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Men as Partners: Promoting Men’s Involvement in Care and Support Activities for People Living with HIV/AIDS

Prepared by
Dean Peacock*

* The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations.

In a rural community in KwaZulu Natal, a woman struggles to feed, bathe and take care of her ill grandchildren. Her husband refuses to help because he fears he'll lose the respect of his peers if he is seen doing "women's work"ⁱ.

In the Eastern Cape, a teenage girl drops out of school to take care of her sick parents. Her brother continues to attend classesⁱⁱ.

In Soweto, a man accompanies his partner to the antenatal clinic to learn more about preventing mother to child transmission but is turned away at the door by the nursing staffⁱⁱⁱ.

In boardrooms and meeting halls in Johannesburg, Cape Town and Pretoria, groups comprised mainly of men develop pricing policies and trade agreements that keep life saving medications inaccessible to the majority of those becoming ill from HIV/AIDS^{iv}.

In a trade union conference room in Braamfontein, a male shop steward argues persuasively that the labor movement has a crucial role to play in promoting responsible fatherhood^v.

In Bloemfontein, a young man chooses not to attend a support group for people living with AIDS. He believes "real men" don't talk about their problems. Instead, he drinks and becomes increasingly ill. His wife spends more and more time and money providing palliative care.

The settings and specifics may vary, but the scenes described here take place every day in communities across South Africa. In South Africa, like in many parts of the world, men all too often act in ways that ensure that the burden of providing care and support to people living with HIV/AIDS is borne disproportionately by women and girls^{vi}. However, as these vignettes also make clear, men can, and often do, play a critical role in responding to HIV/AIDS, including in meeting the care and support needs of those living with HIV and AIDS.

HIV/AIDS AND THE BURDEN OF PROVIDING CARE AND SUPPORT IMPOSED UPON WOMEN.

Contemporary gender roles increase women's vulnerability to HIV/AIDS in a number of well-documented ways. Much attention has been paid to the ways in which contemporary gender roles condone men's violence against women and compromise women's ability to make choices about their sexual and reproductive health. As a result, many programs across the world have begun to work with men to end male violence and to encourage men to negotiate the terms and conditions of sex. Less attention, however, has been granted to the ways in which gender roles also create the expectation that women will assume the burden of responsibility for taking care of family and community members weakened or made ill by HIV/AIDS. As such, little has been done to date to develop interventions that explicitly encourage men to play a more active role in care and support

activity. As a first step towards changing this it seems important to briefly describe the nature and affect that the disproportionate burden of care and support has on women.

As is the case with women's unpaid work in general, the contribution that women make to caring for and supporting those ill with AIDS is frequently overlooked. In the formal sector women work in the hospitals, clinics and hospices that tend to the sick and dying. In the informal sector women, too, bear the burden of AIDS care. As the epidemic progresses and as more and more people become seriously ill, the impact on women and girls in South and Southern Africa becomes more apparent and the consequences more devastating. 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. In Swaziland, for instance, school enrollment has fallen by 36% with girls more affected than boys^{vii}. At the other end of the lifespan, elderly women are often required to take care of children orphaned by AIDS, finding themselves emotionally and physically taxed by tasks usually performed by much younger women. The burden borne by women in rural areas or women living in urban areas but without access to running water is enormous. It is estimated that caring for a person sick with full blown AIDS requires 24 buckets of water-to clean up diarrhea and vomit, to prepare water for bathing several times a day and to cook. As Sisonke Msimang writes, "For women who must walk miles, and still do all the other chores that always need doing, the burden becomes unbearable". She continues, "In Africa we face the prospect of a generation without grandparents, and an imminent orphan and vulnerable children crisis that will effectively leave kids to take care of kids. As the orphan crisis deepens, child abuse is on the rise. Girls without families to protect them are engaging in survival sex to feed themselves and their siblings, and we are told that communities will 'cope'. There is a myth of coping in the development discourse on AIDS. What it really means is that women will do it."^{viii}

