Day.



---

The main objectives are to create awareness about the impact of GBV on women, to emphasise the importance of partnership between government and civil society, to raise funds for organisations working with victims of GBV, to spread information about legislative and other mechanisms put in place by government against GBV, and to involve men in fighting GBV.<sup>246</sup>

In 2006, a decision was taken at a stakeholder meeting to keep the campaign going all the year round, rather than just for 16 days, and it was converted to the 365 Day National Action Plan to End Gender Violence, launched in 2007. The 'National Action Plan' focuses on the role played by gender norms in encouraging sexual and domestic violence, with a strong focus on prevention, particularly through public education and awareness using media and communication. The public education component specifically refers to the objective of strengthening "the capacity of men and boys to reduce gender based violence in partnership with women and girls". The related "priority action" is to "train men and boys on legislation, human rights and communication and negotiation skills."<sup>247</sup> A Programme Management Unit in the office of the National Prosecuting Authority manages the Plan, with various government departments and NGOs playing a part. A report by the African Development Bank on the Action Plan concluded that, "Ultimately, the 365 Days Action Plan remains a check list of isolated events such as workshops, speeches and media campaigns, and of plans to modify the legislative framework to improve services for abused women. A review of the 16 Days of Activism Campaign concluded that

little information is available on how the campaign has impacted on preventing or responding to gender violence. Stakeholders and respondents argue that there is a need to move beyond the campaign mode to a programmatic approach in which the 16 Days are merely used to heighten awareness. A recent review suggested that while the value of prevention is nominally recognised in the campaign, there is no evidence or resource allocation, no coordinated roll-out of interventions of proven effectiveness, and no evidence of best-practice based cross-sectoral approaches."<sup>248</sup>

Government's 2007 16 Days of Activism campaign<sup>249</sup> included a **Million Man March** on the opening day, but unfortunately, despite significant expenditure on planning, the marches were poorly organised and attended.<sup>250</sup>

Various government departments are involved in work to prevent GBV. The **Department of Social Development** is involved through their Victims Empowerment Programme (as described in Section 7.1.4). The **Department of Community Safety** focuses on the implementation of safety measures in high-risk areas,<sup>251</sup> and has created victim support rooms at police stations where women can go to report GBV.<sup>252</sup> The **South African Police Service** has turned 66 Child Protection Units into Family Violence, Child Protection and Sexual Offences Units.<sup>253</sup> There are 62 sexual offences courts throughout the country, with designated waiting rooms and counselling offered to victims.<sup>254</sup> The **Department of Justice and Constitutional Development** has created, through the **National Prosecuting Authority's Sexual Offences and Community Affairs Unit**, 10





**Thuthuzela Care Centres.** These are one stop centres for survivors of sexual violence, where they receive medical, psychological, investigatorial and prosecuting services all in one location so that the victim need not move around. There are plans for 80 more of these centres to be established by 2010. There is a lack of these centres in rural areas.<sup>255</sup>

There are several important initiatives by civil society relating to GBV, including support services for victims, assistance in prosecuting, and prevention programmes, some of which have the support of government. The **National Network on Violence Against Women** launched the **Men in Action Campaign** in 2004. The campaign challenged men to take a vocal and engaged stand. Unfortunately, at their launch emphasis was placed on men's need to reclaim their rightful places as leaders and healers within communities, on the nuclear family as a source of strength, and on women and girls as victims in need of protection by the "new man."<sup>256</sup>

A critical gap in what government provides is state-run rehabilitation programmes for men who abuse (there are some run by NGOs for convicted abusers in prisons). There is also a lack of psychosocial support for boys who have been exposed to sexual violence. Since those who have been abused often abuse, this is a serious gap.

### **Is government conducting awareness raising programmes about GBV? Are steps being taken to enhance community capacity to stop GBV?**

The main awareness-raising strategy is the **16 Days of Activism** campaign, described earlier. The **365 Day National Action Plan to End Gender Violence** has a strong focus on

prevention, and strengthening "the capacity of men and boys to reduce gender based violence in partnership with women and girls."<sup>257</sup>

The **Brothers for Life Campaign** is a national men's campaign. The campaign draws upon the spirit of brotherhood to encourage men to positively influence each other as men, partners, parents and leaders. It aims to encourage men to have responsible relationships, and to behave responsibly and resist engaging in GBV. The **Department of Health** is an official partner as is the **South African National Aids Council**, but it is unclear what role they actually play in the running of the campaign. Sonke's **One Man Can Campaign** aims to encourage men to prevent GBV and in doing so builds the capacity of members of communities to condemn GBV. The OMC campaign was partially funded by the **Western Cape Office on the Status of Women**.

While government is involved in some programmes to raise awareness in communities about GBV and increase their capacity to condemn this violence, Brothers for Life and One Man Can are driven mainly by civil society. Government needs to increase the scale of its work in this regard to adequately fulfil its commitments. A problem identified by a representative of the CGE is that both NGOs and government go into communities to raise awareness and provide information about GBV, but this work is not sustained, often due to a lack of funds.<sup>258</sup> Sustained funds need to be provided by government for awareness-raising programmes.

Is government taking action to strengthen men's capacity to reduce GBV?



The **Department of Social Development** recently developed a strategy to work with men and boys against GBV. As part of this, they carried out a pilot programme around boys and GBV in 2007/2008, called the **SA Men's Forum**. The DSD piloted this in partnership with **SA Men's Action Group** in North West province.<sup>259</sup> The pilot has now been developed into a National Strategy, called the **Engagement of Men and Boys in the Prevention of Gender Based Violence**, which will be rolled out to the provinces over the next two years. While aimed at preventing GBV, the strategy incorporates a number of issues relevant to men and boys.<sup>260</sup> Various government departments and stakeholders were involved in the project, including, the **Department of Health**, the **Department of Education**, the **Department of Justice and Constitutional Development** and the **South African Police Services**.<sup>261</sup> The DSD's new national strategy is the first serious attempt taken by government in implementing its commitment to strengthen men's capacity to reduce GBV, and it is hoped that this will be implemented widely and effectively.

### Have support services to victims of GBV been improved? Have steps been taken to minimise secondary victimisation?

In the past few years, there has been some significant improvement in support services to victims of GBV including:

1. In 35 courts, Child Victim and Witness Rooms were established with one-way glass partitions.
2. 54 Sexual Offences Courts were created.
3. In 2005 52 new Correctional Supervision Parole Boards were created, so for

the first time, victims could make presentations to the Parole Board and attend parole hearings.

4. In 2005, the Victims Support Directorate was established.
5. Thuthezela Care Centres were opened to provide one-stop services for rape victims.
6. Victims Charter and the Minimum Standards were translated into the 11 official languages and Braille.
7. Over 20,000 government personnel, police officers and 'train-the-trainers' were trained on the Victims Charter (including the chairperson and vice-chairperson of all the Parole Boards).

A **Victim's Charter** was created by the **Department of Justice and Constitutional Development** to ensure the rights of victims of crime and to reduce secondary victimisation by the police and the justice sector. The **South African Police Service (SAPS)** has created **National Policy Guidelines** setting out the police's role in providing support to victims of sexual offences. They have also created **National Instructions for the Police on Domestic Violence (2006)** and ones for **Sexual Offences (2008)**.

However, despite these improvements there are still many problems with services offered to victims of GBV. Police stations are understaffed and police officers are often insensitive to the urgency of cases. Victims are turned away from police stations if they do not live in the area served by that police station, and at times police do not respond to calls for assistance from outside their area, sometimes even in emergencies. There are not enough female



---

police officers available to deal with cases of domestic violence and inadequate numbers of police and resources (such as transport) available to assist complainants immediately with protection orders.<sup>262</sup> Another problem encountered is that training does not reach the upper echelons of the police, and high staff turnover at lower levels. There is a need to start training police from the top and let this filter down.<sup>263</sup>

Victims are often not informed properly and are therefore unable to access their rights (such as protection orders, laying charges or other relevant procedures) or appropriate care. Other barriers to understanding and exercising rights include language barriers, a lack of legal representation in court and access to courts for complainants from rural areas.

There are also problems with the health services offered to victims of GBV. Despite alarmingly high levels of HIV/AIDS, PEP is not available to many rape survivors. This has serious implications given that many women have limited access to hospitals and given the rapid reaction time required for effective PEP.<sup>264</sup> Staff at many health centres “refused to provide medical treatment in the form of antiretroviral drugs, taken as post-exposure prophylaxis to prevent HIV infection, if the rape had not been reported at a police station.” A shortage of psychosocial services means that counselling services often cannot be provided or can only be provided for short periods or by under qualified staff. This situation is particularly acute in rural areas.

A lack of resources can lead to **secondary victimisation**. Staff shortages can result in insufficient time for adequate treatment, which can exacerbate psychological trauma. Victims have also reported being re-traumatised by

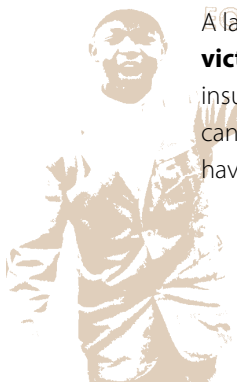
insensitive behaviour of domestic violence clerks. A study revealed that only 56% of health staff had received specialised training for addressing survivors of GBV. It is essential for social work providers and staff dealing with a victim of sexual crime to have a clear understanding about the danger of re-traumatising a victim.

Despite significant improvements in services aimed at victims of GBV, it is clear that implementation is erratic, and that there are still significant challenges with delivery. These challenges need to be addressed and services in all areas improved in order for government to fulfil its commitments to victims of GBV.

### **Are there clear leadership messages on gender violence and stigmatisation of rape victims?**

A major gap in public discourse is that of male leaders speaking out against gender violence.<sup>265</sup> As a representative from the CGE commented, it is only during the 16 Days of Activism that you get to hear leaders doing so, when in fact this needs to happen all year round. Initiatives to combat GBV are often undermined by the attitudes and actions of high profile public figures and the response (or lack of response) from the government. Some commentators have viewed this as evidence of a ‘backlash’ against efforts to achieve gender equality. The following are three examples of bad messaging from leaders:

- Incidents which occurred during the rape trial of the then Deputy President Jacob Zuma, including the burning in effigy of the complainant, which the Deputy President implicitly supported and did not stop.
- In a speech to students at the Cape



---

Peninsula University on January 22<sup>nd</sup> 2009, the head of the African National Congress Youth League, Julius Malema, said that the woman who had accused Zuma of rape had a “nice time” with him, and added: “When a women didn’t enjoy it, she leaves early in the morning. Those who had a nice time will wait until the sun comes out, request breakfast and ask for taxi money.” Sonke subsequently took Malema to the Equality Court, claiming that these comments were harassment, discrimination and hate speech. At the time of writing, the court had not yet made its judgment, but when asked to apologise during proceedings, Malema’s legal counsel argued that the statements made were “fair comment”.

- After allegations of sexual harassment against the chief whip of the ruling party, action was taken only after the intervention of powerful women within the party.

## RECOMMENDATIONS

- Campaigns against GBV need a clearer focus on prevention.
- Prominent male leaders need to speak out clearly and consistently against GBV.
- Training of police needs to reach into the upper echelons of the police force.
- Police need more staff and resources to be able to respond more efficiently to domestic and sexual violence.
- A more programmatic approach to prevention of GBV is needed.
- There is need for more resources in rural areas, particularly Sexual Offences Courts and Thuthuzela Care Centres.
- Rehabilitation programmes are needed for men who abuse women.
- Awareness programmes need to be sustained for longer periods.



## 7

# SEXUAL AND REPRODUCTIVE HEALTH AND FAMILY PLANNING

Sexual and reproductive health is a key component of health. Reproductive rights encompass the rights of men and women to be informed about and have access to safe, effective, affordable and acceptable legal methods of contraception and fertility regulation of their choice, and appropriate healthcare services for safe pregnancy and birth for women and infants.

Historically, reproductive health advocacy efforts and services have tended to exclude men. However, this is rapidly changing both internationally and in South Africa. The 1994 ICPD and the 1995 FWCW recognised the importance of including men in sexual and reproductive health to provide for men's own sexual and reproductive health needs, to improve women's health by men's involvement (particularly in the areas of HIV/AIDS and contraception) and achieve gender equality.

Many men in South Africa are not actively involved in the reproductive healthcare of their partners and do not typically participate in contraception or antenatal care consultations. Most are also absent during labour and delivery,<sup>266</sup> which, in turn decreases the likelihood that men will know how to provide emotional and practical support and the opportunity for men to learn of other healthcare services from which they might benefit. In the context of sexual and reproductive health, some analysts have argued that men are "the forgotten clients."<sup>267</sup> Ultimately the lack of involvement of men in reproductive health sets the stage for reduced lifelong involvement of men in the lives of their families and their own reproductive health.

Gender norms of masculinity are implicated in men's reluctance to seek medical care, including reproductive health care. Cross-cultural evidence suggests that in many societies masculinity is associated with a sense of invulnerability, and with men being socialised to be self-reliant, not to show their emotions, and not to seek assistance in times of need. The impact of gender norms on men's health-seeking behaviour must become an important focus of policy on men, health and gender equality.

However, it is becoming increasingly clear that when given the opportunity many men wish to be positively involved in reproductive health decision-making, including in the use of services, to contribute to positive health outcomes not only for themselves but also for their families and communities. A study of men's attitudes to care and support found that men were willing to participate in antenatal care but felt they did not have the necessary skills. Economic conditions, including the rise in both male unemployment and female employment outside the home, are pushing more men to take up family responsibilities that were previously the domain of women; this has been further fuelled by growing public interest in, and discussion of, men's roles as fathers and the benefits of engaged fatherhood for women, children and men. This demonstrates that working with men to encourage their involvement can have important effects.

The South African government has made commitments to involving men in sexual and reproductive health initiatives and family planning in the following policies and instruments:



---

• **HIV & AIDS and STI Strategic Plan for South Africa 2007 – 2011:** Objective 2.7: “Develop a comprehensive package that promotes male sexual health.”

• **HIV & AIDS and STI Strategic Plan for South Africa 2007 – 2011:** Objective 2.7: “Intervention: Convene a multidisciplinary expert working group, including traditional leaders and private practitioners to review the WHO / UNAIDS male circumcision policy and make policy and programme recommendations.”

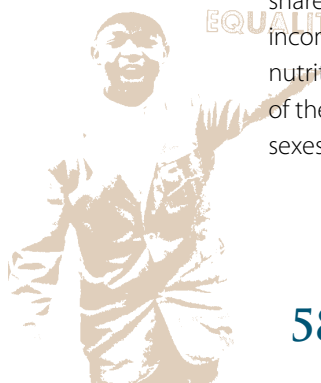
• **Commission on the Status of Women – 48<sup>TH</sup> Session, 2004,** Section 6p: “Ensure men’s access to and utilisation of reproductive and sexual health services and programmes, including HIV/AIDS-related programmes and services, and encourage men to participate with women in programmes designed to prevent and treat all forms of HIV/AIDS transmission and other sexually transmitted infections.”

• **International Conference on Population and Development,** Section 4.27: “Special efforts should be made to emphasise men’s shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income, children’s education, health and nutrition; and recognition and promotion of the equal value of children of both sexes...”

• **International Conference on Population and Development, 1994,** Section 7.8: “Innovative programmes must be developed to make information, counselling and services for reproductive health accessible to adolescents and adult men. Such programmes must both educate and enable men to share more equally in family planning and in domestic and child-rearing responsibilities and to accept the major responsibility for the prevention of sexually transmitted diseases ... Programmes must reach men in their workplaces, at home and where they gather for recreation ... Voluntary and appropriate male methods for contraception, as well as for the prevention of sexually transmitted diseases, including AIDS, should be promoted and made accessible with adequate information and counselling.”

• **International Conference on Population and Development, 1994,** Section 7.14 (e) “To increase the participation and sharing of responsibility of men in the actual practice of family planning.”

The following section will explore the extent what progress government has made to promote the use by men of reproductive health facilities.



---

## HAS GOVERNMENT DEVELOPED A COMPREHENSIVE PACKAGE OF LAWS AND POLICIES PROMOTING MALE SEXUAL HEALTH?

It was extremely difficult to find any information from the DoH showing that a comprehensive package has been developed that explicitly promotes male sexual health. While the Constitution and other relevant policies and legislation demonstrate a national commitment to upholding sexual and reproductive rights and access to reproductive healthcare, South African policy has not developed far with regards to including men.

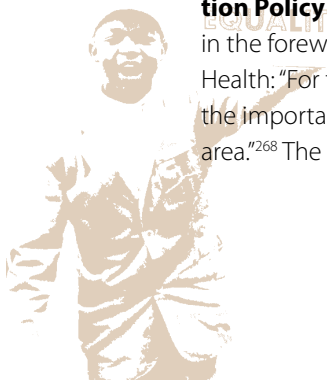
Section 27(1)(a) of South Africa's Constitution says that "Everyone has the right to have access to health care services, including reproductive health care." The **Sterilisation Act 44 of 1998** recognises that both "women and men have the right to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation". While the **Policy Guidelines for Youth and Adolescent Health (2001)** address sexual and reproductive health, particularly the prevention of unwanted teenage pregnancies, providing safe termination of pregnancy, and prevention and treatment of sexually transmitted diseases, the intervention strategies listed do not include specific reference to men and boys. By contrast the **National Contraception Policy Guidelines (2003)** refers to men in the foreword written by the Minister of Health: "For the first time this policy recognises the importance of involving men in this critical area."<sup>268</sup> The **Maternal, Child and Women's**

**Health (MCWH) Committee Policy Proposals (1995)** stipulate that the goal for maternal, child and women's health policy should be, inter alia, to "achieve optimal reproductive and sexual health [mental, physical and social] for all women and men across the life-span of individuals." In the underlying statement of philosophy, the policy acknowledges that: "Men also have a particular role to play in women's reproductive health because in many cultures they are the decision-makers and they control access to resources needed for health-care."<sup>269</sup>

While it is noted that South African reproductive health policies refer to men, there is still need for policy to be developed which explicitly promotes and regulates male sexual health.

### **Are reproductive health services male friendly and accessible to men? What is being done to make sexual health services more accessible to men?**

Efforts to encourage more male involvement must begin with the design and delivery of sexual and reproductive health services. Public health clinics are widely viewed as services 'for women', and even those which most directly target men, namely STI services, often fail to respond adequately to men's own expressed needs and concerns. Reproductive health services continue to be provided for and by women, and men often report difficulty in accessing such services. When men are asked about their sexual health concerns, psychosocial issues such as premature ejaculation and male erectile dysfunction often predominate, yet these are rarely addressed by sexual health services. Certain groups of men may find it particularly difficult to access health services, especially sexual and reproductive



health services. Men from poor communities that are underserved by clinical health services often lack the means to pay for transport to clinics and hospitals.<sup>270</sup> Men who have sex with men face both stigma and a lack of knowledge among healthcare providers of how to treat infections associated with male-to-male sex.<sup>271</sup> Young men often face stigma at the hands of service providers<sup>272</sup> and men in prison often receive poor healthcare. Obtaining information about the ways in which the DoH is addressing men and SRH facilities was extremely challenging. It would seem that making sexual health services more accessible to men is not currently prioritised within this sector.

#### **What is being done to encourage men to utilise sexual and reproductive health facilities?**

The Gender Focal Person for the DoH reported plans to host a workshop for men within the Department to educate them about reproductive health and safe motherhood. After this 'pilot project', similar workshops will be conducted to cascade down to provincial and community levels.<sup>273</sup> The DoH will launch the **Men's Health Forum** officially in 2010, and will focus on advocacy and awareness of men's health, and improved service delivery. They intend to integrate this content into every event or campaign organised by the Department to ensure ongoing involvement and inclusion of men. February is **Reproductive Health month** and the Men's Health Forum plans to focus on creating awareness amongst men about reproductive health.<sup>274</sup> While it is encouraging that the DoH is beginning to focus more on men and their reproductive health, there is need for more innovative programmes by government to reach men in a variety of ways and encourage

better uptake of SRH services.

#### **What is being done to increase the participation and sharing of responsibility of men in family planning?**

The **Kangaroo Mother Care (KMC) Policy and Guidelines for the Western Cape Province (2003)** focuses on the role of fathers in caring for low birth-weight infants by providing that "support KMC givers, especially the father, should be involved in KMC training as early as possible, together with the mother, while the infant is still in the Neonatal Unit."<sup>275</sup> With regard to family planning, the **National Contraception Policy Guidelines (2003)** includes a commitment that contraceptives should be made available to all who need them, including adolescents and men. In terms of male involvement in preventing and responding to teen pregnancy, the **National Department of Education** has published **Guidelines for Educators on the HIV/AIDS Emergency (2000)**, which state that male educators have a particular responsibility to end the practice of demanding sex with female educators or learners. While the **Health Policy Guidelines for Youth and Adolescent Health (2001)** do not include specific reference to gender issues nor to particular strategies for men and boys, the elimination of domestic and sexual violence is given priority. In 2007 the **Department of Education** published the **Measures for the Prevention and Management of Learner Pregnancy**, which encourage abstinence in learners under the age of 16 and provide measure for managing pregnancy among learners. Once again, there is no specific mention of the roles and responsibilities of men and boys. In general, young fathers





---

remain almost invisible in school policy and practice, in part because fathers of children born to school-going girls are often older. When speaking to the Directorate of Families within the DSD the writers of this report were left with the impression that men are often neglected in programmes within this Directorate.

## RECOMMENDATIONS

- The DoH needs to develop a comprehensive approach to address men's sexual and reproductive health needs.
- The DoH needs to undertake wider community education campaigns to encourage fathers to be involved in their partners' antenatal and maternity care.
- Work needs to be done to ensure that healthcare facilities like VCT services, family planning and STI clinics are not viewed as catering only for women, and these facilities need to explore ways to become more accessible and amenable to men and men's needs, including staff who are male friendly.
- The DoH needs to develop innovative ways to access men outside of the formal healthcare sector at places of work and recreation.
- The stigma that men who have sex with men are exposed to must be addressed and all young men must feel able to access healthcare services without censure or judgement.
- Health policy guidelines need to include men and boys explicitly.
- Programmes and policies relating to teen pregnancy need to also address men and boys and encourage their involvement as fathers.
- Steps must be taken to address and shift men's perceptions that health-seeking behaviour is weak or unmanly.
- The impact of gender norms on men's health-seeking behaviour must be an important focus of policy on men, health and gender equality.



## 8

# HIV PREVENTION AND SERVICES

At the end of 2007 it was estimated that 33 million people worldwide were infected with HIV.<sup>276</sup> South Africa has one of the most severe HIV epidemics in the world with 5.5 million people living with HIV/AIDS – an adult prevalence rate of 18.3%.<sup>277</sup> The epidemic has effects that are highly gendered. Gender affects transmission of the virus, treatment and care. Levels of HIV in South Africa are significantly higher among younger women, with male prevalence exceeding female prevalence after age 35–39 years.<sup>278</sup>

The South African government has made the following commitments to involving men in HIV prevention initiatives, making HIV services more accessible to men, and encouraging men to use them:

- **HIV & AIDS and STI Strategic Plan for South Africa, 2007 – 2011:** Objective 1.4: “Create an enabling environment for HIV testing. Intervention: Expand access to HIV testing beyond formal health care settings such as community and non-health care settings.”

- **HIV & AIDS and STI Strategic Plan for South Africa, 2007 – 2011:** Objective 5.1: “Increase access to VCT services that recognise diversity of needs.”

- **HIV & AIDS and STI Strategic Plan for South Africa, 2007 – 2011:** Objective 5.2: “Increase uptake of VCT. Intervention: Increase the number of adults who have ever had an HIV test, with a focus on men.”

- **HIV & AIDS and STI Strategic Plan for South Africa, 2007 – 2011:** Objective 2.1: “Strengthen behaviour change

programmes, interventions and curricula for the prevention of sexual transmission of HIV, customised for different target groups with a focus on those more vulnerable to and at higher risk of HIV infection.”

- **HIV & AIDS and STI Strategic Plan for South Africa, 2007 – 2011:** Objective 12.1: “Support the evaluation of existing interventions and the development of new innovative programmes or interventions aimed at behaviour change for HIV prevention. Intervention: Evaluation behavioural interventions focussing on young women, men youth and higher risk groups.”

- **HIV & AIDS and STI Strategic Plan for South Africa, 2007 – 2011:** Objective 2.5: “Increase roll out of prevention programmes for higher risk populations. Intervention: Incremental roll-out of comprehensive customised HIV prevention package in prisons, including access to VCT and access to male condoms, lubricants, STI symptom recognition and access to PEP and STI treatment.”

The remainder of this section will consider to what extent government is meeting its commitment to targeting men and boys in HIV prevention and services.

## WHAT POLICIES HAVE BEEN MADE AROUND MALE HIV PREVENTION?

The main policy dealing with prevention in South Africa is the **HIV & AIDS Strategic**



**Plan for South Africa, 2007 – 2011 (NSP),** which recommends greater emphasis on strategies designed to influence behaviour, rather than simply raise awareness, and underlines the importance of gender issues. “There is some evidence that cultural attitudes and practices expose South Africans to HIV infections. First, gender inequalities inherent in most patriarchal cultures where women are accorded a lower status than men impact significantly on the choices that women can make in their lives especially with regards to when, with whom and how sexual intercourse takes place. Such decisions are frequently constrained by coercion and violence in the women’s relationships with men. In particular, male partners either have sex with sex workers or engage in multiple relationships, and their female partners or spouses are unable to insist on the use of condoms during sexual intercourse for fear of losing their main source of livelihood.”<sup>279</sup> The plan calls for the active targeting of males in prevention of HIV.

#### **Why is it important to get men to test for HIV?**

Research indicates that people who are aware of their status are more likely to use condoms. Research published in 2005 reported that respondents who knew they were HIV positive used condoms two thirds of the time the last time they had sex compared to only a quarter of the time for respondents who did not know they were positive. Amongst respondents who knew that they were HIV negative, half used condoms at last sex compared to only a third of those who did not know their status.<sup>280</sup> Many studies show that the relationship between testing and behaviour change depends on whether the test results are positive or negative. More than amongst those

who test negative, among those who test HIV positive testing has been shown to reduce unprotected intercourse. This is an important prevention goal. Testing also serves as the gateway to a range of HIV services including treatment. It is, therefore, critical that more men access and utilise HIV testing. Men also influence women’s testing behaviour. Research suggests that fear of men’s violent response can deter women from taking an HIV test or disclosing an HIV positive result. In studies from Tanzania, South Africa and Kenya, 16–51% of women who did not disclose their status cited fear of men’s violence as a major reason.<sup>281</sup>

#### **Are HIV testing services male friendly and accessible to men? What has been done to make testing services more accessible and encourage men to test?**

While the Deputy Director of the Prevention Directorate within the HIV/AIDS Unit of the Department of Social Development, explained that the Gender Programme in development will encourage men to test, at present there are no specific programmes targeting or encouraging men to test within her department,<sup>282</sup> although VCT drives cater for both men and women.<sup>283</sup> However, the counselling provided in VCT is generic and is not tailored to suit the differing needs of males and females. As most testing involves pregnant women, men are often neglected in this process. A new approach to testing has been piloted called the provider-initiated HIV testing and counselling, whereby all patients in medical settings are offered HIV testing. This will result in more men being offered testing when they attend other services. Piloted in Cape Town between 2006 and 2007, this approach resulted in an increase in testing.



Hope Worldwide has been funded by the DoH to include a VCT component to its **Men As Partners** work and is rolling this out in four provinces. They have combined a strong VCT element into their existing MAP workshops with the aim of encouraging men to test by raising awareness and informing men of the advantages of being tested. It seems that the DoH has provided some funding for projects, but there is little evidence of actual steps taken by the government to create male-friendly VCT sites and to encourage men to test or accompany their partners for testing.

### **Is HIV testing available outside of formal healthcare settings? Are testing services accessible to men?**

Non-health facilities are available as testing and counselling sites, enabling people in rural settings, who cannot afford to travel to a clinic, to access such facilities.<sup>284</sup> Certain companies provide their own testing sites, whilst the government provides professionals, instruments and supplies.<sup>285</sup> At truck sites on the road, truckdrivers are provided with mobile testing areas, condoms and kits. The government also funds many NGOs who provide HIV testing facilities in schools and prisons.<sup>286</sup> While some innovative efforts have been made to reach men at places of work and recreation, with government support, these initiatives should be scaled up to achieve the crucial goal of encouraging men to test for HIV.

### **Are men accessing antiretroviral therapy?**

The South African government lacks accurate data on the number of people receiving antiretroviral therapy (ART). Although government claims that 42% of those in need are receiving treatment, independent data gathered by civil society groups suggest that this is an overesti-

mate.<sup>287</sup> Treatment uptake is highly gendered. Research on the uptake of ART in Khayelitsha found that 70% of those accessing treatment were women.<sup>288</sup> This is not solely the result of higher infection rates among women – there are fewer men accessing treatment, and men are likely to access ART later in the disease progression than women, and consequently access care with more compromised immune systems.<sup>289</sup> A study also found that men were less adherent than women.<sup>290</sup>

Studies suggest that male socialisation often results in the view that health-seeking behaviours are as a sign of weakness. A 2004 survey of 566 Khayelitsha residents showed that two-thirds of respondents agreed or agreed strongly with the statement that, “men think of ill-health as a sign of weakness which is why they go to a doctor less often than women.”<sup>291</sup> Men’s lower than expected uptake of ART also reflects the fact that many reproductive health services do not address men’s HIV, STI and other sexual and reproductive health needs. Most VCT services, for instance, are offered in antenatal clinics which are not male-friendly, nor designed or equipped to deal with men.<sup>292</sup> Similarly, many antenatal clinics do not attempt to reach male partners with VCT services. More research is needed to identify why men are not accessing ART in order to address this urgently, along with increased efforts to challenge the attitude of many men that health-seeking behaviour is weak or unmanly. Clinics administering ART need to be made more ‘male-friendly’ in order to encourage men to accept their HIV status and seek treatment when necessary.

### **What is the national policy on male circumcision? Have actions been taken to scale this up?**



With two decades of observational studies and meta-analyses suggesting a link between male circumcision and increased protection against HIV transmission,<sup>293,294</sup> three experimental studies on male circumcision were undertaken in Orange Farm, South Africa, Rakai, Uganda and Kisumu, Kenya.<sup>295,296</sup> The study found compelling evidence that men who were circumcised were 61% per cent less likely to be infected with HIV. The investigators concluded that male circumcision “provides a degree of protection against acquiring HIV infection, equivalent to what a vaccine of high efficacy would have achieved.”<sup>297</sup>

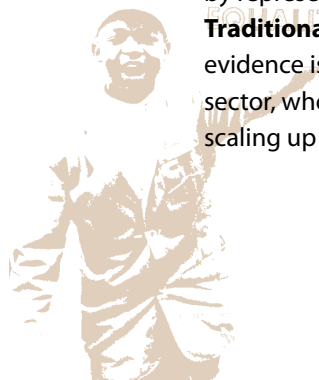
Male circumcision was not addressed in the 2000–2005 NSP. During the adoption of the new national **HIV & AIDS and STI Strategic Plan for South Africa 2007–2011** (NSP) in May 2007, it was noted that male circumcision was identified as an ‘emerging’ prevention measure and a mechanism was needed to determine how best to translate recent evidence about its impact on prevention into policy and programmes. A draft **National Policy Framework for the Implementation of Male Circumcision** was produced recently by the DoH for use by policy makers and programme managers to identify how to scale up male circumcision. While the policy encourages primary healthcare facilities to implement large-scale male circumcision, it is still at the consultation stage.<sup>298</sup> SANAC has held consultations with multiple sectors about this policy, with initial opposition raised by representatives from the **Congress of Traditional Leaders**, who claim that more evidence is needed, and from the women’s sector, who questioned the effect that scaling up circumcision would have on

women.

South Africa can learn from other African countries who have moved forward with this. In Swaziland, Lesotho and Zambia, senior health ministry officials coordinate national taskforces on male circumcision. Other African countries including Swaziland, Botswana, Rwanda, Zimbabwe and Namibia have begun to scale up their male circumcision practises, and have developed national male circumcision guidelines. PEPFAR, the Global Fund and the Gates Foundation have committed funding for male circumcision, but South Africa has not used this to date.<sup>299</sup> In light of the compelling evidence in favour of male circumcision, the government needs to finalise consultations in order to implement scaling up of male circumcision.

#### **What are men’s attitudes to condoms? Are condoms readily available?**

A study of men’s attitudes towards condom use in South Africa reported that some men associate male condoms with discomfort, distrust in relationships, undesired interruption of sexual intercourse, and death of female sexual partners.<sup>300</sup> A study of men and women in Soweto by the **Men as Partners** programme found that 36% of men thought women who carried condoms were “easy”, and that 24% of women agreed.<sup>301</sup> A study of 10,000 South African adults found that 22% of men but only 15% of women reported having used condoms the first time they had sex.<sup>302</sup> Men’s attitudes towards women also influence condom use. Women who experienced forced sex were much more likely to use condoms inconsistently than other women.<sup>303</sup> Studies show that men with more traditional attitudes toward gender roles and relations are also more likely



to have negative attitudes toward condoms and to use them less consistently.<sup>304</sup>

Condom distribution in South Africa has increased steadily each year. In 2005, HSRC reported that “male condom distribution by the Department of Health has increased markedly – from 267 million in 2001 to 346 million in 2004.”<sup>305</sup> Other sources report that condom availability has continued to increase over the last two years, with 367 million available in 2006 and 401 million in 2007.<sup>306</sup> However, condom availability per person remains relatively low. For 2007/2008, it was 11.8 condoms a year per man.<sup>307</sup> A study of drinking venues in Khayelitsha indicated that more than 90% did not have condoms available despite the fact that more than 80% of the men and women there reported “fishing” at the sites for new sexual partners.<sup>308</sup>

Condom policy should be explicitly linked to gender equity, and initiatives and messages used to promote condoms must also promote equitable sexual relations between women and men and not reinforce negative images of women and female sexuality.<sup>309</sup> Efforts to ensure that a greater number of condoms are available must be scaled up rapidly, and higher risk groups must be targeted for condom distribution.