An analysis of the intersection of gender roles and care and support activities is important because it sheds light on the heavy and debilitating burden borne by women. It is also important because it draws attention to the ways in which contemporary gender roles compromise women's ability to care for themselves and, in many instance, their children. A few examples should make this clear. Firstly, for women living with HIV or AIDS, taking care of a sick male partner typically means being unable to meet their own health needs, thus creating additional vulnerabilities to opportunistic infections. Secondly, many women choose not to disclose their positive status to their partners because of the threat of domestic violence or abandonment. As a result they are constrained in their ability to change diet or access services such as support groups or other counseling services. Thirdly, even in the absence of the threat of violence, rigid gender roles make it difficult for women, and especially older women, to talk about sexual and reproductive health with their partners. Finally, men's ability to determine the choices available to women compromises women's efforts to care for their newborn children. Prevention of mother to child transmission (PMTCT) requires that women utilize a range of reproductive health care services including anti-retrovirals and specialized deliveries, and that they either exclusively breastfeed or consistently use formula. All of these are difficult for women to do when male partners either do not know their positive status, are unwilling to commit the necessary resources for clinic visits or oppose exclusive formula feeding on cultural

grounds. Furthermore, in some cases, even when women know their HIV status and may not want to have a child to prevent MTCT, men often control decisions about contraception and family planning and may disregard women's choices.

PLACING THE BURDEN OF CARE AND SUPPORT IN CONTEXT: HEALTH, ILLNESS AND INEQUALITY.

All too often discussions about the burden of care and support assumed by women in the face of a rampant AIDS epidemic neglect the broader socioeconomic forces shaping the epidemic. Throughout the developing world public health systems often operate on steadily shrinking budgets. As a result, men and women in many parts of the developing world do not receive the information or the services necessary to promote sexual and reproductive health^{ix}. Neither public health articles nor public health interventions typically address this, instead describing and/or prescribing a range of more narrowly defined ameliorative solutions sometimes couched in the language of "acknowledging the reality of resource poor settings". In their article "Global Apartheid", Salih Booker and William Minter re-politicize the discussion about HIV/AIDS and public health services. They write,

"To date, access to lifesaving medicines and care for people living with HIV and AIDS have been largely determined by race, class, gender and geography. AIDS thus points to more fundamental global inequalities than those involving a single disease. Thus debating what is to be done about AIDS keeps leading back to broader issues. Health services deprived of basic resources will be unable to meet the need for treatment or prevention of AIDS^x

Wise and Hearn expand this analysis reminding us that: "Structural factors establish the conditions for the health of populations. Politicians develop and implement public policies that result in or reinforce poverty; that erode income, housing, or neighbourhood conditions; that fragment or impose new obligations on already overburdened networks; or proliferate demeaning and demoralizing stereotypes that affect the material and psychosocial conditions for poor people and, consequently, their health^{xi}. In the current global order, most developing countries have been pressured to pursue neoliberal development policies characterized by privatization of previously state supplied services, flexible labor laws and an emphasis on attracting foreign investment. These policies have an enormous impact on the health of those living with HIV/AIDS and subsequently on the lives of those who provide care and support to them. After all, health is inextricably bound to factors such as employment, housing, neighborhood conditions, access to decent housing, electricity, water, effective sewage systems etc^{xii}. By definition AIDS is a disease that cripples the immune system, leaving people with HIV especially vulnerable to the many illnesses associated with poverty. Consider for a moment the impact of malnutrition, or the consequences of living in a crowded house where someone has untreated Tuberculosis on people living with HIV/AIDS. Consider also the impact on people living with HIV/AIDS of the increasingly common government practice of shutting off water or electricity supply and evicting tenants from formerly public housing in areas where high rates of unemployment make it impossible to pay the steadily climbing costs of newly privatized services^{xiii}. The decimation of critical services that often accompanies such privatization inevitably leaves those living with HIV/AIDS,

vulnerable to diarrhea, pneumonia and a whole host of other opportunistic infections. No wonder then that life expectancy for people living with HIV/AIDS in the global South is considerably less than for those with the virus living in the North.

In his book *Infections and Inequalities: The Modern Plagues*, Paul Farmer reminds public health practitioners and policy makers of what this means. He writes: “We keep hearing that we live in a time of limited resources, but how often do (we) challenge this slogan? The wealth of the world has not dried up; it has simply become unavailable to those who need it most... Our challenge, therefore, is not merely to draw attention to the widening outcome gap but also to attack it, to dissect it, and to work with all our capacity to reduce this gap”^{xiv}. If we are to reduce the burden of care assumed by women, we would do well to heed his call.