#### **Are HIV-prevention behavioural change programmes being customised to address men and boys?**

The **Department of Health** spearheaded the **Men in Partnership Against Aids (MIPAA)** initiative in 2002 – a collaboration between government structures, business, labour unions and community organisations aimed at reducing the impact of HIV/AIDS and TB, and educating men to be sexually responsible

and to take part in efforts to halt the spread of AIDS. The DoH organised consultative workshops with civil society and government stakeholders, developed working groups, provincial committees and ‘dialogues’. Peer programmes on HIV and AIDS, gender and poverty were also developed.<sup>310</sup> The GFP in the DoH explained that there is now a greater emphasis on including boys and men in all behaviour change programmes, as well as education and awareness programmes relating to HIV.<sup>311</sup> The **HIV/AIDS Prevention Directorate** is busy developing a Gender Programme on HIV/AIDS. The behaviour change component will include men and boys, but it is still in development and thus cannot yet be evaluated.<sup>312</sup> The **Brothers for Life Campaign**, of which government is a partner, also has a focus area of behavioural change aimed at HIV prevention. It is disappointing that there are relatively few initiatives aimed at behavioural change related to HIV prevention, coupled with insufficient evaluation of programmes that have attempted to target men and boys. More work is needed in this area in order for government to meet its obligations.

#### **Are there prevention programmes for higher risk populations?**

The District Coordinator for Community-based Caregiving Organisations for the DoH explained that higher risk populations, including truck drivers, sex workers, prisoners and young women, are catered for within HIV/AIDS work.<sup>313</sup> At truck sites on the road, truck drivers are provided with mobile testing areas, condoms and kits. The government also funds many NGOs who provided HIV testing facilities in schools and prisons.<sup>314</sup> The Deputy Director **Prevention Directorate, HIV/AIDS Unit** within the **Department of Social Develop-**



**ment** explained that it is the DoH's responsibility to ensure that prevention programmes for higher risk populations are extended, as the DSD did not see this as their role.<sup>315</sup> Government could increase its targeting of higher risk populations and a coordinated effort between government departments would improve the effectivity and reach of such initiatives.

### **Are there HIV prevention programmes in prisons?**

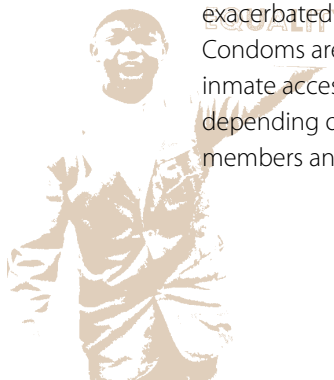
Prisoners remain at the highest risk for contraction of the virus.<sup>316</sup> As of 2007, South Africa is home to over 160,000 offenders,<sup>317</sup> with men making up nearly 70% of the prison population.<sup>318</sup> HIV infection rates among offenders are higher than those among the general population – a study of over 10,000 prisoners nationwide found HIV prevalence of 19.8% (the national average is 16.3%). A country profile on drugs and crime recorded a 484% increase in deaths in South African prisons between 1995 and 2000. According to post-mortems conducted, most of those deaths are believed to have been as a result of HIV/AIDS.<sup>319</sup> In the overcrowded prison setting, HIV transmission and vulnerability are exacerbated by poor nutrition, inadequate condom provision, and little to no distribution of disinfectant products or condom lubrication.<sup>320</sup> Men in prison face particular challenges in accessing ART services.<sup>321</sup> "The quality of prison health care, compared to that available to the general public, is deplorable, and there is little reason to assume that the care specifically for those who are HIV positive is an exception."<sup>322</sup> HIV vulnerability is exacerbated by inadequate condom provision. Condoms are officially available, but in reality, inmate access to condoms varies markedly, depending on the attitudes of individual staff members and the culture of each institution.

A survey of the experiences of male youth in the Boksburg Youth Correctional Centre found that those who had succeeded in obtaining a condom had most commonly sourced the condoms from another offender (28%), while 24% had received it from a medical member of staff.<sup>323</sup> Lubricant is not available, undermining the efficacy of the condom use, particularly when other forms of lubrication are used that compromise the integrity of the condom.

Chapter 8 of the Jali Commission presented evidence that rape is widespread in prison and called for government action: "If the Department [of Correctional Services] keeps on ignoring the fact that sexual abuse is rife in our prisons and that there is an extreme likelihood that prisoners who are exposed to violent unprotected sex will in all likelihood contract AIDS, then it is effectively, by omission, imposing a death sentence on vulnerable prisoners."<sup>324</sup> Serious measures need to be put in place to prevent HIV and provide better healthcare to prisoners in order for government to comply with its commitments.

## **RECOMMENDATIONS**

- Work with men and boys needs to become more central in all HIV/AIDS work.
- Government needs to increase its efforts to specifically encourage men to test by creating more male-friendly VCT sites.
- More needs to be done to access men at places of work and/or recreation.
- More research is needed to identify specific reasons why men are not accessing ART.
- Further efforts need to be made to



---

shift the attitudes of men about health-seeking behaviour.

- Clinics administering ART need to be made more male-friendly.
- Male circumcision programmes must be scaled up in the public sector.
- Condoms need to be more readily available and work is needed to address the negative attitudes that many men have concerning condoms.
- Campaigns to promote condom use should also promote more equitable sexual relations between men and women and counteract negative images of women and female sexuality.
- Prevention programmes aimed at higher risk groups should be increased.
- HIV prevention work in prisons needs to be increased, and better care provided for HIV-positive prisoners.





## 9

# WORK WITH YOUNG MEN AND BOYS

Schools, like families, are one of the primary arenas in which children are socialised and masculinities and femininities shaped. As a microcosm of South African society, schools also reflect violence, sexual abuse, HIV/AIDS, and gangs. However, at the same time schools have long been a crucial site of social engineering and in the recent past this has involved a series of gender interventions which include attempts to ensure that the content of educational materials does not reinforce gender stereotypes.<sup>325</sup> The South African government has made the following commitments to working with boys and youth towards achieving gender equality in the following policies and instruments:

- **HIV & AIDS and STI Strategic Plan for South Africa, 2007 – 2011:** Objective

2.1: "Strengthen behaviour change programmes, interventions and curricula for the prevention of sexual transmission of HIV, customised for different target groups with a focus on those more vulnerable to and at higher risk of HIV infection." Intervention: "Introduce, evaluate and customise curricula and interventions for different target groups including: Young people out of school, primary school children, secondary school children, higher education institutions, young women and pregnant women, older men and women, higher risk groups and vulnerable populations."

- **365 Day National Action Plan to**

**End Gender Violence, 2007:** Support section, Objective 1: "To task CGE [Commission for Gender Equality] to coordinate with relevant stakeholders (teacher unions, tertiary institutions, education policy groups etc) to

comprehensively monitor and critique the curriculum of educators and learners in order to assess whether the curricula enhances/promotes the culture of human dignity and gender equality."

- **Commission on the Status of Women**

– **48<sup>TH</sup> Session, 2004:** Section 6(g)

"Develop and implement programmes for pre-schools, schools, community centers, youth organisations, sport clubs and centres, and other groups dealing with children and youth, including training for teachers, social workers and other professionals who deal with children to foster positive attitudes and behaviours on gender equality;"

- **Commission on the Status of Women – 48<sup>TH</sup> SESSION, 2004:**

Section 6(h) "Promote critical reviews of school curricula, textbooks and other information education and communication materials at all levels in order to recommend ways to strengthen the promotion of gender equality that involves the engagement of boys as well as girls;"

- **International Conference on Population and Development, 1994:**

Section 4.19. "Schools, the media and other social institutions should seek to eliminate stereotypes in all types of communication and educational materials that reinforce existing inequities between males and females and undermine girls' self-esteem. Countries must recognise that, in addition to expanding education for girls, teachers' attitudes and practices, school curricula and facilities must also change to reflect a



commitment to eliminate all gender bias, while recognising the specific needs of the girl child.”

This section will look at the efforts made by government in working with boys and youth to achieve gender equality.

## BOYS AND GIRLS IN THE SCHOOL SYSTEM

In South Africa, the ability of boys and girls to attend school is close to equal. The DoE Gender Parity Index (GPI) shows a GPI in 2001 of 1.00, indicating that school-aged boys and girls have equal access to the school system.<sup>326</sup> There are however other educational outcomes which have not been similar for boys and girls. The **Department of Education** revealed that although fewer girls are enrolled in primary school, there were 10% more female learners than male learners at the secondary level, with 93% of girls transferring to secondary school, compared to only 90% of boys.<sup>327</sup> Although there are more boys in primary school, more boys repeat primary and secondary grades. The number of girls writing and passing the Senior Certificate Exam is higher than the number of boys, but the *percentage* of boys passing the exam is higher than girls.<sup>328</sup> More girls enter into tertiary education. Although there are programmes that have focused on ensuring that girls stay in school, less attention has been paid to the fact that the dropout rate for boys is higher. There are several reasons for the higher dropout rate amongst boys, including the fact that it is easier for boys to find work as unskilled labourers, and that the majority of educators in primary schools are women. High dropout rates for boys is a serious issue as, amongst other factors, attending school keeps boys away from criminal

lifestyles and provides a place where boys can be trained about gender equality.<sup>329</sup>

## CRIME AND VIOLENCE IN SCHOOLS

A report released by the **Human Rights Commission** states that “schools have become unsafe places for substantial numbers of learners.” The report suggested that schools were the most likely places where children would become victims of crime including sexual violence, assault and robberies.<sup>330</sup> However, there are many difficulties about trying to quantify sexual violence in schools.<sup>331</sup> Many have documented extensive cases of rape, assault, sexual abuse and harassment of girls by both teachers and other students.<sup>332</sup> The South African Council for Educators (SACE) reported that for the period 2005 to 2007 there were 20 cases involving unprofessional conduct towards learners.<sup>333</sup> What evidence is available suggests that sexual liaisons are fairly common. In reality, very few teachers are brought to book, which suggests that there is widespread tolerance for teachers conducting relationships with students.<sup>334</sup>

The **Department of Education**, along with the provincial departments, has begun to establish a system of crime reporting in schools. The **Hlayiseka** – early warning system – is intended to enable school officials, learners and parents to report and manage incidents of crime and violence at schools. As the system is adopted in schools it will be their responsibility to keep a register of incidents and to provide the register to the respective provincial DoE. The provincial **Department of Education** will keep a record of crimes committed at schools and use this to facilitate planning and organisation of interventions



by the province, region or district. There has been some emphasis on specialised training of teachers in dealing with sexual violence. The Gender **Equity Directorate** of the **Department of Education** has published a pamphlet on GBV which provides advice and contact details. A **School-based Module on Managing Sexual Harassment and Gender Based Violence** has also been developed. The module comprises eight workshops covering topics such as: gender violence and sexual harassment, homophobia, abuse of learners, school policy on sexual harassment, school management teams and sexual harassment, gender and HIV/AIDS, counselling and healing. The module was designed to serve as a handbook for both learners and educators. The module was distributed to schools in March 2002, but there has been no evaluation of how extensive the rollout has been or how effective it has proved to be.

### Corporal punishment

Corporal punishment of children has been linked to later adult violence,<sup>335</sup> making the high incidence of corporal punishment in South Africa a cause for concern.<sup>336</sup> A study has found that children of all ages and income categories experienced corporal punishment both at home and in school.<sup>337</sup> Important policy strides have been made towards banning corporal punishment. Legislation has now outlawed all corporal punishment save for that carried out at home. Corporal punishment by the state as a punishment is in conflict with constitutional rights and in June 1995 the Constitutional Court declared juvenile whipping to be unconstitutional, while **The Abolition of Corporal Punishment Act 33 of 1997** repealed all legislation that authorised the imposition of corporal punishment by courts.

In schools and educational institutions the **National Education Policy Act 27 of 1996** outlawed corporal punishment in educational institutions, the **Adult Basic Education and Training Act 52 of 2000** made corporal punishment a disciplinary offence in adult education centres (the **Further Education and Training Act 16 of 2006** has a similar provision for tertiary institutions), while the **South African Schools Act 84 of 1996** made its administration in schools a criminal offence punishable by the same sentences applied for assault. However, in practice corporal punishment persists in many schools.<sup>338</sup> Attempts by government to outlaw corporal punishment in the home via the **Children's Amendment Bill (B19B-2006)** met with strong public resistance, possibly due to the widespread nature of its use and belief in its efficacy. The provision was subsequently withdrawn from the Bill in late 2007. Despite the progress made by the government in creating policy regarding corporal punishment, much work remains to be done to enforce such policy and to change people's attitudes towards corporal punishment. More work is needed to educate parents and educators about the possible harmful effects of corporal punishment and to make them aware of alternative and less harmful disciplinary measures.

### Boys, girls, sexual debut, sexual education

The majority of young South Africans start sexual activity in their mid-teens, with an estimated national average age of first intercourse at 15 for girls and 14 for boys. Boys generally start to have sex significantly earlier than girls, and in greater numbers. In a large study 49% of nearly 18,500 learners indicated that they were sexually experienced, while only half indicated that they had used a condom during their last



sexual experience.<sup>339</sup> Adolescents' knowledge of reproductive functions and sexuality is generally poor, and a substantial number indicated that they need information on matters such as pregnancy, sexually transmitted infections (STIs), sexual intercourse and relationships. For the majority of young people, access to sexual and reproductive health information and services is difficult. Extensive research has established that South African public health facilities are failing to provide adolescent-friendly health services.<sup>340</sup> Unfortunately, HIV is an increasing problem in South African schools. In 2000 the National Department of Education published **The HIV/AIDS Emergency Guidelines for Educators**. These guidelines state that condoms should be available in schools. They also encourage male educators to talk to learners about sexuality. The guidelines state "male educators have a particular responsibility to end the practice of demanding sex with female educators or learners."<sup>341</sup>

### Are there behavioural change interventions and curricula targeted at youth and boys? Are there different interventions for boys of different ages?

The **Department of Education** as a whole has not successfully implemented a systematic behaviour change strategy aimed at boys. However, various programmes addressing issues around gender, HIV/AIDS and GBV have taken place in schools or have been run in conjunction with the Department of Education.<sup>342</sup> The African Development Bank conducted interviews with the staff of **Departments of Education** and was unable to identify specific programmes for sensitisation about gender equality in schools.<sup>343</sup> Little work has been done around gender equality, with even less specifically targeting of boys.

The following are some important efforts carried out by government with boys and youth:

- The main programme, which has targeted boys specifically, was run by the **Department of Social Development**, was piloted in the North West province and targeted men and boys to combat GBV. The project involved workshops and training addressing the issues of GBV, HIV/AIDS, teenage pregnancy and drugs. It targeted schoolboys and identified men in the communities regarded as 'father figures' as mentors. Various government departments and stakeholders were involved in the project. The pilot has been developed into a National Strategy, the **Engagement of Men and Boys in the Prevention of Gender Based Violence**, which will be rolled out to the provinces over the next two years<sup>344</sup>
- The **Department of Education** is responsible for the **Girls and Boys Education Movement** (GEM BEM), adapted from the Girls Education Movement. This is funded mainly by UNICEF, with partial funding from certain provincial Departments of Education. The aim of GEM BEM is to empower girls and boys around gender issues. GEM BEM is implemented through school-based clubs, which each develop their own activities. Students are trained in peer education and life skills. Boys join as 'strategic partners' in gender transformation, and currently constitute about 30% membership. There are both joint activities for boys and girls and separate activities such as boys' camps that address social issues affecting boys – including gender violence, masculinity,



responsible sexuality, substance abuse and relationships. During the last year, 900 boys received trained on these issues. There are currently active 700 GEM BEM. Provincial DoE officials are working to strengthen existing clubs and to ensure that every public school has GEM BEM clubs.<sup>345</sup>

- The **Department of Education** has provided support to RAPCAN in its work in schools with boys.
- In 2001, a module for educators was developed, in a partnership between the **Department of Education, McGill University** and **CIDA**, for use by teachers, school management and school governing bodies. Unfortunately, it is reported that after an initial phase trainings were discontinued and thus training reached a limited audience, suggesting that gender equality has not been prioritised sufficiently in curricula reform.<sup>346</sup>
- In 2007, all schools in South Africa reported having provided life-skills based HIV and AIDS education.<sup>347</sup> There is no evidence that any part of this curricula is specifically aimed at boys.
- **Today's Choices** is a computer-based interactive programme that provides sexuality education. It has been tested in four provinces and is currently being incorporated as the basis for the Life Orientation Curriculum for Grades 10 – 12 in these provinces. The programme addresses issues such as gender roles, building relationships, making decisions about sexuality, negotiating sexual activity, preventing HIV, STIs and pregnancy, and risk behaviour.<sup>348</sup>

Thus while there are encouraging examples of work that has been done towards behaviour change, it is limited. It is suggested that the **Department of Education** and **Department of Health** concentrate on mainstreaming programmes to promote behaviour change towards gender equality, with a special focus on working with boys and youths, to achieve greater impact.

### **Are curricula, textbooks and other school programmes being evaluated in order to recommend ways to strengthen the promotion of gender equality?**

In 1998 the **Department of Education** established the **Gender Equity Directorate** to ensure that gender-sensitive policies and programmes are in place. Monitoring and evaluation takes place through an inter-provincial structure that meets quarterly. Several provincial **Commissions for Gender Equality** have carried out a review of school curricula in order to see if they comply.<sup>349</sup> The **National Commission for Gender Equality** has produced a report on gender in curricula. At the time of writing, the report had been completed but had not yet been printed. Evaluations of life skills programmes at schools have also been conducted, and indicate that life skills programmes are not well implemented and have little proven effect on behaviour. Describing an outcome evaluation conducted in 24 schools in Gauteng province, results showed that the programme was not implemented as planned due to organisational problems in schools, lack of commitment by staff (teachers and principals), non-trusting relationships between teachers and learners, lack of resources and conflicting goals in the educational system".<sup>350</sup> The CGE reported that there was so little mainstreaming of policies and implementa-



tion within the DoE that it was impossible to capacitate and fund the evaluation.<sup>351</sup> This in itself speaks volumes. More effort and funding needs to be concentrated on the effective evaluation of curricula, textbooks and other school programmes to strengthen gender equality. Without this research, little progress can be made. The fact that little evaluation is occurring suggests that gender equality falls very low on the government's list of priorities.

### **Are youth being reached in other ways outside the school system?**

There are a few programmes aimed at reaching youth outside of the school system including:

- **Soul Buddyz** is a Soul City project, co-produced with SABC, aimed at children aged 8–12 years and dealing with issues such as HIV/AIDS, youth sexuality, children's rights, gender equality and bullying. The project is a 'multi-media edutainment' vehicle with five components: television, radio, a life-skills booklet for Grade 7, a Parenting Booklet, and a Soul Buddyz Club.
- **Loveline** is a youth HIV prevention campaign that aims to build the self-worth and identity of children, adolescents and youth through extensive use of the media.

The Department of Education is focused primarily on the school system.<sup>352</sup> It is clear that there is much wider scope available to reach youth outside of the school system and government can do much more in this regard.

### **Are teachers, social workers and others who deal with children trained on how to foster positive attitudes and behaviours on gender equality?**

Training for people who provide education is crucially important. Teachers are a product of our society, which is marked by deeply entrenched patriarchal attitudes. It is unreasonable to expect teachers to be automatically equipped to teach gender equity in the classroom without interventions to understand and shift their own gender attitudes. The following are some of the activities carried out in this regard by the

#### **Department of Education:**

Life Orientation educators receive training on a range of topics including how to address issues of sexuality with learners.

- **Issues on Gender in Schools: An Introduction for Teachers (2002)**, is a DoE publication which explores contextually the concept of gender as a social construct. The publication was distributed to all nine provinces for dissemination in schools.
- In 2003 – 2005, with donor funding from DIFD, the DoE introduced an **ACE: Human Rights and Values in the Curriculum** where 640 educators received training. One of the core modules dealt with issues relating to gender.
- A series of teacher support materials, entitled **Generations**, was published in the **Teacher** newspaper between September 2008 and March 2009, aimed at helping teachers address gender issues in schools.<sup>353</sup>

In terms of the **South African Qualifications Act 55 of 1995**, accredited tertiary institutions design their own approved courses for teacher training for Life Orientation so there is little



government control over their content.

Sonke's flagship programme, the **One Man Can Campaign**, has the objectives of encouraging men to prevent GBV, advocate for gender equality, work towards greater public and reproductive health, and reduce the spread and impact of HIV and AIDS. The **OMC Action Toolkit** includes a resource directory, workshop materials, and information on how to develop healthy relationships and support victims of violence. Action sheets for teachers are included used to train teachers. These materials are available at [www.genderjustice.org.za/onemancan](http://www.genderjustice.org.za/onemancan). The government has provided some funding for the **OMC Campaign**.

Government needs to play a more central role in ensuring that any person involved with children is trained in fostering positive attitudes towards gender equality. Such tasks cannot be left up to individuals alone and government needs to guarantee that people in these roles are sufficiently trained to cope with these crucial issues.

### **What is being done to support children who are exposed to violence?**

Children who are abused or experience trauma are likely to exhibit a range of behavioural, emotional, social and cognitive problems.<sup>354</sup> They are also more likely to perpetrate violence in the future. In light of the high levels of violence in South Africa, it is crucial that children are given attention and support to try and prevent this. Children exhibit incredible resilience if they receive adequate and appropriate support – caring relationships with others and access to supportive networks and social institutions present important opportunities for recovery.<sup>355</sup> It is vitally important thus

that social workers and psychologists are available to assist children who have experienced trauma and violence.

Sadly, these services are often not available or accessible. There is a significant shortage of trained mental health professionals available in South Africa. In 1995 there were 1,060 registered clinical psychologists in South Africa, making a ratio of psychologists to population of about 1:3,000, while in rural areas it was estimated as approximately 1:800,000.<sup>356</sup> A report commissioned by South Africa's Ministry of Social Development in 2005 found that the country has half the number of social workers needed to meet the minimum services to children. According to this study, the shortage is particularly acute in Gauteng Province, which includes Johannesburg and the capital city of Tshwane (formerly known as Pretoria), with an average of 5,395 children per social worker. While the government has won praise for its commitment to children's protection programmes, there are neither the resources nor the personnel in the country to implement these plans adequately.<sup>357</sup> The psychosocial support provided in schools differs in each of the provinces. In some provinces, such as Gauteng, there are social workers available in every district to visit schools when required or requested. In other provinces there are fewer social workers available and many districts do not have a social worker. The DoE works with the **DSD** to arrange social workers for schools.<sup>358</sup> Social workers experience a heavy workload, with one social worker often dealing with up to 200 cases.<sup>359</sup> At the Roodepoort Child Welfare Society, for example, social workers sometimes have up to 400 cases.<sup>360</sup> Offices in rural districts often lack the necessary infrastructure such as telephones, computers



or transport (often up to five social workers share a car).<sup>361</sup>

As a result, many children who are victims of or witnesses to violence will not receive any formal support or care. Early intervention strategies need to be put in place to meet the needs of these children and identify and support at-risk youth.<sup>362</sup> Currently it seems that many departments feel that responsibility for this issue lies beyond their mandate. The **Ministry of Women, Youth, Children and People with Disabilities** felt that children who witness violence would be an issue for the **Department of Justice and Constitutional Development**,<sup>363</sup> while the Department of Justice felt this was an issue for the **Department of Social Development**.<sup>364</sup> A representative from the **Victim's Empowerment Directorate** of the DSD explained that while the care of such children forms part of their work, there is no effort to directly target such children. He agreed that this is a gap in their approach and that there is definitely a shortage of trained personnel to support such children on the ground.<sup>365</sup> The fact that this issue is not treated with more urgency is cause for concern.

#### **Has the CGE coordinated with relevant stakeholders to monitor the curriculum of educators to see whether curricula promote gender equality?**

The CGE launched a project (2007–2008) to investigate whether gender equality is being addressed by the DoE and within curricula.<sup>366</sup> Unfortunately, the project was not completed, and no budget is provided for completion in the current CGE budget. At present, the project is no longer operational.<sup>367</sup> The CGE encountered difficulties in accessing relevant DoE staff members – they had planned to speak

to curriculum advisors and education specialists (previously known as inspectors) first but were told that all DoE employees' schedules are planned the previous year and their diaries were already full. As a result, the project had to be stopped.<sup>368</sup> The Acting Head of the **Department of Research, Commission on Gender Equality** explained that one of the main challenges with conducting the research was that no policies on gender in education were mainstreamed across the country, and thus it was difficult to reach conclusions. She said that every province operates differently, and identified a greater need for direction from the National Department to achieve a more consistent approach. Due to the lack of mainstreaming, they identified significant gaps in the system, as well as many contradictions.<sup>369</sup>

## RECOMMENDATIONS

- Attention needs to be paid to the high school drop-out rate among boys and measures need to be put into place to address this.
- Boys must be included, and even prioritised, in sexual health programmes, HIV/AIDS education programmes and programmes addressing teenage pregnancy among youth.
- The DoE must ensure that measures put in place to counteract violence in schools are implemented effectively.
- There is need for more emphasis on gender in teacher training curricula to equip teachers to work with learners towards eradicating gender stereotypes.
- Government needs to play a more central role in ensuring that anyone involved





---

with the education of children is trained in fostering positive attitudes towards gender equality.

- Counselling must be provided to victims of violence, sexual assault, sexual harassment and bullying, as well as counselling and intervention for child perpetrators.
- Life orientation lessons addressing issues of sexuality, identity, HIV/AIDS, sexual assault, should begin earlier than Grade 10. Issues of gender roles and gender equality should be addressed with primary school children.
- More effort and funding need to be concentrated on evaluation of curricula, textbooks and other school programmes to strengthen gender equality.
- Teacher-learner relationships must be dealt with more consistently and strictly.



For the most part, public policies have yet to adequately engage men and boys in preventing discrimination against women and girls or addressing their own gender-related vulnerabilities. The policies that do exist have rarely been monitored or evaluated for their effects. Furthermore, there is too often a huge gap between policy as laid out in national laws, policy proclamations and technical norms and what happens at the level of implementation of public or publicly funded services. This report makes recommendations directed at government. Sonke hopes that this report will serve as a useful advocacy tool within civil society in South Africa to scale up and improve work with men and boys towards gender equality. Specific recommendations have been made in each section of the report. The following is a summary of the key recommendations.

**1. Enforce Constitutional protections and International Human Rights declarations** that guarantee legal protection and equality for women and men, including specific groups of vulnerable men and women, for example, LGBTI women and men, and those who are disabled and from marginalised groups.

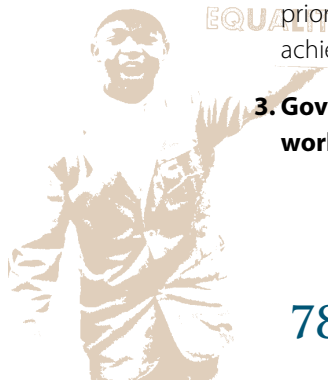
**2. Develop a clear set of principles to guide work with boys and men:** Government and civil society organisations, including women's rights groups, should engage in dialogue to develop a clear set of principles and priorities for work with boys and men to achieve gender equality.

**3. Government should expand gender work with men and boys including**

**through the provision of more and better support to civil society efforts:** government efforts are limited, ad-hoc and poorly coordinated and its funding for civil society limited and unpredictable. It is imperative that government develop, implement and support plans and programmes with dedicated funds, staff and monitoring strategies, including innovative strategies to reach large numbers of men at their places of work, worship and recreation, and to target vulnerable and high-risk groups.

**4. Prioritise schools as a critical site for gender and health work with boys:** The education sector is a critical partner for promoting healthy gender norms and practices. DoE should carry out measures to eradicate gender stereotypes and practices in teaching materials, classroom practice and the school experience. Evidence shows that psycho-social support can improve the life and academic outcomes for learners exposed to violence; implementing such programmes at scale will require the DoE to increase the availability of school social workers and psychologists.

**5. Intensify efforts to end male violence against women and to involve men in achieving gender equality:** Government must strengthen implementation and enforcement of existing legislation and develop comprehensive primary prevention campaigns that encourage men and boys to take action to prevent men's violence against women, including training on the provisions of the



Domestic Violence Act and the Sexual Offences Act so that men can better support survivors to access the services and rights guaranteed them.

**6. Develop public policies that make the public security apparatus a force for protection and not of oppression,** that take seriously women's accounts of violence, that implement policies to reduce and punish sexual harassment by armed forces, that hold police and soldiers accountable for acts of sexual and GBV, and that train police and soldiers in protecting the rights of women and girls, men and boys.

**7. Strengthen the National Gender Machinery:** Measures must be taken to strengthen the National Gender Machinery by providing the authority and funding for it to achieve its goals. Work with men and boys is crucial to gender equality, impacting directly on the rights of women and girls, and thus needs to receive more priority within the National Gender Machinery, including through the implementation of the **National Gender Machinery Working Group on Men and Gender Equality.**

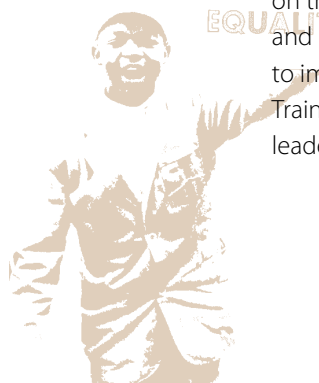
**8. Build capacity within the public sector to engage men and boys in achieving gender equality:** Staff in government departments need training on the importance of work with men and boys for gender equality and how to implement this work effectively. Training should include men in senior leadership positions across government

– in the legislative, executive, judiciary and all organs of state – to increase their ability to engage men and address gender-based violence and HIV/AIDS.

**9. Fund civil society interventions working with men and boys:** Consistent, reliable and coordinated funding is needed from government to advance women's rights, promote gender equality and increase support for gender transformation amongst men and boys, including in rural areas where 40% of South Africans still live but where little work with men occurs.

**10. Encourage men to take a more active role in parenting:** Government needs to run awareness campaigns promoting an understanding of the importance of fathering and provide training to equip men to be better parents. Paternity leave should be increased; further mechanisms are required to compel maintenance defaulters to pay child maintenance.

**11. Increase men's involvement in the care economy:** There are signs of increasing male involvement and willingness to be involved in caring for children, the elderly and those affected by illness, including HIV and AIDS, but more effort is needed to recruit men into home-based care programmes. The impact of involving men in traditionally female caring roles will relieve some of the burden of care on women, and contribute to challenging and shifting traditional beliefs about appropriate gender roles for both



---

women and men. Government must implement its plans to increase men's involvement in caregiving, especially the provisions in the National Strategic Plan on HIV and AIDS.

**11. Integrate a focus on men and gender into HIV prevention and treatment:**

Government must develop policies and programmes that increase men's utilisation of HIV prevention, treatment and support services, including campaigns that promote partner reduction, consistent and correct condom use, medical male circumcision and regular HIV testing.

**12. Address men's limited involvement in sexual and reproductive health services:**

The DoH must undertake wider community education campaigns to improve their own and their partners' sexual and reproductive health, including by making public health facilities and services more male-friendly and by promoting greater male involvement in ante-natal and maternity care, contraceptive decision-making, family-planning, maternity services and infant care.

**13. Meet the needs of marginalised men:**

Certain groups of men, including migrants, men who have sex with men, and prisoners, have limited access to health services because of stigma, discrimination and poor health infrastructure. Government must develop campaigns to address this.

**13. Monitor and evaluate Government efforts to involve men and boys in achieving gender equality:**

Currently there are few concerted efforts by government to monitor and assess the impact of the work being done departments to involve men and boys in achieving gender equality. Government must monitor and evaluate its strategies to implement gender work with men and boys.



# 11 CONCLUSION

---

In conclusion, it seems that government has made some progress towards meeting its international and domestic obligations regarding working with men and boys. However, much work is still required in this regard. Most government programmes working with boys and men are at a formative stage – on a small scale and at limited sites. Many departments do not do this work at all; others engage in ad hoc efforts, and work is often not coordinated between various relevant departments. Most government departments lack proper plans, budget or adequate personnel dedicated to carrying out this work.

Civil society, including Sonke Gender Justice Network, is committed to helping and supporting government in meeting these commitments. In order to do so, government needs to prioritise:

- effective policy implementation, monitoring and evaluation
- support for civil society initiatives
- scaling up programmes to reach large portions of the population
- further regional and international work, including government efforts to shape SADC and AU policy development.

A promising start has made, and Sonke looks forward to a close collaboration with government and other stakeholders in South Africa and abroad in our vital work with men and boys towards ending violence against women, ensuring gender equality, and making progress in dealing with the HIV/AIDS epidemic



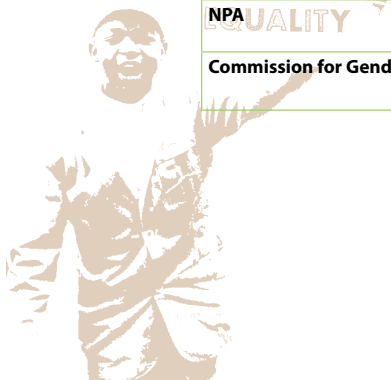
# ANNEXURE A.