All too often discussions about men’s involvement or lack thereof in care and support activities focus narrowly on men in the developing world. In some ways that’s not surprising given the demographics of the epidemic. However, this narrow focus obscures the fact that men in the global north make decisions that very often determine the health context of men and women in the global south and do so in accordance with particular forms of hegemonic masculinity. In their article “Free markets and state control: A feminist challenge to Davos man and Big Brother” Danner and Young write, “The institutions of the globalized world...are masculine in two senses: on the one hand, men (or more precisely a small number of elite, white, Western men) dominate these institutions, and their views and interests prevail; on the other hand, such institutions serve as sites where particular notions of masculinity are created, maintained and legitimated in the context of ongoing global processes. Global social institutions, then, are places in which a particular form of globally dominant masculinity is forged and exercised”^{xv}. An important step in alleviating the burden of care and support borne by women is to challenge this particular model of masculinity.

UNDERSTANDING MEN’S ATTITUDE TOWARDS CARE AND SUPPORT ACTIVITIES

Alongside efforts to create a more just global order and to challenge destructive models of hegemonic masculinity, it is obviously important that men begin to share the burden of care and support in the places where it is currently borne primarily by women. This requires that we understand men’s attitudes towards care and support as a first step to engaging them in taking action. To date very little research has been done on men’s attitudes towards care and support activities. As a result, much of the data presented on men’s attitudes and behavior has been learned from research conducted with women. Some recent research conducted in Southern Africa to understand men’s attitudes towards care and support contradicts what had been considered common knowledge and provides room for some optimism.

Based on conversations with women in antenatal clinics, many service providers have regarded men as probable barriers to women’s involvement in programs intended to prevent mother to child transmission. Often men were described as likely to be opposed

to women getting tested, taking anti retrovirals or formula feeding. A recent study conducted in Botswana with nearly 600 men in four different regions found that men were, in fact, quite supportive of their partners.^{xvi} While 77.8% of men interviewed did report that they would be very unhappy if their partner tested for HIV and took AZT without their knowledge, 75% were likely or most likely to allow their pregnant partners to get HIV test while 72% were willing to get go for an HIV test with their pregnant partners and 97% said they would support an HIV infected partner to feed their babies with formula.

A similar study conducted in KwaZulu Natal, South Africa with over a thousand men on attitudes towards providing care and support to their partners during pregnancy also reported similar findings indicating that men were willing to participate in antenatal care but felt they didn't have the necessary skills^{xvii}. Interestingly, this study identified service provider attitudes as a significant barrier to men's involvement with some female nurses opposed to men's involvement.

A 1998 UNAIDS study conducted with men in Tanzania shed light on men's lack of involvement in care and support and revealed that on occasion "male heads of households would wish to do more when their partners fall ill but were curtailed by cultural definitions of maleness and the roles defined which determine masculinity"^{xviii}. These findings have been supported time and again in MAP workshops and focus groups where men frequently describe the fear of being ostracized and ridiculed by other men in the community as a major factor explaining their reluctance to be more actively involved in domestic activities including care and support.

In an interview conducted in late 2001, MAP educators working in urban and rural areas of South Africa described the impact of community norms that deter men from becoming involved in activities regarded as women's work^{xix}. Patrick Godana put it this way:

"Being involved in MAP work has helped me to understand what is it that is human (and allowed me) to see the beauty of life, I must say. And it has helped me with my family and my extended family as well- to challenge my grandparents, to challenge my brothers and sisters so they understand the fullness of life. It's not easy though. And when, as a man, you are trying to be out of the box they see you with different spectacles. "Where do you come from? What kind of man is behaving in this fashion? Is there something missing unto you as a person?"

Steven Ngobeni echoed these sentiments saying,

"When you talk about changing norms and values, it's not easy. I have been in this work for a long time and have heard a lot of stories about woman abuse. The moment I decided to get married I told myself I wanted to be an example of change in my community. I just recently got married and what was expected from my wife was for her to wake up early in the morning – before I could even wake up – to sweep the outside and prepare everything herself, you see, for the entire family. One thing I became very strong with was when they said she must go to the veld (bush) and fetch firewood. Just because she is the wife it is what she is expected to do! But even when I made the means to get the firewood there, there were still some problems because it is not the firewood that they want. They want to see this woman go into the veld and fetch that firewood and come back with the firewood on her head. It is a very challenging situation. Some people are saying horrible things

against me and my wife (but), I have to take a stand so the society can see that change is inevitable.

In workshops men describe sometimes going to great lengths in their communities to make sure that neighbours and other community members not see them participating in domestic activities. Men also report sometimes experiencing significant resistance from their partners who fear that members of the community might interpret her husbands increased role in domestic activities as a sign that she's lazy, incompetent or, in some instances, that she's bewitched him.