## SCHEDULE OF INTERVIEWS

Department	Contact Name	Contact Number
Department of Education	Hleki Mabunda	012 312 5420 Mabunda.h@doe.gov.za
Department of Co-operative Governance & Traditional Affairs	Dr Simphiwe Mngadi	0824592152 SimphiweM@cogta.gov.za
Department of Co-operative Governance & Traditional Affairs	Nonkosi Tyolwana	082 545 1051 Nonkosit@cogta.gov.za
National House of Traditional Leaders	Sam Khandhela	012 395 4640 sam@cogta.gov.za
Department of Health	Rebecca Motlatla	012 312 0661 MotlaR@health.gov.za
Department of Health	Nonhlanhla Vilakazi	012 312 7607
Department of Health	Zanele Mazwi	
Department of Health	Bafana Msibi	
Department of Social Development	Sizakele Shongwe	012 312 7772 SizakeleS@socdev.gov.za
Department of Social Development	Obed Masilela	012 312 7167 ObedM@dsd.gov.za
Department of Social Development	Percy Ntsoane	012 312 7185
Department of Social Development	Fikile Faltein	012 312 7168
Department of Social Development	Margot Davids	MargotD@dsd.gov.za
Department of Social Development	Rosemary Ramphenyane	012 3127786
Department of Women, Children and People with Disabilities	Ranji Reddy	012 300 5496 ranji@po.gov.za
Department of Women, Children and People with Disabilities	Pheladi Bopapi	012 300 5496 pheladi@po.gov.za
Department of Women, Children and People with Disabilities	Godfrey Nematenda	012 300 5496
Department of Arts and Culture	Kgomotso Mahapa	012 441 3000 Kgomotso.mahapa@dac.gov.za
Commission for Gender Equality	Masudo Nerhere	021 426 4080
Commission for Gender Equality	Nolitha Mazwayi	Personal Interview
Commission for Gender Equality	Vernet Napo	083 579 3280
Department of Justice and Constitutional Development	Ntibidi Rampete	012 315 1629
Department of Justice and Constitutional Development	Hildah Ligamma	
Johns Hopkins Health and Education in South Africa	Richard Delate	012 366 9300 richard@jhuccp.co.za
SANAC	Fungai Machirori	011 655 7000 fungai@sanac.org.za
SANAC Men's Sector	Rabichandra Gobind	031 563 0252 gobindR@urban.gov.za
SANAC Men's Sector	Tsepo	
Women's Health, Comprehensive Health Programmes	Edna Arendts	Personal Interview 021 483 2680 Elarends@pgwc.gov.za
SA Council for Social Service Professions (SACSSP)	Iveda Smith	mail@sacssp.co.za
South Africa Men's Forum	Nathi Myeni	
Women's Net	Lebo Marishane	
Cape Town Maintenance Court	Geraldine Williams	Personal Interview
Cape Town Maintenance Court	Elwin Josias	Personal Interview
Cape Town Maintenance Court	Tobias van Schalkwyk	Personal Interview
Cape Town Maintenance Court	Samantha Campher	Personal Interview
Cape Town Maintenance Court	Lusanda Mapaka	Personal Interview
Legal Aid Cape Town	Mr. Esterhuizen	Personal Interview



Departments contacted for information but unavailable for comment during time of research			
Department	Contact Person	Contact Details	Reason
Department of Education	Thandi Lewin	012 312 5470 <a href="mailto:Lewin.T@doe.gov.za">Lewin.T@doe.gov.za</a>	Delegated to Hleki Mabunda
National House of Traditional	Nkosikazi Mgwebi		No reply
Commission for Religious and Linguistic Rights	Rev Wesley Mabuza	011 537 7631 PA:bonisiwe@crlcommission.org.za	Did not return calls
Department of Health	Dr Thobile Mbengashe	012 312 0122 mbengt@health.gov.za	Delegated to Loy Dayanund and Thato Chidarikire
Department of Health	Dr Mhlanga	012 312 0929 mhlane@health.gov.za	Did not return messages
Department of Health	Dr Khaole	012 3120189	On leave, out of the country
Department of Health	Ms Evah Marumo	012 4079670	Unavailable
Department of Health	David Mametja	012 312 0093	Recommended Dr Vilakazi
Department of Health	Thato Chidarikire	012 312 0357 chidat@health.gov.za	Did not respond to email
Department of Health	Dr Vilakazi	012 312 0357 vilaka@health.gov.za	Did not return messages
Department of Health	Loy Dayanund	071 603 3144 loykiD@health.gov.za	Did not return messages
Department of Health	Dr Yogan Pillay	PillaY@health.gov.za	Did not respond to email
MIPAA	Refilwe Shuping	012 3120150	Did not return messages
UNODC	Sharon Khota	0828022616	Could not be located
Department of Social Development	Louise Erasmus	012 312 7606	No answer
Department of Social Development	Deliwe Menyuko	012 312 7597	Did not return message
Department of Social Development	Joan Groenewald	012 312 7775 Joan.groenewald@socdev.gov.za	Recommended Sizakele Shongwe
Department of Social Development	Suzette Moss	012 312 7360	Did not return message
Department of Social Development	Johanna de Beer	012 312 7309 johannadb@socdev.gov.za	Was not in the office
Department of Social Development	Shirley Davis	021 4834153	Was unavailable
Department of Justice and Constitutional Development	Joyce Maluleke	012 315-1666 JMaluleke@justice.gov.za	Did not return messages
SANAC Men's Sector	Bob Phato	083 568 4375 ukhamba@webmail.co.za	Delegated to Rabi Gobind
NPA	Rabbah Raletsemo	082 331 6311 rraletsemo@npa.gov.za	Was unable to sanction the release of information
Commission for Gender Equality	Adv Boogie Khutsaane	012 3626971	Did not return messages



- <sup>1</sup> The report provides detailed information on work carried out by government departments.
- <sup>2</sup> South Africa Country Report for 51<sup>st</sup> Session of the UN Commission on the Status of Women, 2007, Progress on Commitments made at the 2004 United Nations Commission on the Status of Women on implementing recommendations aimed at involving men and boys in achieving gender equality, Ambe D, Karth V, Khumalo B, McNab E, Peacock D, Redpath J; Men for Change, Health for All: A Policy Discussion Paper on Men, Health and Gender Equity, Sonke Gender Justice Network, 2008, Greig, A.; Masculinities and Public Policy in South Africa: changing masculinities and working towards gender equality, 2008, Sonke Gender Justice Network, Redpath J, Morrell R, Jewkes R, Peacock D.
- <sup>3</sup> AIDS Epidemic Update, Regional Summary: Sub-Saharan Africa, UNAIDS, (Geneva, 2007).
- <sup>4</sup> K.L. Dunkle, R.K. Jewkes, H.C. Brown, G.E. Gray, J.A. McIntyre & S.D. Harlow, 'Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa', *Lancet*, 1, 363, 2004, pp.1410-1.
- <sup>5</sup> J. Redpath, R. Morrell, R. Jewkes & D. Peacock, Masculinities and Public Policy in South Africa: changing masculinities and working towards gender equality, Sonke Gender Justice Network Report, (2008), p. 11.
- <sup>6</sup> J. Shelton, D. Halperin, V. Nantulya, M. Potts, H. Gayle & H. Holmes, 'Partner reduction is crucial for balanced "ABC" approach to HIV prevention', *BMJ*, 328, 2004, pp.891-4.
- <sup>7</sup> D.L. Kincaid & W. Parker, National AIDS Communication Programmes, HIV Prevention Behaviour, and HIV Infections Averted in South Africa, 2005, JHHESA, (Pretoria, 2008).
- <sup>8</sup> S.M. Noar & P.J. Morokoff, 'The Relationship between Masculinity Ideology, Condom Attitudes, and Condom Use Stage of Change: A Structural Equation Modeling Approach', *International Journal of Men's Health*, 1, 1, 2001.
- <sup>9</sup> B. Magongo, S. Magwaza, V. Mathambo & N. Makhanya, National Report on the Assessment of the Public Sector's Voluntary Counselling and Testing program, Health Systems Trust, (Durban, 2002).
- <sup>10</sup> UNGASS Country Progress Report: Republic of South Africa 2007, UNGASS, (2008).
- <sup>11</sup> Charles Nzioka, Research on men and its implications on policy and program development in reproductive health in Programming for Male Involvement in Reproductive Health, Report on the meeting of WHO Regional Advisers in Reproductive Health, WHO/PAHO, Washington DC, USA 5-7 September 2001, World Health Organisation, (Geneva, 2002).
- <sup>12</sup> L. Doyal, K. Hunt & S. Payne, Sex, Gender and Noncommunicable Diseases: An Overview of Issues and Recent Evidence, World Health Organisation, (Geneva, 2001).
- <sup>13</sup> C. Desmond & C. Desmond, 'HIV/AIDS and the crisis of care for children', in Linda Richter and Robert Morrell (Eds.), *Baba: Men and Fatherhood in South Africa*, (HSRC Press: Cape Town, 2006), p.229.
- <sup>14</sup> World Health Organisation, 2007.
- <sup>15</sup> P. Welsh, 'Men aren't from Mars: Unlearning Machismo in Nicaragua', Catholic Institute for International Relations, (2001), p. 38-48.
- <sup>16</sup> J. Pulerwitz, G. Barker & M. Segundo, Promoting Healthy Relationships and HIV/STI Prevention for Young Men: Positive Findings from an Intervention Study in Brazil. Horizons Research Update, Population Council, (Washington, DC, 2004).
- <sup>17</sup> R. Jewkes, K. Wood & N. Duvvury, "I woke up after I joined Stepping Stones": meanings of a HIV behavioral intervention in rural South African young people's lives', *Social Science & Medicine* (submitted).
- <sup>18</sup> R. Jewkes, M. Nduna, J. Levin, N. Jama, K. Dunkle, M. Koss, A. Puren & N. Duvvury, 'Impact of Stepping Stones on HIV, HSV-2 and sexual behavior in rural South Africa: cluster randomised controlled trial', *British Medical Journal* (submitted).
- <sup>19</sup> See paragraphs 4.11, 4.24, 4.25, 4.26, 4.27, 4.28, 4.29, 5.4, 7.8, 7.37, 7.41, 8.22, 11.16, 12.10, 12.13 & 12.14 of the Cairo Programme of Action, and paragraphs 47, 50, 52, and 62 of the Outcome of the Twenty-First Special Session of the General Assembly on Population and Development, 1999.
- <sup>20</sup> See paragraphs 7, 47 and 56 of the Programme of Action of the World Summit for Social Development, and paragraphs 15, 49, 56 and 80 of the Outcome of the Twenty-Fourth Special Session of the General Assembly on Further Initiatives for Social Development.
- <sup>21</sup> See paragraphs 1, 3, 40, 72, 83b, 107c, 108e, 120 and 179 of the Beijing Platform for Action.
- <sup>22</sup> See paragraph 47 of the Declaration of Commitment on HIV/AIDS: "Global Crisis – Global Action".
- <sup>23</sup> Report of the Expert Group Meeting on "The role of men and boys in achieving gender equality", Brasilia, Brazil, 21-24 October 2003, <http://www.un.org/women-watch/daw/egm/men-boys2003/reports/Finalreport.PDF>
- <sup>24</sup> *Ibid.*, paragraph 669.
- <sup>25</sup> Redpath et al., Masculinities and Public Policy in South Africa: changing masculinities and working towards gender equality, Sonke Gender Justice Network Report, (2008), p.6.
- <sup>26</sup> AIDS Epidemic Update, Regional Summary: Sub-Saharan Africa, UNAIDS, (Geneva, 2007).
- <sup>27</sup> Pettifor, et al., HIV & Sexual Behavior Among Young South Africans: A National Survey of 15-24 Year Olds, (University of the Witwatersrand, 2004).
- <sup>28</sup> HIV and AIDS and STI Strategic Plan for South Africa, 2007 – 2011, p22.





- <sup>29</sup> J. Shelton, D. Halperin, V. Nantulya, M. Potts, H. Gayle & H. Holmes, 'Partner reduction is crucial for balanced "ABC" approach to HIV prevention', *BMJ*, 328, 2004, pp.891-4.
- <sup>30</sup> D.L. Kincaid & W. Parker, National AIDS Communication Programmes, HIV Prevention Behaviour, and HIV Infections Averted in South Africa, 2005, JHHESA, (Pretoria, 2008).
- <sup>31</sup> L. Doyal, K. Hunt & S. Payne, Sex, Gender and Noncommunicable Diseases: An Overview of Issues and Recent Evidence, World Health Organisation, (Geneva, 2001).
- <sup>32</sup> Charles Nzioka, Research on men and its implications on policy and program development in reproductive health in Programming for Male Involvement in Reproductive Health, Report on the meeting of WHO Regional Advisers in Reproductive Health, WHO/PAHO, Washington DC, USA 5-7 September 2001, World Health Organisation, (Geneva, 2002).
- <sup>33</sup> R. Jewkes & N. Abrahams, 'The epidemiology of rape and sexual coercion in South Africa: An overview', *Social Science and Medicine*, 55, 7, 2002, pp. 1231-1244.
- <sup>34</sup> R. Jewkes, Y. Sikweyiya, R. Morell, K. Dunkle, Understanding Men's Health and Use of Violence: Interface of rape and HIV in South Africa, Medical Research Council, (2009).
- <sup>35</sup> S. Mathews, N. Abrahams, L. Martin, L. Vetten, L. van der Merwe & R. Jewkes, 'Every six hours a woman is killed by her intimate partner': A National Study of Female Homicide in South Africa, Gender and Health Research Group, Medical Research Council, (Tygerberg, 2004), p. 7505.
- <sup>36</sup> J. Redpath, R. Morrell, R. Jewkes & D. Peacock, Masculinities and Public Policy in South Africa: changing masculinities and working towards gender equality, Sonke Gender Justice Network Report, (2008), p. 11.
- <sup>37</sup> Help Wanted: Confronting the health care worker crisis to expand access to HIV/AIDS treatment: MSF experience in Southern Africa, Medecins Sans Frontieres, (2007).
- <sup>38</sup> C. Desmond & C. Desmond, 'HIV/AIDS and the crisis of care for children', in Linda Richter and Robert Morrell (Eds.), *Baba: Men and Fatherhood in South Africa*, (HSRC Press: Cape Town, 2006), p.229.
- <sup>39</sup> Statistical Release P0211, Quarterly Labour Force Survey, Quarter 3, 2009, Statistics South Africa, (Pretoria, 2009), p. vii.
- <sup>40</sup> Statistical Release P0211, Quarterly Labour Force Survey, Quarter 3, 2009, Statistics South Africa, (Pretoria, 2009), Appendix 1, p.2.
- <sup>41</sup> R. Wolf, Definition of Policy Analysis, Voluntary Sector Public Policy Toolbox, School of Policy Studies, (Queen's University, 2000).
- <sup>42</sup> D.G. Kilpatrick & M.E. Ross ME, 'Torture and Human Rights Violations: Public Policy and the Law', in E.T. Gerrity, T.M. Keane & F. Tuma (Eds.), *The Mental Health Consequences of Torture*, (Springer, 2001).
- <sup>43</sup> Redpath et al., *Masculinities and Public Policy in South Africa: changing masculinities and working towards gender equality*, Sonke Gender Justice Network Report, (2008), p.7.
- <sup>44</sup> Redpath et al., *Masculinities and Public Policy in South Africa: changing masculinities and working towards gender equality*, Sonke Gender Justice Network Report, (2008), p.6.
- <sup>45</sup> Redpath et al., *Masculinities and Public Policy in South Africa: changing masculinities and working towards gender equality*, Sonke Gender Justice Network Report, (2008), p.6.
- <sup>46</sup> Geisler et al., *The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence*, African Development Bank, Human Development Department, (2009), p.14.
- <sup>47</sup> Geisler et al., *The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence*, African Development Bank, Human Development Department, (2009), p.15.
- <sup>48</sup> Telephone Interview with Godfrey Nematenda, Ministry of Women, Youth, Children and People with Disabilities, 15 January 2010.
- <sup>49</sup> Geisler et al., *The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence*, African Development Bank, Human Development Department, (2009), pp. 15 & 16.
- <sup>50</sup> Geisler et al., *The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence*, African Development Bank, Human Development Department, (2009), p.18.
- <sup>51</sup> Geisler et al., *The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence*, African Development Bank, Human Development Department, (2009), p.20.
- <sup>52</sup> 'Review of chapter 9 bodies "historic", says Asmal report', *News From Parliament*, 24 August 2007, viewed at [http://www.sabinet.co.za/sabinetlaw/news\\_par490.html](http://www.sabinet.co.za/sabinetlaw/news_par490.html) on 2 February 2010.
- <sup>53</sup> Butjwana Seokoma, Information Services Coordinator, SANGONeT, 'Do or Die for Chapter 9 Institutions' viewed at <http://www.ngopulse.org/article/do-or-die-chapter-9-institutions> on 2 February 2010.
- <sup>54</sup> Telephone Interview with Fikile Faltein, Victims Empowerment Programme, Department of Social Development, 15 January 2010.
- <sup>55</sup> Telephone Interview with Fikile Faltein, Victims Empowerment Programme, Department of Social Development, 15 January 2010.
- <sup>56</sup> Telephone Interview with Fikile Faltein, Victims Empowerment Programme, Department of Social Development,



15 January 2010.

<sup>57</sup> Telephone Interview with Obed Masilela, Department of Social Development, 26 January 2010.

<sup>58</sup> Telephone Interview with Fikile Faltein, Victims Empowerment Programme, Department of Social Development, 15 January 2010.

<sup>59</sup> Telephone Interview with Sizakele Shongwe, Gender Focal Person, Department of Social Development, 15 January 2010.

<sup>60</sup> Telephone Interview with Rosemary Ramphenyane, a Director in the Directorate of Families, Department of Social Development, 2 February 2010.

<sup>61</sup> Telephone Interview with Rosemary Ramphenyane, a Director in the Directorate of Families, Department of Social Development, 2 February 2010.

<sup>62</sup> Telephone Interview with Obed Masilela, Department of Social Development, 26 January 2010.

<sup>63</sup> Telephone Interview with Obed Masilela, Department of Social Development, 26 January 2010.

<sup>64</sup> Telephone Interview with Obed Masilela, Department of Social Development, 26 January 2010; email correspondence with Sizakele Shongwe, Gender Focal Person for the Department of Social Development, 2 February 2010.

<sup>65</sup> Telephone Interview with Rosemary Ramphenyane, a Director in the Directorate of Families, Department of Social Development, 2 February 2010.

<sup>66</sup> Telephone Interview with Obed Masilela, Department of Social Development, 26 January 2010.

<sup>67</sup> Telephone Interview with Obed Masilela, Department of Social Development, 26 January 2010.

<sup>68</sup> Telephone Interview with Fikile Faltein, Victims Empowerment Programme, Department of Social Development, 15 January 2010.

<sup>69</sup> Telephone Interview with Obed Masilela, Department of Social Development, 26 January 2010.

<sup>70</sup> Telephone Interview with Obed Masilela, Department of Social Development, 26 January 2010.

<sup>71</sup> Telephone Interview with Rebecca Motlatla, Gender Focal Person in the Department of Health, 21 January 2010.

<sup>72</sup> Mbali Thusi, 'Pledging the Fight against AIDS', The Witness, Unwele Olude, 5 August 2005, viewed at <http://www.kznhealth.gov.za/unwele/witnessUO08.2005.pdf> on 5 February 2010; Department of Health Media Release, 'Men in Partnership Against AIDS', 12 July 2005, viewed at <http://www.kznhealth.gov.za/mediarelease/2005/mpiaa.pdf> on 5 February 2010; Improvement of Quality of Life and Status of Women Joint Monitoring Committee Meeting, 9 September 2005, Initiatives To Promote Gender Equality: Briefing By Commission On Gender Equality (National Gender Machinery), OXFAM, Men In Partner-

ship Against Aids, viewed at <http://www.pmg.org.za/minutes/20050908-initiatives-promote-gender-equality-briefing-commission-gender-equality-national-ge> on 5 February 2010.

<sup>73</sup> Interview with Rebecca Motlatla, Gender Focal Person in the Department of Health, 21 January 2010.

<sup>74</sup> Interview with Rebecca Motlatla, Gender Focal Person in the Department of Health, 21 January 2010.

<sup>75</sup> Telephone Interview with Godfrey Nematenda, Ministry of Women, Youth, Children and People with Disabilities, 15 January 2010.

<sup>76</sup> Telephone Interview with Godfrey Nematenda, Ministry of Women, Youth, Children and People with Disabilities, 15 January 2010.

<sup>77</sup> Telephone Interview with Pheladi Bopapi, a Deputy Director within the Women Empowerment and Gender Equality Branch of the Department of Women, Children and People with Disabilities, 2 February 2010.

<sup>78</sup> Telephone Interview with Godfrey Nematenda, Ministry of Women, Youth, Children and People with Disabilities, 15 January 2010.

<sup>79</sup> Telephone Interview with Godfrey Nematenda, Ministry of Women, Youth, Children and People with Disabilities, 15 January 2010.

<sup>80</sup> Telephone Interview with Pheladi Bopapi, a Deputy Director within the Women Empowerment and Gender Equality Branch of the Department of Women, Children and People with Disabilities, 2 February 2010.

<sup>81</sup> Telephone Interview with Godfrey Nematenda, Ministry of Women, Youth, Children and People with Disabilities, 15 January 2010.

<sup>82</sup> Telephone Interview with Pheladi Bopapi, a Deputy Director within the Women Empowerment and Gender Equality Branch of the Department of Women, Children and People with Disabilities, 2 February 2010.

<sup>83</sup> Email correspondence with Hleki Mabunda, Department of Education, 3 February 2010.

<sup>84</sup> Telephone interview with Thandi Lewin, Gender Focal Person, Department of Education, 19 February 2010.

<sup>85</sup> Email correspondence with Hleki Mabunda, Department of Education, 3 February 2010.

<sup>86</sup> Telephone Interview with Vernet Napo, the Acting Head of the Department of Research at the Commission for Gender Equality, 22 January 2010.

<sup>87</sup> Email correspondence with Hleki Mabunda, Department of Education, 3 February 2010.

<sup>88</sup> Email correspondence with Hleki Mabunda, Department of Education, 3 February 2010.

<sup>89</sup> Email correspondence with Hleki Mabunda, Department of Education, 3 February 2010.

<sup>90</sup> Telephone Interview with Vernet Napo, The Acting



Head of the Department of Research at the Commission for Gender Equality, 22 January 2010.

<sup>91</sup> Email correspondence with Hleki Mabunda, Department of Education, 3 February 2010.

<sup>92</sup> Email correspondence with Hleki Mabunda, Department of Education, 3 February 2010.

<sup>93</sup> Telephone Interview with Dr Simphiwe Mngadi, Gender Focal Person for the Department of Co-operative Governance and Traditional Affairs, 2 February 2010.

<sup>94</sup> Telephone Interview with Dr Simphiwe Mngadi, Gender Focal Person for the Department of Co-operative Governance and Traditional Affairs, 2 February 2010.

<sup>95</sup> Telephone Interview with Dr Simphiwe Mngadi, Gender Focal Person for the Department of Co-operative Governance and Traditional Affairs, 2 February 2010.

<sup>96</sup> Telephone Interview with Ms Ntibidi Rampete, Deputy Director of Department of Justice, 3 February 2010.

<sup>97</sup> Telephone Interview with Ntibidi Rampete, Deputy Director of the Department of Justice, 3 February 2010.

<sup>98</sup> Telephone Interview with Kgomotso Mahapa, Gender Focal Person for the Department of Arts and Culture, 2 February 2010.

<sup>99</sup> Telephone Interview with Kgomotso Mahapa, Gender Focal Person for the Department of Arts and Culture, 2 February 2010.

<sup>100</sup> Telephone Interview with Kgomotso Mahapa, Gender Focal Person for the Department of Arts and Culture, 2 February 2010.

<sup>101</sup> Telephone Interview with Rosemary Rampanyana, Directorate of Families, Department of Social Development, 15 January 2010.

<sup>102</sup> Telephone Interview with Sizakele Shongwe, Department of Social Development, Gender Focal Person, 15 January, 2010.

<sup>103</sup> Telephone Interview with Fikile Faltein, Victims Empowerment Programme, Department of Social Development, 15 January 2010.

<sup>104</sup> Telephone Interview with Obed Masilela, Department of Social Development, 26 January 2010.

<sup>105</sup> Telephone Interview with Godfrey Nematenda, Ministry of Women, Youth, Children and People with Disabilities, 15 January, 2010

<sup>106</sup> Gladys Mutangadura, 'Women and Land Tenure Rights in Southern Africa: A human rights-based approach', p. 16.

<sup>107</sup> Mutangadura, 'Women and Land Tenure Rights in Southern Africa: A human rights-based approach', p. 16.

<sup>108</sup> A wife in a customary marriage has, on the basis of equality with her husband and subject to the matrimonial property systems governing the marriage, full status and capacity, including the capacity to acquire assets and dispose of them, to enter into contracts and to litigate, in

addition to any rights and powers that she might have at customary law.

<sup>109</sup> Bhe v Magistrate, Khayalitsha ; Shibi v Sithole & Others; South African Human Rights Commission v President of RSA & Minister for Justice and Constitutional Development 2005 (1) BCLR 1 (CC); 2005 (1) SA 580 (CC) per Langa DCJ at para 94.

<sup>110</sup> Gumed v President of the Republic of South Africa (2008) ZACC 23 (CC) per Moseneke J at para 34.

<sup>111</sup> Geisler et al., The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence, African Development Bank, Human Development Department, (2009), p.27.

<sup>112</sup> Geisler et al., The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence, African Development Bank, Human Development Department, (2009), p.27.

<sup>113</sup> Geisler et al., The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence, African Development Bank, Human Development Department, (2009), p.27 – 28.

<sup>114</sup> Telephone Interview with Obed Masilela, Department of Social Development, 26 January 2010.

<sup>115</sup> Interview with Nolitha Mazwayi, Commission for Gender Equality, 8 December 2009.

<sup>116</sup> Interview with Nolitha Mazwayi, Commission for Gender Equality, 8 December 2009

<sup>117</sup> Interview with Nolitha Mazwayi, Commission for Gender Equality, 8 December 2009.

<sup>118</sup> Telephone Interview with Obed Masilela, Department of Social Development, 26 January 2010.

<sup>119</sup> Interview with Nolitha Mazwayi, Commission for Gender Equality, 8 December 2009.

<sup>120</sup> World Health Report 2002, World Health Organization, (Geneva, 2002).

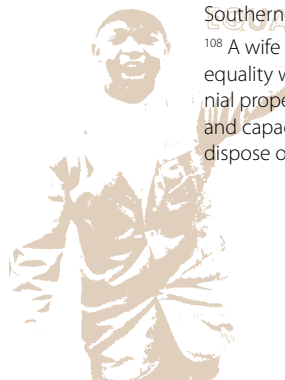
<sup>121</sup> O. Shisana & L. Simbayi, Nelson Mandela/HSRC study of HIV/AIDS: South African national HIV prevalence, behavioral risks, and mass media household survey 2002, Human Sciences Research Council, (Cape Town, 2002).

<sup>122</sup> 'Global Alcohol Consumption', World Health Organization, viewed at [http://www.who.int/substance\\_abuse/publications/en/GlobalAlcoholafro.pdf](http://www.who.int/substance_abuse/publications/en/GlobalAlcoholafro.pdf) on 2 November 2007.

<sup>123</sup> Redpath et al., Masculinities and Public Policy in South Africa: changing masculinities and working towards gender equality, Sonke Gender Justice Network Report, (2008), p.27.

<sup>124</sup> All people classified as black under apartheid were married out of community of property.

<sup>125</sup> Section 7(6) Recognition of Customary Marriages Act 120 of 1998: A husband in a customary marriage who



wishes to enter into a further customary marriage with another woman after the commencement of this Act must make an application to the court to approve a written contract, which will regulate the future matrimonial property system of his marriages.

<sup>126</sup> Minister of Home Affairs and Another v Fourie and Another.

<sup>127</sup> Section 1 and section 4, Civil Union Act 17 of 2006.

<sup>128</sup> Redpath et al., Masculinities and Public Policy in South Africa: changing masculinities and working towards gender equality, Sonke Gender Justice Network Report, (2008), pp. 27 - 28

<sup>129</sup> Nelms, 2004

<sup>130</sup> Lamb et al, 2004

<sup>131</sup> Tamis-LeMonda et al, 2004

<sup>132</sup> Naciones Unidas, Paternidad Responsable en el istmo centroamericano (LC/MEX/L.475/Rev.1), 2002, Santiago, Chile: Comisión Económica para América Latina y el Caribe (CEPAL), Naciones Unidas; J. Abdalla, 'The Absent Father', in N. Hopkins (Ed.), The New Arab Family: Cairo Papers in Social Science, 24, (1/2), pp. 214-246, (The American University in Cairo Press: Cairo, 2001); N. Nosseir, 'Family in the New Millennium: Major Trends Affecting Families in North Africa', in Major Trends Affecting Families: A Background Document, United Nations, Division for Social Policy and Development (New York, 2003).

<sup>133</sup> C. Desmond & C. Desmond, 'HIV/AIDS and the crisis of care for children', in Linda Richter and Robert Morrell (Eds.), Baba: Men and Fatherhood in South Africa, (HSRC Press: Cape Town, 2006), p. 229.

<sup>134</sup> D. Budlender, N. Chobokoane & Y. Mpetsheni, A survey of time use: How South African women and men spend their time, Statistics South Africa, (Pretoria, 2001).

<sup>135</sup> Belfer, 2004

<sup>136</sup> 'It Takes 2: Partnering with Men in Reproductive & Sexual Health', UNFPA, Program Advisory Note, (New York), p. 15. See also a study in Nicaragua: Organización Panamericana de la Salud, Fondo de Población de las Naciones Unidas, Cooperación Alemana- GTZ, Ministerio de Salud. 2003. "Promoción de la Participación de los Hombres en los Programas de Salud Sexual y Reproductiva. Versión Resumen del Informe Final." Managua, Nicaragua. UNFPA. n.d.

<sup>137</sup> Plantin, 2003.

<sup>138</sup> Brown, 2004.

<sup>139</sup> Keijzer, 2004.

<sup>140</sup> Telephone Interview with Percy Ntsoane, Deputy Director, Directorate of Families, Department of Social Development, 26 January 2010.

<sup>141</sup> Telephone Interview with Percy Ntsoane, Deputy Director, Directorate of Families, Department of Social Development, 26 January 2010.

<sup>142</sup> Telephone Interview with Percy Ntsoane, Deputy Director, Directorate of Families, Department of Social Development, 26 January 2010.

<sup>143</sup> Telephone Interview with Rosemary Rampanyana, Directorate of Families, Department of Social Development, 18 January 2010.

<sup>144</sup> Telephone Interview with Percy Ntsoane, Deputy Director, Directorate of Families, Department of Social Development, 26 January 2010.

<sup>145</sup> 'Minister in The Presidency, Dr Manto Tshabalala-Msimang ponders on the importance of sharing of responsibilities between men and women, to mark Valentine's Day', 12 February 2009, Minister in the Presidency viewed at <http://www.thepresidency.gov.za> on 3 November 2009.

<sup>146</sup> Marius Olivier & Edwin Kaseke, Labour market participation and social security protection of females: Recent developments in SADC, International Social Security Association, (March 2007) viewed at <http://www.issa.int/ara/content/download/39487/771424/file/2kaseke.pdf> on 2 December 2009, p. 10.

<sup>147</sup> Lisa Dancaster 'Workers with Care Responsibilities: Is work family integration adequately addressed in South African labour law?', (2008), viewed at [www.heard.org.za](http://www.heard.org.za) on 4 December 2009, p. 16.

<sup>148</sup> Dr Manto Tshabalala-Msimang, 'Calls for an extension of men's three-day paternity leave to a couple of weeks paid leave', 16 February 2009, Minister in the Presidency viewed at <http://www.thepresidency.gov.za> on 3 November 2009.

<sup>149</sup> Dancaster 'Workers with Care Responsibilities: Is work family integration adequately addressed in South African labour law?', (2008), viewed at [www.heard.org.za](http://www.heard.org.za) 4 December 2009, p. 16.

<sup>150</sup> Telephone Interview with Percy Ntsoane, Deputy Director, Directorate of Families, Department of Social Development, 26 January 2010.

<sup>151</sup> E. Mathebula Newsletter: Department of Public Works, (June 2009) viewed at [www.publicworks.gov.za](http://www.publicworks.gov.za) on 8 December 2009.

<sup>152</sup> Section 9(2) Births and Deaths Registration Act 51 of 1992, as amended by Births and Deaths Registration Amendment Act 1 of 2002.

<sup>153</sup> Section 10(1) Births and Deaths Registration Act 51 of 1992, as amended.

<sup>154</sup> Section 21 Children's Act 38 of 2005.

<sup>155</sup> See Madiehe (born Ratlhogo) v Madiehe [1997] 2 All SA 153 (B) for early case law on the point.

<sup>156</sup> Guidelines for Early Childhood Development, ECD Services, 2006, p.16.

<sup>157</sup> Redpath et al., Masculinities and Public Policy in South Africa: changing masculinities and working towards



gender equality, Sonke Gender Justice Network Report, (2008), p.32.

<sup>158</sup> <http://www.doi.gov.za/legislation/acts/1998-099.pdf>

<sup>159</sup> Geisler et al., The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence, African Development Bank, Human Development Department, (2009).

<sup>160</sup> <http://www.southafrica.info/services/rights/maintenance-isondlo.htm>.

<sup>161</sup> Interview with Mr Tobias van Schalkwyk, Acting Supervisor, Cape Town Maintenance Court, 19 November 2009.

<sup>162</sup> Interview with Mr Elwin Josias, a maintenance process clerk, Cape Town Maintenance Court, 19 November 2009.

<sup>163</sup> Interview with Tobias van Schalkwyk, Acting Supervisor, Cape Town Maintenance Court, 19 November 2009.

<sup>164</sup> Interview with Geraldine Williams, Maintenance Investigator, Cape Town Maintenance Court, 19 November 2009.

<sup>165</sup> Report on the Success of Operation Isondlo, viewed at <http://www.pmg.org.za/docs/2006/061016maintenance.pdf>

<sup>166</sup> <http://www.southafrica.info/services/rights/maintenance-atms.htm>

<sup>167</sup> Interview with Mr Elwin Josias, a maintenance process clerk, Cape Town Maintenance Court, 19 November 2009.

<sup>168</sup> Lyra, 2003

<sup>169</sup> Plantin et al, 2003

<sup>170</sup> Interview with Nolitha Mazwayi, Commission for Gender Equality, 8 December 2009.

<sup>171</sup> Geisler et al., The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence, African Development Bank, Human Development Department, (2009), p.8.

<sup>172</sup> Geisler et al., The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence, African Development Bank, Human Development Department, (2009), p. 9.

<sup>173</sup> Geisler et al., The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence, African Development Bank, Human Development Department, (2009), p. 9.

<sup>174</sup> Hitting Home, How Households Cope with the Impact of the HIV/AIDS Epidemic: A Survey of Households Affected by HIV/AIDS in South Africa, The Henry Kaiser Family Foundation, Social Surveys, Memory Box Project, (2002).

<sup>175</sup> S. Bharat & P. Aggleton, 'Facing the challenge: household responses to HIV/AIDS in Mumbai, India', *AIDS Care*, 11, 1999, pp. 31—44.

<sup>176</sup> R. Ndaba-Mbata & E. Seloilwe, 'Home-based care of the terminally ill in Botswana: knowledge and perceptions',

*International Nursing Review*, 47, 2000, pp. 218—223.

<sup>177</sup> J. Ogden, 'Expanding the care continuum for HIV/AIDS: bringing carers into focus', *Health Policy and Planning*, 21, 5, 2006, pp. 333-342, viewed at <http://heapol.oxfordjournals.org/cgi/content/full/21/5/333> on 12 November 2009.