Similarly, in focus groups conducted by EngenderHealth and Hope Worldwide in Soweto, South Africa in March 2003, many men identified traditional gender roles and the fear of losing respect from their peers as a significant deterrent to participating in care and support activities^{xx}. Additionally, some men identified being afraid or embarrassed to become associated with HIV/AIDS.

Other barriers to participation in care and support activities identified by focus group participants included:

- Lack of resources, lack of communication skills and men's opinions of themselves (arrogant /an affront to their dignity) as also cited as issues that prevent men from participating.
- All groups identified lack of knowledge as one of the key factors preventing men from providing support and care to people living with HIV/AIDS.
- All groups identified the support and care as being traditionally regarded as women's work.
- One group raised an interesting issue, that of men not being trusted in society. The discussion here centered around the perception that men cannot be left only with women and children infected or affected by HIV/AIDS. This is an important observation in that even if men are willing to participate they may not necessarily be welcomed.

While it's clear that some cultural norms play an important role in limiting men's involvement, it is important to not see culture as immutable or monolithic. In her article titled "What's Wrong With South African Men", Laura Twiggs quotes Reverend Bafana Khumalo, Gender Equality Commissioner, who challenges the notion "culture" prevents the achievement of gender equity and in so doing deconstructs reified notions of culture^{xxi}. He says, "Men use culture to hide behind; it provides a comfort. But they are speaking English, wearing Western clothes and holding down untraditional jobs. I confront them and ask, 'What are you saying about culture? You call on African culture only when it oppresses others, when you put a foot right on someone else's neck'. "Men are being selective," he continues: "Culture is a pretense. What there is is a desire for dominance."

When thinking about culture, it is also important to not buy into what Msimang refers to as "the larger narrative of the familiar discourse of black male laziness, deviancy and sexual aggression"^{xxii}. As we've seen, the culture of "transnational business masculinity" demands scrutiny and challenge as well.

MEN, MASCULINITIES AND CARE AND SUPPORT FOR PEOPLE LIVING WITH AIDS.

We have seen that there are many good reasons to challenge the gender roles that impose on women the responsibility to provide care and support to the sick and dying while allowing men to evade responsibility for care and support. We have seen that this gendered division of labor has disastrous health consequences for women. We have also identified a number of barriers to men's participation in care and support activities. Despite this, there are reasons for optimism about enlisting men in efforts to share the burden of care and support currently borne by women.

It would be incorrect to assume that men are a monolithic category or that all men are equally committed to maintaining an unjust gender order. In fact, many men recognize that contemporary gender roles compromise their health by equating masculinity with a range of risky and self destructive behaviors – the use of violence, alcohol and substance use, the pursuit of multiple sexual partners, the domination of women –while viewing health-seeking behaviors as a sign of weakness. The fact that many men recognize this as a set up for unhappiness and the fact that many men are concerned about the impact that gender roles have on women they care about gives us reason to believe that we can encourage men to challenge these gender roles in their personal lives and in their communities.

LESSONS LEARNED: STRATEGIES FOR INCREASING MEN'S INVOLVEMENT IN PROVIDING CARE AND SUPPORT TO PEOPLE LIVING WITH AND AFFECTED BY HIV/AIDS AND FOR DECREASING THE BURDEN OF CARE AND SUPPORT CARRIED BY WOMEN

If men are to play an increased role in providing care and support, what is it specifically that we want men to do and how might we get men to begin thinking about playing this role. What follows are a number of community level strategies for involving men in care and support activities.

Present Men as Potential Partners Capable of playing a positive role in the health and well being of their partners, families and communities. Despite low levels of male involvement in care and support to date, it is important to recognize that many men care deeply about the women in their lives including their partners, family members, co-workers, neighbors and community members and, as such, have a stake in challenging the current gender order. Given the opportunity and the know-how many men are eager to challenge customs and practices that endanger women's health and support the well being of women. Asset based approaches that redefine men's involvement in the promotion of gender equity as examples of strength, courage and leadership have been especially useful in this regard.^{xxiii} Examples of workshop activities intended to promote men's involvement in care and support are included below.