<sup>178</sup> Mercedes Sayages, 'Africa's men meet challenge of fighting HIV/AIDS', (June 2003), viewed at <http://www.alertnet.org/thefacts/reliefresources/aidsfeature.htm> on 12 November 2009.

<sup>179</sup> S. Fox, Integrated Community-based Home Care (IHC) in South Africa: A review of the model implemented by the Hospice Association of South Africa, The Centre for AIDS Development, Research and Evaluation (CADRE) on behalf of The POLICY Project, viewed at [http://www.policyproject.com/pubs/countryreports/SA\\_Hospice.pdf](http://www.policyproject.com/pubs/countryreports/SA_Hospice.pdf) on 8 December 2009, p. 4.

<sup>180</sup> Fox, Integrated Community-based Home Care (IHC) in South Africa: A review of the model implemented by the Hospice Association of South Africa, p. 4.

<sup>181</sup> Mini et al., Identifying and testing children at increased risk for HIV through caregivers: The Caregiver Project, USAID Population Council, (2007), viewed at [http://www.popcouncil.org/pdfs/events/2009IAS\\_Mini\\_poster.pdf](http://www.popcouncil.org/pdfs/events/2009IAS_Mini_poster.pdf) on 12 November 2009.

<sup>182</sup> Hitting Home, How Households Cope with the Impact of the HIV/AIDS Epidemic: A Survey of Households Affected by HIV/AIDS in South Africa, The Henry Kaiser Family Foundation, Social Surveys, Memory Box Project, (2002).

<sup>183</sup> Interview with Zanele Mwazi, District co-ordinator of community and home-based care for the Department of Health, Western Cape, 14 December 2009.

<sup>184</sup> D. Budlender, N. Chobokoane & Y. Mpetsheni, A survey of time use: How South African women and men spend their time, Statistics South Africa, (Pretoria, 2001).

<sup>185</sup> C. Desmond, K. Michael & G. Gow, 'The hidden battle: HIV/AIDS in the household and community', *South African Journal of International Affairs*, 7, 2, 2000.

<sup>186</sup> United Nations Expert Group Meeting on 'Equal sharing of responsibilities between women and men, including care-giving in the context of HIV/AIDS' (Oct 2008) Division for the advancement of Women Available at [http://womenandaids.unaids.org/documents/20081002\\_Caregiving\\_in\\_context\\_of\\_AIDS/EN.pdf](http://womenandaids.unaids.org/documents/20081002_Caregiving_in_context_of_AIDS/EN.pdf) (Accessed 12 Nov 2009) 5.

<sup>187</sup>

<sup>188</sup> Olagoke Akintola, 'Gendered home-based care in South Africa: more trouble for the troubled', *African Journal of AIDS Research*, 5, 3, 2006, p. 245.

<sup>189</sup> Interview with Zanele Mwazi, District co-ordinator of community and home-based care for the Department of Health, Western Cape, 14 December 2009.



<sup>190</sup> Dean Peacock, Men as Partners: Promoting Men's Involvement in Care and Support Activities for People Living with HIV/AIDS, United Nations Division for the Advancement of Women, (2003), viewed at <http://se-cint50.un.org/womenwatch/daw/egm/men-boys2003/EP5-Peacock.pdf> on 12 November 2009, p. 5.

<sup>191</sup> D. Peacock & M. Weston, Men and care in the context of HIV and AIDS: Structure, political will and greater male involvement, United Nations Division for the Advancement of Women Expert Group Meeting on 'Equal sharing of responsibilities between women and men, including care-giving in the context of HIV/AIDS', (October 2008), viewed at <http://www.un.org/womenwatch/daw> on 26 Nov 2009, p. 9.

<sup>192</sup> Akintola 2006 (note 3) at 237.

<sup>193</sup> Olagoke Akintola, 'A gendered analysis of the burden of care on family and volunteer caregivers in Uganda and South Africa', 2004, viewed at [http://www.sarpn.org.za/documents/d0001119/P1241-Akintola\\_August2004.pdf](http://www.sarpn.org.za/documents/d0001119/P1241-Akintola_August2004.pdf) on 12 November 2009, p. 37.

<sup>194</sup> Cameron et al (note 1) at 104.

<sup>195</sup> Ibid.

<sup>196</sup> Cameron et al., 'Community Caregivers', viewed at <http://www.hospicepalliativecaresa.co.za/pdf/legal/Chapter%2011.pdf> on 12 November 2009, p. 102.

<sup>197</sup> Cameron et al., 'Community Caregivers', viewed at <http://www.hospicepalliativecaresa.co.za/pdf/legal/Chapter%2011.pdf> on 12 November 2009, p. 103.

<sup>198</sup> Akintola, 'Gendered home-based care in South Africa: more trouble for the troubled', note 3, p. 246.

<sup>199</sup> Peacock & Weston, Men and care in the context of HIV and AIDS: Structure, political will and greater male involvement, United Nations Division for the Advancement of Women Expert Group Meeting on 'Equal sharing of responsibilities between women and men, including care-giving in the context of HIV/AIDS', (October 2008), viewed at <http://www.un.org/womenwatch/daw> on 26 Nov 2009, p. 3.

<sup>200</sup> Interview with Zanele Mwazi, District co-ordinator of community and home-based care for the Department of Health, Western Cape, 14 December 2009.

<sup>201</sup> Fox, Integrated Community-based Home Care (ICHC) in South Africa: A review of the model implemented by the Hospice Association of South Africa, p. 12.

<sup>202</sup> Fox, Integrated Community-based Home Care (ICHC) in South Africa: A review of the model implemented by the Hospice Association of South Africa, p.12.

<sup>203</sup> Fox, Integrated Community-based Home Care (ICHC) in South Africa: A review of the model implemented by the Hospice Association of South Africa, p.13.

<sup>204</sup> Fox, Integrated Community-based Home Care (ICHC) in South Africa: A review of the model implemented by

the Hospice Association of South Africa, p.15.

<sup>205</sup> Interview with Zanele Mwazi, District co-ordinator of community and home-based care for the Department of Health, Western Cape, 14 December 2009.

<sup>206</sup>

<sup>207</sup>

<sup>208</sup> Akintola 'Community Responses to HIV/AIDS: The role of volunteers in home-based care for people living with HIV/AIDS in South Africa', p. 23.

<sup>209</sup> Interview with Zanele Mwazi, District co-ordinator of community and home-based care for the Department of Health, Western Cape, 14 December 2009.

<sup>210</sup> Peacock & Weston, Men and care in the context of HIV and AIDS: Structure, political will and greater male involvement, United Nations Division for the Advancement of Women Expert Group Meeting on 'Equal sharing of responsibilities between women and men, including care-giving in the context of HIV/AIDS', (October 2008), viewed at <http://www.un.org/womenwatch/daw> on 26 Nov 2009, p. 8.

<sup>211</sup> Cameron et al., 'Community Caregivers', viewed at <http://www.hospicepalliativecaresa.co.za/pdf/legal/Chapter%2011.pdf> on 12 November 2009, p. 104.

<sup>212</sup> Cameron et al., 'Community Caregivers', viewed at <http://www.hospicepalliativecaresa.co.za/pdf/legal/Chapter%2011.pdf> on 12 November 2009, p. 104.

<sup>213</sup> 'South Africa: Cry for Help for Caregivers', The Body, 17 August 2009, viewed at <http://www.thebody.com/content/news/art53269.html> on 12 November 2009.

<sup>214</sup> 'South Africa: Cry for Help for Caregivers', The Body, 17 August 2009, viewed at <http://www.thebody.com/content/news/art53269.html> on 12 November 2009.

<sup>215</sup> Fox, Integrated Community-based Home Care (ICHC) in South Africa: A review of the model implemented by the Hospice Association of South Africa, p.15.

<sup>216</sup> Cameron et al., 'Community Caregivers', viewed at <http://www.hospicepalliativecaresa.co.za/pdf/legal/Chapter%2011.pdf> on 12 November 2009, p. 104.

<sup>217</sup> Cameron et al., 'Community Caregivers', viewed at <http://www.hospicepalliativecaresa.co.za/pdf/legal/Chapter%2011.pdf> on 12 November 2009, p. 103.

<sup>218</sup> Interview with Zanele Mwazi, District co-ordinator of community and home-based care for the Department of Health, Western Cape, 14 December 2009.

<sup>219</sup> Interview with Zanele Mwazi, District co-ordinator of community and home-based care for the Department of Health, Western Cape, 14 December 2009.

<sup>220</sup> Interview with Zanele Mwazi, District co-ordinator of community and home-based care for the Department of Health, Western Cape, 14 December 2009.

<sup>220</sup> Interview with Zanele Mwazi, District co-ordinator of



community and home-based care for the Department of Health, Western Cape, 14 December 2009.

<sup>221</sup> Fox, Integrated Community-based Home Care (IHC) in South Africa: A review of the model implemented by the Hospice Association of South Africa, p. 30.

<sup>222</sup> Fox, Integrated Community-based Home Care (IHC) in South Africa: A review of the model implemented by the Hospice Association of South Africa, p.30.

<sup>223</sup> Telephone Interview with Sam Khandlhela, Senior Manager in the National House of Traditional Leaders, 20 January 2010.

<sup>224</sup> Telephone Interview with Nonkosi Tyolwana, Senior Manager Responsible for Gender and Disability within the Department of Co-operative Governance and Traditional Affairs, 15 January 2010.

<sup>225</sup> Telephone Interview with Sam Khandlhela, Senior Manager in the National House of Traditional Leaders, 20 January 2010.

<sup>226</sup> Telephone Interview with Nonkosi Tyolwana, Senior Manager Responsible for Gender and Disability within the Department of Co-operative Governance and Traditional Affairs, 15 January 2010.

<sup>227</sup> Telephone Interview with Nonkosi Tyolwana, Senior Manager Responsible for Gender and Disability within the Department of Co-operative Governance and Traditional Affairs, 15 January 2010.

<sup>228</sup> Telephone Interview with Nonkosi Tyolwana, Senior Manager Responsible for Gender and Disability within the Department of Co-operative Governance and Traditional Affairs, 15 January, 2010.

<sup>229</sup> Telephone Interview with Nonkosi Tyolwana, Senior Manager responsible for Gender and Disability within the Department of Co-operative Governance and Traditional Affairs, 21 January 2010.

<sup>230</sup> Health Policy Initiative South Africa, viewed at <http://www.healthpolicyinitiative.com/index.cfm?id=wherework&regionCode=AFR&countryCode=SA> on 25 January 2010.

<sup>231</sup> Telephone Interview with Sam Khandlhela, Senior Manager in the National House of Traditional Leaders, 25 January 2010.

<sup>232</sup> Telephone Interview with Sam Khandlhela, Senior Manager in the National House of Traditional Leaders, 20 January 2010.

<sup>233</sup> Telephone Interview with Nonkosi Tyolwana, Senior Manager responsible for Gender and Disability within the Department of Co-operative Governance and Traditional Affairs, 21 January 2010.

<sup>234</sup> Telephone Interview with Nonkosi Tyolwana, Senior Manager Responsible for Gender and Disability within the Department of Co-operative Governance and Traditional Affairs, 15 January 2010.

<sup>235</sup> Telephone Interview with Nonkosi Tyolwana, Senior Manager Responsible for Gender and Disability within the Department of Co-operative Governance and Traditional Affairs, 15 January 2010.

<sup>236</sup> Telephone Interview with Nonkosi Tyolwana, Senior Manager responsible for Gender and Disability within the Department of Co-operative Governance and Traditional Affairs, 21 January 2010.

<sup>237</sup> Telephone Interview with Nonkosi Tyolwana, Senior Manager responsible for Gender and Disability within the Department of Co-operative Governance and Traditional Affairs, 21 January 2010.

<sup>238</sup> Telephone Interview with Nonkosi Tyolwana, Senior Manager Responsible for Gender and Disability within the Department of Co-operative Governance and Traditional Affairs, 15 January 2010.

<sup>239</sup> Telephone Interview with Nonkosi Tyolwana, Senior Manager responsible for Gender and Disability within the Department of Co-operative Governance and Traditional Affairs, 21 January 2010.

<sup>240</sup> R. Jewkes & N. Abrahams, 'The epidemiology of rape and sexual coercion in South Africa: An overview', *Social Science and Medicine*, 55, 7, 2002, pp.1231-1244.

<sup>241</sup> South Africa Demographic and Health Survey 1998.

<sup>242</sup> Jewkes et al., 'Rape perpetration by young, rural South African men: Prevalence, patterns and risk factors', *Social Science & Medicine*, 63, 2006, pp. 2949–2961,

<sup>243</sup> Jewkes et al. Understanding Men's Health and Use of Violence: Interface of rape and HIV in South Africa, Medical Research Council, (2009).

<sup>244</sup> Kalichman & Simbayi, 'Sexual assault history and risks for sexually transmitted infections among women in an African township in Cape Town, South Africa', *AIDS Care*, 16, 2004, pp. 681-689.

<sup>245</sup> A. E. Pettifor, D. Measham, H.V. Rees & N.S. Padian, 'Sexual power and HIV risk, South Africa', *Emerging Infectious Diseases*, 10, 11, 2004, pp.1996-2004.

<sup>246</sup> Geisler et al., *The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence*, African Development Bank, Human Development Department, (2009), p. 25.

<sup>247</sup> Geisler et al., *The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence*, African Development Bank, Human Development Department, (2009), p. 25.

<sup>248</sup> Geisler et al., *The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence*, African Development Bank, Human Development Department, (2009), p. 25 - 26.

<sup>249</sup> The South African government has since 1999 runs its own "16 days" campaign, which runs in parallel with the United Nations campaign of the same name.

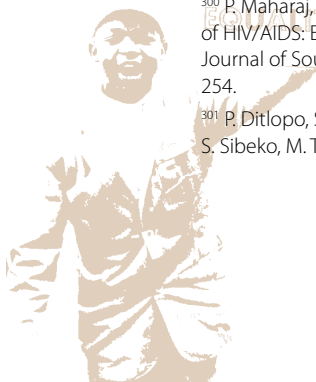




- <sup>250</sup> Redpath et al., *Masculinities and Public Policy in South Africa: changing masculinities and working towards gender equality*, Sonke Gender Justice Network Report, (2008), p.14.
- <sup>251</sup> Interview with Nolitha Mazwayi, Commission for Gender Equality, 8 December 2009.
- <sup>252</sup> Interview with Nolitha Mazwayi, Commission for Gender Equality, 8 December 2009.
- <sup>253</sup> Geisler et al., *The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence*, African Development Bank, Human Development Department, (2009), p. 12.
- <sup>254</sup> Geisler et al., *The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence*, African Development Bank, Human Development Department, (2009), p. 12.
- <sup>255</sup> Geisler et al., *The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence*, African Development Bank, Human Development Department, (2009), p. 12.
- <sup>256</sup> Zanele Muholi & Sabine Neidhardt, *Men in Action, Behind the Mask: A website magazine on lesbian and gay affairs in Africa*, 19 May 2004, viewed at <http://www.mask.org.za/printpage.php?id=1192> on 5 February 2010.
- <sup>257</sup> 365 Day National Action Plan to End Gender Violence, (2007).
- <sup>258</sup> Interview with Nolitha Mazwayi, Commission for Gender Equality, 8 December 2009.
- <sup>259</sup> Telephone Interview with Fikile Faltein, Victims Empowerment Programme, Department of Social Development, 15 January 2010.
- <sup>260</sup> Telephone Interview with Obed Masilela, Department of Social Development, 26 January 2010.
- <sup>261</sup> Telephone Interview with Obed Masilela, Department of Social Development, 26 January 2010.
- <sup>262</sup> Interview with Nolitha Mazwayi, Commission for Gender Equality, 8 December 2009.
- <sup>263</sup> Interview with Nolitha Mazwayi, Commission for Gender Equality, 8 December 2009.
- <sup>264</sup> GenderLinks report on the PEP Talk Campaign, December 2003.
- <sup>265</sup> Geisler et al., *The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence*, African Development Bank, Human Development Department, (2009), p.26.
- <sup>266</sup> Mullick et al., 'Involving Men in Maternity Care: Health Service Delivery Issues', p.126.
- <sup>267</sup> Mehta et al., 'Men As Partners: Lessons Learned from Engaging Men in Clinics and Communities', in S. Ruxton (Ed.), *Gender Equality and Men*, (Oxfam: Oxford, 2004).
- <sup>268</sup> National Contraception Policy Guidelines (2003), p. 1.
- <sup>269</sup> Redpath et al., *Masculinities and Public Policy in South Africa: changing masculinities and working towards gender equality*, Sonke Gender Justice Network Report, (2008), p.30
- <sup>270</sup> Charles Nzioka, *Research on men and its implications on policy and program development in reproductive health in Programming for Male Involvement in Reproductive Health*, Report on the meeting of WHO Regional Advisers in Reproductive Health, WHO/PAHO, Washington DC, USA 5-7 September 2001, World Health Organisation, (Geneva, 2002).
- <sup>271</sup> "Between Men"
- <sup>272</sup> Advocates for Youth website
- <sup>273</sup> Interview with Rebecca Motlatla, Gender Focal Person in the Department of Health, 21 January 2010.
- <sup>274</sup> Interview with Rebecca Motlatla, Gender Focal Person in the Department of Health, 21 January 2010.
- <sup>275</sup> (Schneider et al. 2001)
- <sup>276</sup> AIDS epidemic update 2007, UNAIDS, (Geneva, 2007).
- <sup>277</sup> AIDS epidemic update 2007, Regional Summary: Sub-Saharan Africa, UNAIDS, (Geneva, 2007).
- <sup>278</sup> Shisana et al., *South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey, 2005*, (HSRC Press: Cape Town, 2005).
- <sup>279</sup> National Strategic Plan 2007, pp. 34-35.
- <sup>280</sup> Shisana et al, *South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey, 2005*, (HSRC Press: Cape Town, 2005).
- <sup>281</sup> A. Medley, C. Garcia-Moreno, S. McGill & S. Maman, 'Rates, barriers and outcomes of HIV sero-disclosure among women in developing countries: Implications for prevention of mother-to-child transmission programmes', *Bulletin of the World Health Organization*, 82, 4, 2004, pp. 299-307.
- <sup>282</sup> Telephone Interview with Nonhlanhla Vilakazi, Deputy Director Prevention Directorate, HIV/AIDS Unit within the Department of Social Development, 26 January 2010.
- <sup>283</sup> Telephone Interview with Nonhlanhla Vilakazi, Deputy Director Prevention Directorate, HIV/AIDS Unit within the Department of Social Development, 26 January 2010.
- <sup>284</sup> Interview with Zanele Mwazi, District co-ordinator of community and home-based care for the Department of Health, Western Cape, 14 December 2009.
- <sup>285</sup> Interview with Zanele Mwazi, District co-ordinator of community and home-based care for the Department of Health, Western Cape, 14 December 2009.
- <sup>286</sup> Interview with Zanele Mwazi, District co-ordinator of community and home-based care for the Department of Health, Western Cape, 14 December 2009.
- <sup>287</sup> P. Akugizibwe & F Hassan, 'The hungry stats hole', *Mail & Guardian Newspaper*, 19 May 2008.