Support men to recognize and address their own health needs as a first step: In thinking about enlisting men in efforts to provide care and support to the sick and dying, it's

important that men's own health needs be addressed. Doing so supports efforts to promote gender equity. After all, the fact that men are socialized to dismiss their health needs as a sign of weakness has important implications for women's experiences of providing care and support. There are two reasons for this. Firstly, men living with AIDS miss important opportunities for self-care and instead rely on women to nurture and support them. Secondly, it stands to reason that male socialization makes it difficult for men to understand, empathize with or prioritize women's health needs, thus allowing men to devalue the care and support work done by women. While perhaps obvious, it seems worth emphasizing that efforts to increase men's involvement in care and support should include care and support for men. It seems likely that men who think about and address their own health needs are more likely to do the same for women, children and other men. The workshop activity included as attachment one serves as one example of how men can be supported to think about their own health needs and experiences as a way to encourage their involvement in care and support activities.

Create opportunities for men to learn the skills necessary to provide care and support to people living with AIDS: Very often men have not had opportunities to learn the skills necessary to provide care and support to people living with AIDS whether these be active listening, cooking, cleaning or providing basic medical attention. At a recent Men as Partners (MAP) workshop near Johannesburg participants were encouraged to participate in a cooking competition. Participants had many interesting comments to share about the experience. For many men it was one of the first times that they'd ever been asked to cook anything substantial. They reported learning lots from the experience that they said would translate into new practices at home with their wives and children. The following comments revealed just how important it is to create opportunities for men to learn skills needed for care and support:

- "I've never cooked because of traditional roles especially in rural areas where as a boy I would take care of cattle all day and spend very little time at home. As a result I never learned about domestic chores".
- "I come home each day and there's food ready for me. I never stopped to wonder how long it might have taken to cook and prepare the meals. After last night when it took nearly three hours to prepare the food, I realized just how long it takes to cook and how much I take for granted the work that my partner puts into it".
- "It seems sad that men haven't been given the opportunity to cook. It's fun and something that men might enjoy if there wasn't so much stigma attached to doing it".

Encourage Men to Play an Active Role in the Prevention of Mother to Child Transmission of HIV & Use PMTCT Services As an Intervention Point for Men.

Men have been identified as barriers to women's full and successful participation in programs designed to prevent mother to child transmission. Given the critical opportunity to prevent transmission to newborn children, it is essential that men play an active role in ensuring that women participate actively in PMTCT activities. The following are key PMTCT related care and support roles for men:

- Men should play an important role in supporting HIV positive pregnant women to get to clinics and/or hospitals for where chances of safe delivery are much higher.

- Men should play an important role in reinforcing social norms regarding breast feeding vs. formula feeding.
- Men should work to gain the support of other family members for formula feeding, especially their mothers are opposed to formula feeding.
- Men can and should play an important role in obtaining formula, or in some cases, in pasteurizing breast milk.
- PMTCT services and ANC services represent opportunity to reach thousands of men with VCT and prevention, care and support activities.

Build Partnerships with Treatment Advocacy and Social Justice Organizations: In South Africa and elsewhere in the world, lack of access to treatment has led to increasingly militant-and recently successful-activism and advocacy. The Treatment Access Campaign (TAC) is an example of one such organization. It's strategies and successes offer important lessons to those committed to alleviating the burden of care and support assumed by women the world over. The TAC has as its primary demand access to easily available and life saving medication and shares many members with other social movements and more traditional social service organizations. In a pamphlet printed prior to the launching of their recent "Defiance Campaign", the TAC writes, "Every one of us has the power to save the lives of people living with HIV/AIDS and to prevent new infections. Our joint action as a people has proved that we can reduce medicine prices through our campaigns against pharmaceutical companies, prevent mother-to-child transmission, increase awareness and fight discrimination. (Treatment Action Campaign, 2003) A recent article in the South African weekly, The Mail and Guardian, speaks to their success:

"the latest efforts to find a solution to HIV/Aids policy and treatment issues is clearly the fruit of a politically masterful two-year campaign by the Treatment Action Campaign, taken straight from the pages of the United Democratic Front and the ANC. The TAC mobilises across society — from the professions, through the unions to the grassroots. It has the black and white intelligentsia onside (witness the numbers of academics who have lined up behind it) and makes shameless use of its media sass to win the propaganda war over the government's R98-million public relations effort" (Mail and Guardian, *Power to the People*, May 13, 2003).