- <sup>288</sup> D. Coetzee, K. Hildebrand & A. Boulle et al., 'Outcomes after two years of providing antiretroviral treatment in Khayelitsha, South Africa', *AIDS*, 18,6,2004, pp. 887-95.
- <sup>289</sup> Hudspeth et al., 'Access to, and early outcomes of a public South African antiretroviral clinic', *The Southern African Journal of Epidemiology and Infection*, 19, 2, 2004, pp. 48-51.
- <sup>290</sup> Helen Schneider, Dingie van Rensburg & David Coetzee, Health systems and antiretroviral access: key findings and policy recommendations, Round-table Conference, 22 & 23 October 2007, University of the Free State, Bloemfontein, South Africa.
- <sup>291</sup> D. Beck, 'Men and ARVs: How does being a Man affect Access to Antiretroviral Therapy in South Africa? An Investigation among Xhosa-Speaking Men in Khayelitsha', Centre for Social Science Research Working Paper No. 80, (University of Cape Town, 2004).
- <sup>292</sup> Busisiwe Kunene, Involving Men in Antenatal and Postnatal Care: The Men in Maternity Project in South Africa, University of Witwatersrand, presented at the IGWG Reaching Men to Improve Reproductive Health For All, (Washington, 2003).
- <sup>293</sup> H.A. Weiss, M.A. Quigley & R.J. Hayes, 'Male circumcision and risk of HIV infection in sub-Saharan Africa: A systematic review and meta-analysis', *Aids*, 14, 2000, pp. 2361-2370.
- <sup>294</sup> A.J. Fink, 'A possible explanation for heterosexual male infection with AIDS [letter]', *New England Journal of Medicine*, 315, 1986, pp. 1167.
- <sup>295</sup> B.E. Scott, H.A. Weiss & J.I. Viljoen, 'The acceptability of male circumcision as an HIV intervention among a rural Zulu population, KwaZulu-Natal, South Africa', *AIDS Care*, 17, 3, 2005, p. 304.
- <sup>296</sup> C.L. Mattson, R.C. Bailey, R. Muga, R. Poulussen & T. Onyango, 'Acceptability of male circumcision and predictors of circumcision preference among men and women in Nyanza Province, Kenya', *AIDS Care*, 17, 2, 2005, p. 182.
- <sup>297</sup> B. Auvert, D. Taljaard, E. Lagarde, J. Sobngwi-Tambekou & R. Sitta et al., 'Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: The ANRS 1265 trial', *PLoS Med*, 2, 11, 2005, p298.
- <sup>298</sup> Report by SANAC Women's Sector on Progress with the UNGASS Goals on Sexual and Reproductive Health, 2009.
- <sup>299</sup> Policy Brief on Voluntary Male Medical Circumcision, Treatment Action Campaign, November 2010.
- <sup>300</sup> P. Maharaj, 'Male Attitudes to Family Planning in the Era of HIV/AIDS: Evidence from KwaZulu-Natal, South Africa', *Journal of Southern African Studies*, 27, 2, 2001, pp.252-254.
- <sup>301</sup> P. Ditlopo, S. Mullick, I. Askew, R. Vernon, E. Maroga, S. Sibeko, M. Tshabalala, R. Raletsemo, D. Peacock & A. Levack, 'Testing the effectiveness of the Men as Partners program (MAP) in Soweto, South Africa', *FRONTIERS Final Report*, Population Council, (Washington, DC, 2007).
- <sup>302</sup> D.L. Kincaid & W. Parker, National AIDS Communication Programmes, HIV Prevention Behaviour, and HIV Infections Averted in South Africa, 2005, JHHESA, (Pretoria, 2008).
- <sup>303</sup> A. E. Pettifor, D. Measham, H.V. Rees & N.S. Padian, 'Sexual power and HIV risk, South Africa', *Emerging Infectious Diseases*, 10, 11, 2004, pp.1996-2004.
- <sup>304</sup> S.M. Noar & P.J. Morokoff, 'The Relationship between Masculinity Ideology, Condom Attitudes, and Condom Use Stage of Change: A Structural Equation Modeling Approach', *International Journal of Men's Health*, 1, 1, 2001.
- <sup>305</sup> HSRC 2005 op cit.
- <sup>306</sup> Personal communication with John Wilson, November 13th, 2007.
- <sup>307</sup> Marion Stevens, '4.3 Male Condom Distribution Rate', *The District Health Barometer 2005/06*, Health Systems Trust, (Westville,2009), pp. 61-65.
- <sup>308</sup> S.S. Weir, C. Morroni, N. Coetzee, J. Spencer & J.T. Boerma, 'A pilot study of a rapid assessment method to identify places for AIDS prevention in Cape Town, South Africa', *Sexually Transmitted Infections*, 78, 2002, p106-113.
- <sup>309</sup> Dudgeon and Inhorn
- <sup>310</sup> Mbali Thusi, 'Pledging the Fight against AIDS', *The Witness Unwele Olude*, 5 August 2005, viewed at <http://www.kznhealth.gov.za/unwele/witnessUO08.2005.pdf> on 5 February 2010; Department of Health Media Release, 'Men in Partnership Against AIDS', 12 July 2005, viewed at <http://www.kznhealth.gov.za/mediarelease/2005/mpiaa.pdf> on 5 February 2010; Improvement of Quality of Life and Status of Women Joint Monitoring Committee Meeting, 9 September 2005, Initiatives To Promote Gender Equality: Briefing By Commission On Gender Equality (National Gender Machinery), OXFAM, Men In Partnership Against Aids, viewed at <http://www.pmg.org.za/minutes/20050908-initiatives-promote-gender-equality-briefing-commission-gender-equality-national-ge> on 5 February 2010.
- <sup>311</sup> Telephone Interview with Rebecca Motlatla, Gender Focal Person in the Department of Health, 21 January 2010.
- <sup>312</sup> Telephone Interview with Nonhlanhla Vilakazi, Deputy Director Prevention Directorate, HIV/AIDS Unit within the Department of Social Development, 26 January 2010.
- <sup>313</sup> Interview with Zanele Mwazi, District co-ordinator of community and home-based care for the Department of Health, Western Cape, 14 December 2009.
- <sup>314</sup> Interview with Zanele Mwazi, District co-ordinator of community and home-based care for the Department of



Health, Western Cape, 14 December 2009.

<sup>315</sup> Telephone Interview with Nonhlanhla Vilakazi, Deputy Director Prevention Directorate, HIV/AIDS Unit within the Department of Social Development, 26 January 2010.

<sup>316</sup> Interview with Zanele Mwazi, District co-ordinator of community and home-based care for the Department of Health, Western Cape, 14 December 2009.

<sup>317</sup> 'Incarceration Levels', South African Department of Correctional Services Basic Information, (2007).

<sup>318</sup> 'Inmates Gender Breakdown', South African Department of Correctional Services Basic Information, (2007).

<sup>319</sup> Gender-Based Violence and HIV/AIDS in South Africa: A Literature Review, CADRE, (2003).

<sup>320</sup> K.C. Goyer & J. Gow, 'Alternatives to Current HIV/AIDS Policies and Practices in South African Prisons', *Journal of Public Health Policy*, 23, 3, 2002, pp. 308-310.

<sup>321</sup> Gender-Based Violence and HIV/AIDS in South Africa: A Literature Review, CADRE, (2003).

<sup>322</sup> Goyer & Gow, 'Alternatives to Current HIV/AIDS Policies and Practices in South African Prisons', p.308.

<sup>323</sup> 'Doing Time in a Gauteng Juvenile Correctional Centre for Males', CSVJ Criminal Justice Programme, Briefing Report No. 01, (September 2007).

<sup>324</sup> The Jali Commission of inquiry into alleged incidents of corruption, maladministration, violence or intimidation into the department of correctional services appointed by order of the president of the Republic of South Africa in terms of proclamation no. 135 of 2001, as amended, Final Report, (2005).

<sup>325</sup> Redpath at al., *Masculinities and Public Policy in South Africa: changing masculinities and working towards gender equality*, Sonke Gender Justice Network Report, 2008, p35.

<sup>326</sup> Education Statistics in South Africa, At A Glance in 2001, Department of Education, June 2003.

<sup>327</sup> Education Statistics in South Africa, At A Glance in 2001, Department of Education, June 2003.

<sup>328</sup> Unterhalter E, Gender equality and education in South Africa: Measurements, scores and strategies, in L. Chisholm & J. September (Eds.), *Gender Equity in South African Education 1994-2004*. Conference Proceedings, HSRC Press: Cape Town, 2005.

<sup>329</sup> Geisler et al., *The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence*, African Development Bank, Human Development Department, 2009, p5.

<sup>330</sup> [http://www.sahrc.org.za/sahrc\\_cms/downloads/Background%20Info\\_Violence\\_Schools.pdf](http://www.sahrc.org.za/sahrc_cms/downloads/Background%20Info_Violence_Schools.pdf).

<sup>331</sup> Morrell R, Gender equality in Secondary Schooling and FET colleges, unpublished report, 2005.

<sup>332</sup> Scared at School: Sexual Violence Against Girls in South

African Schools, Human Rights Watch, New York, 2001.

<sup>333</sup> Parliamentary Question 663, Internal Question Paper 09/05/2008, Internal Question Paper 12-2008.

<sup>334</sup> Redpath at al., *Masculinities and Public Policy in South Africa: changing masculinities and working towards gender equality*, Sonke Gender Justice Network Report, 2008, pp38 – 39.

<sup>335</sup> Strauss M Spanking and the Making of a Violent Society, *Pediatrics*, 98, 1996, 837-842.

<sup>336</sup> Pete S, Spare the rod and spoil the nation?: Trends in corporal punishment abroad and its place in the new South Africa, *South African Journal of Criminal Justice*, 7, 3, 1994, 295-306.

<sup>337</sup> Clacherty G, Donald D & Clacherty A, *South African Children's Experiences of Corporal Punishment*, Pretoria, 2005: Save the Children Sweden.

<sup>338</sup> Morrell R, *Corporal Punishment and Masculinity in South African Schools*, Men and Masculinities, 2001.

<sup>339</sup> Kushlick A & Rapholo G, Baseline survey into HIV/AIDS knowledge, attitudes and related life skills, Researched for the National Life Skills Task Team, Braamfontein, Community Agency for Social Enquiry, 1998.

<sup>340</sup> Buga et al. 1996, Health Science Development Unit 1998, Abdool et al. 1992

<sup>341</sup> Redpath at al., *Masculinities and Public Policy in South Africa: changing masculinities and working towards gender equality*, Sonke Gender Justice Network Report, (2008), pp40 – 41.

<sup>342</sup> Report by SANAC'S Women's Sector on Progress with the UNGASS Goals on Sexual and Reproductive Health, 2009.

<sup>343</sup> Geisler et al., *The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence*, African Development Bank, Human Development Department, 2009, p6.

<sup>344</sup> Telephone Interview with Obed Masilela, Department of Social Development, 26 January 2010.

<sup>345</sup> Telephone interview with Thandi Lewin, Gender Focal Person, Department of Education, 19 February 2010.

<sup>346</sup> Geisler et al., *The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence*, African Development Bank, Human Development Department, 2009.

<sup>347</sup> Matjila M, Hoosen A, Stoltz A & Cameron N, STIs, HIV and AIDS and TB: Progress and Challenge, *South African Health Review*, Health Systems Trust, Durban, 2008, p92.

<sup>348</sup> Report by SANAC'S Women's Sector on Progress with the UNGASS Goals on Sexual and Reproductive Health, 2009.

<sup>349</sup> Geisler et al., *The National Gender Machinery, Gender Mainstreaming and the Fight against Gender Violence*,



African Development Bank, Human Development Department, Visser M, Life skills training as HIV/AIDS preventive strategy in secondary schools: evaluation of a large-scale implementation process', SAHARA Journal, 2,1, 2005, pp203-16.

<sup>351</sup> Telephone Interview with Vernet Napo, Acting Head of Department of Research, Commission for Gender Equality, 22 January 2010.

<sup>352</sup> Email correspondence with Hleki Mabunda, Department of Education, 3 February 2010.

<sup>353</sup> Email correspondence with Hleki Mabunda, Department of Education, 3 February 2010.

<sup>354</sup> Trauma faced by Children, National Children and Violence Trust: Promoting Children's Rights, Well-being, protection and access to Justice, viewed at [http://www.ncvt.co.za/effects\\_of\\_trauma.htm](http://www.ncvt.co.za/effects_of_trauma.htm) on 8 February 2010.

<sup>355</sup> Pharoah R, (Ed.), 'A Generation at Risk? HIV/AIDS, Vulnerable Children and Security in Southern Africa', Institute for Security Studies, viewed at [http://www.iss.co.za/index.php?link\\_id=27&slink\\_id=2053&link\\_type=12&slink\\_type=12&tmpl\\_id=3](http://www.iss.co.za/index.php?link_id=27&slink_id=2053&link_type=12&slink_type=12&tmpl_id=3).

<sup>356</sup> Kale R, South Africa's Health: New South Africa's mental health, BMJ, 310, 1995, pp. 1254-1256, viewed at <http://www.bmj.com/cgi/content/full/310/6989/1254> on 5 February 2010.

<sup>357</sup> Baldauf S, Social workers in short supply in South Africa', The Christian Science Monitor, 6 September 2007, viewed at <http://www.csmonitor.com/2007/0926/p13s01-woaf.html> on 5 February 2010.

<sup>358</sup> Telephone interview with Thandi Lewin, Gender Focal Person, Department of Education, 19 February 2010.

<sup>359</sup> Kotzé F, Looming crisis in social work in South Africa', An official media statement, North West University 2009, viewed at [http://www.puk.ac.za/nuus/nuus99\\_e.html](http://www.puk.ac.za/nuus/nuus99_e.html) on 5 February 2010.

<sup>360</sup> Baldauf S, Social workers in short supply in South Africa', The Christian Science Monitor, 6 September 2007, viewed at <http://www.csmonitor.com/2007/0926/p13s01-woaf.html> on 5 February 2010.

<sup>361</sup> Kotzé F, Looming crisis in social work in South Africa, An official media statement, North West University 2009, viewed at [http://www.puk.ac.za/nuus/nuus99\\_e.html](http://www.puk.ac.za/nuus/nuus99_e.html) on 5 February 2010.

<sup>362</sup> Sonke Gender Justice Network, CSW Country Report, p10.

<sup>363</sup> Telephone Interview with David Tshabalala, Ministry of Women, Youth, Children and People with Disabilities, 8 February 2010.

<sup>364</sup> Telephone Interview with Ms Lekubu, Department of Justice, 8 February 2010.

<sup>365</sup> Telephone Interview with Obed Masilela, Department of Social Development, 8 February 2010.

<sup>366</sup> Telephone Interview with Mashudo Nerhere, a researcher from the Commission for Gender Equality, 22 January 2010.

<sup>367</sup> Telephone Interview with Vernet Napo, The Acting Head of the Department of Research at the Commission for Gender Equality, 22 January 2010.

<sup>368</sup> Telephone Interview with Mashudo Nerhere, a researcher from the Commission for Gender Equality, 22 January 2010.

<sup>369</sup> Telephone Interview with Vernet Napo, The Acting Head of the Department of Research at the Commission for Gender Equality, 22 January 2010.



MEN  
OF QUALITY  
DO NOT  
FEAR  
EQUALITY