By definition, access to treatment will drastically reduce care and support needs, and in this sense must be a priority for anyone concerned about the disproportionate burden of care and support assumed by women. The TAC's recent success in South Africa where they succeeded in getting the government to reverse its position against the provision of medication and, instead, declare its commitment to providing anti-retrovirals demonstrates that community organizing can win access to treatment. As such, it seems important to foster relationships between social service organizations focused on prevention, care and support and advocacy organizations focused on winning access to treatment. In so doing, the more explicitly political agenda and activist strategies of AIDS advocacy and activist groups will be infused into the work of social service organizations.

While activism and advocacy aren't necessarily gendered activities, it's certainly important that men participate in them. In a society where men often make decisions that shape and sometimes determine the choices women can make about how they spend their

time, it's important that men support women's active participation in social justice efforts. This requires that men play an active role in domestic activities that otherwise prevent women from participating equally in political change work. It also requires that men confront their own, and other men's, efforts to control women's movement. A common theme in workshops is the discomfort many men feel when their partner stays out late, is not at home in the evening, spends time with other men, and/or asks them to do childcare, cooking or other domestic chores, all of which are likely to occur when women are actively involved in community organizing.

Promote Activities across the Spectrum of Prevention: In thinking about promoting men's involvement in care and support, it is important to think about a full range of strategies and not focus exclusively on work with individual or small groups of male caregivers. The table on the following page offers a conceptual framework for a more integrated and comprehensive approach. The table below illustrates the ways in which the Spectrum of Prevention can be used to promote changes across all sectors and by all social actors. When considering this model, it is important to pay attention to look for synergy across and between levels. By no means should each level be seen as independent of any other. In this way it becomes clear that policy work affects and is affected by social norm change, which is in turn affected by and has an impact upon the ways in which individuals in a given community regard a given issue^{xxiv}.

MEN, CARE & SUPPORT ACTIVITIES ACROSS THE SPECTRUM OF CHANGE

LEVEL	DEFINITION	MEN, CARE & SUPPORT
1. Strengthening Individual Knowledge and Skills	Enhancing an individual's capability of preventing injury or illness and promoting safety	<ul style="list-style-type: none"> • Teach skills needed for care and support. • Men should understand importance of formula • Provide financial support to assist with formula, access to clinic.
2. Promoting Community Education	Reaching groups of people with information and resources to promote health and safety	<ul style="list-style-type: none"> • Partner with media • Run community workshops • Establish community taskforces • Train peer educators
3. Educating Providers	Informing providers who will transmit skills and knowledge to others	<ul style="list-style-type: none"> • Expand content of gender training courses within NGO/CBO sector. • Should compromise the work organizations are doing; should help organizations understand how working with men improves their work and isn't just new work.
4. Fostering Coalitions and Networks	Bringing together groups and individuals for broader goals and greater impact	<ul style="list-style-type: none"> • Other Health Workers • Departments Of Government (Labour, Health, Education, Transport, Agriculture). • Workers & Unions • Faith Based Organizations • Tavern Associations • Civic Organizations • Political Organizations • Traditional Healers & Leaders
5. Community Mobilization	Supporting community members in their efforts to bring about change.	<ul style="list-style-type: none"> • Train community members in community mobilization strategies • Partner with advocacy organizations
6. Changing Organizational Practices	Adopting regulations and shaping norms to improve health & safety	<ul style="list-style-type: none"> • Expand content of gender training courses within NGO/CBO sector.
7. Influencing Policy Legislation	Developing strategies to change laws and policies to influence outcomes	<ul style="list-style-type: none"> • Additional Paternity Leave and time off to allow men to play a role in ANC • Governmental body to promote, organize and coordinate men's involvement • Strengthen laws addressing sexual and domestic violence • Develop codes of good practice on men and gender (and develop body to produce them—possibly SADC). • Make sure that Government involves all role players and follows up consistently

POLICY IMPLICATIONS

Private Sector

- Advocate for Fair Trade & Socially Responsible Corporate Practices:
- Challenge trade laws that prioritize profit over access to lifesaving medication.
- Work with the corporate sector to develop effective workplace prevention, care and treatment services.

Research

- Fund research to learn more about men's attitudes and practices including factors that promote men's involvement.
- Fund evaluations to learn what works and how.
- Provide Long term funding to take work to scale.

Root work in local communities

- Create Leadership training opportunities within local communities.
- Promote Community ownership through the formation of local health councils or local men as partners task forces.

Education and Training

- Educate funders and service providers about the importance of increasing men's involvement in care and support activities.
- Develop training curricula for teachers training colleges, social work programs and nursing programs to encourage men's involvement in care and support in both the formal and informal sector
- Promote Social Norm Change Campaigns—Foster relationships with media and with well recognized male celebrities

Coordination and Integration

- Develop a coordinating body on Men, Gender and AIDS similar to the Men, Sex and AIDS office established in Botswana to coordinate public, private and civil society initiatives.
- Promote multisectoral approaches that involve all key stakeholders including faith based organizations and other organizations that reach large numbers of men such as sports and athletics associations, trade unions, the military etc.
- Make sure that adequate attention is granted to rural and semi rural areas and that research is done here to determine local specificity.

Remembering Being Cared For: Men Promoting Health and Wellbeing.

Objectives:

- To help participants remember the experience of being cared for and of having someone invested in their health and wellbeing.
- To help participants understand how men systematically neglect their own health needs and how this may be related to men's disregard for other people's health needs.
- To promote men's empathy for women's healthcare needs including reproductive health.

Time:

- 60 minutes

Materials and Preparation:

- Flip-chart, tape and marker

Steps:

1. Explain that this exercise is intended to offer participants an opportunity to think about men's attitudes towards their own and other people's health and how these attitudes affect the health and well-being of contemporary South Africa. Explain that the exercise will explore the differences between men and women's attitudes to health and where these differences come from.
2. Divide participants into groups of three
3. Ask participants to explore the following questions in their small groups and to create a role play that captures some of the thoughts, memories and feelings it brings up.
 - Think about who took care of your health needs when you were young. What did that person or those people do to make sure that you were healthy?
 - Remember a time that you were ill or injured. How did it feel to be ill or injured? How did it feel to be taken care of? Did you feel vulnerable? If not, why not? Who was it that took care of you when you were sick or injured? What did the caregiver/s do? Identify as many caregiving behaviors as possible.
 - What was the gender of the caregiver and the nature of that care?
 - Why is it so often women and so seldom men who provide health related caregiving?
 - How has that experience affected you as men and what beliefs about care giving has this left you with?
 - How often have you provided similar care to other people? What was that experience like?
 - Ask men to identify care and support that they feel able to provide to their partners or would like to provide.
4. Conclude the activity by encouraging men to make a commitment to following through with the care and support activities they have identified. Suggest that many of the men may have difficulty following through and let them know that you'll spend time discussing this later on in the workshop.

Gender Equity in our Homes

Objectives:

- To encourage men to identify and take on day-to-day tasks that promote gender equity in the home and that foster a climate of shared responsibility.
- To provide men with an opportunity to examine how they can model gender equity for their sons and daughters in their day to day lives.
- To encourage men to think about the role that men can play in taking care of and providing support to people affected by HIV/AIDS including orphans and vulnerable children.

Time :

60 minutes.

Materials:

- Flip chart
- One page of flip chart torn off for each participant.
- Markers
- Tape

Advance Preparation:

- Prepare a flip chart page with a drawing of a river winding across the paper. The river will represent a day in the life of each participant and will capture the passage of time so that early morning activities take place upstream (in the top left part of the paper) and late evening activities occur downstream (towards the bottom right corner). Be sure to leave enough space in the drawing for you to write down the day-to-day activities along the river.
- Make sure that there is enough space in the room to allow each participant to work on their flip chart “daily activity river”.

Steps :

1. Explain that this exercise will provide each participant with an opportunity to think about what men can do in their homes on a day to day basis to share domestic responsibilities equally with their partners.
2. Ask participants to name typical household activities that take place on a day-to-day basis. Ask participants to start with the first activities of the day and move through to the very last activity before going to sleep. Locate these activities on the “daily activity river”. The “daily activity river” should include some of the following categories: cooking; upkeep and maintenance including repairing household items; shopping for food, clothes and household items; cleaning and washing; childcare; eldercare; safety; school related activities (transportation, homework, meetings at school etc.); paying the bills etc.
3. Ask participants to identify which of these activities are usually men’s responsibility. List these out in the column titled “*Men’s Responsibility*”. Now ask which of these activities are usually women’s responsibility. List these out in the column titled, “*Women’s Responsibility*”.
4. Ask participants what they notice about who does what work in the home. Ask them whether this seems fair and consistent with principles of gender equity. Ask them how this might affect a community’s ability to take care of the ill, especially those who might be dying of

AIDS. Ask them how this division of work in the home might affect a community's ability to take care of orphans and vulnerable children.

5. Ask each participant to think about what an equitable and fair distribution of household activities would be and what tasks they would be willing to take on to promote shared responsibility and a relationship characterized by a commitment to equity. Ask participants to draw their day in the form of a "daily river" like the one that was used earlier. The river should capture the flow of activities throughout the day as the river twists and turns across the page. Ask participants to identify who is responsible for which activity, and in cases of shared responsibility to make this clear. Allow 20 minutes for this part of the activity.
6. When the 20 minutes have been used, and all participants have completed their "river of daily activities", ask participants to stick their posters on the wall and to describe their poster to at least 3 other people. Allow 5-10 minutes for this discussion at the wall.
7. Once all participants are seated again, ask the following questions:
 - a. What household work do you enjoy?
 - b. What household work have you never done before that you'd like to try?
 - c. What household work do you think might be difficult to do? Why?
 - d. What would make it easier to do this/these things?
 - e. What effect do you think it would have on your family and/or community if you took on this new work in the home?

How Much Courage Does it Take to Promote Healthy Relationships¹.

Objective :

To identify and encourage strategies that promote healthy relationships.

Time :

45 minutes

Materials and Advance Preparation:

- Cards with situations written on them (see below)
- Tape
- Flipchart paper
- Markers

1. Print each situation below on a small card.
2. Create signs with “Least Courage” and “Most Courage” written on them.
3. Create a “spectrum of courage” on the wall with “Least Courage” on the left side of the wall and “Most Courage” on the right.

Steps :

1. Ask participants why they think men should be concerned about violence against women. In the discussion that follows make sure that the following four points are made about why violence against women is an issue that affects men.
2. Men can play a critical role in setting a positive example for other men by treating women and girls with respect and by challenging other men’s oppressive attitudes and behaviors.
 - a. Most men care deeply about the women and girls in their lives, whether they are their wives, girlfriends, daughters, other family members or colleagues, fellow parishioners or neighbors.
 - b. When some men commit acts of violence, it becomes more difficult for women to trust any men. In other words, as a result of the actions of some men, all men are seen as potential rapists and perpetrators.
 - c. Men commit the vast majority of domestic and sexual violence and therefore have a special responsibility to end the violence. It is, in other words, men’s work to end male violence.
 - d. Men commit the vast majority of domestic and sexual violence and therefore have a special responsibility to end the violence. It is, in other words, men’s work to end male violence.
3. Summarize the discussion by writing these four reasons on the flipchart paper
4. Ask the group to develop a short list of actions that men can take to prevent violence against women and promote gender equity in their own relationships and in the community at large. Write these up on the flipchart.
5. Pass out the cards to participants.

¹ This activity is adapted from Nan Stein’s “Bullyproof: A Teacher’s Guide on Teasing and Bullying for use with Fourth and Fifth Grade Students”.

6. Ask the participants to examine the following situations and determine where they fall on the spectrum of least courage to most courage posted on the wall.

Situations:

- Ignore a domestic dispute taking place in the street in front of your house
 - Tell a friend that you are concerned that she is going to get hurt by her partner.
 - Tell a man that you don't know very well that you don't appreciate him making jokes about women's bodies.
 - Walk up to a couple that is arguing to see if someone needs help.
 - Call the police if you hear fighting from a neighbor's house.
 - Keep quiet when you hear jokes that excuse or promote violence against women.
 - Walk up to a group of men and tell them to stop harassing girls as they walk by.
 - Tell a colleague that you think he's sexually harassing female co-workers.
 - Let your wife/girlfriend have the last word in an argument.
 - Put your arm around a male friend who's upset.
 - Encourage your son to always treat women with respect.
 - Encourage your daughter to pursue any career she chooses.
 - Speak to your cousin about condom use.
 - Tell a male friend that you admire the way he looks after his children.
 - Cook for your wife and children after a long week at work.
 - Participate in a men's march against violence against women.
 - Tell your son that it's ok if he cries.
 - Encourage a neighbor to seek counseling for his abusive behavior.
 - Tell a woman that you're not ready to have sex with her.
 - Insist on using a condom even when the woman doesn't want to.
7. After all the cards have been placed along the spectrum of courage, review each card and discuss with the entire group whether they agree with the placement of the card.
 8. Divide the group up into even sized groups, hand each group 3-4 cards and ask each group to come up with a role play that depicts these situations, making clear exactly what they would say and do to promote gender equity and healthy relationships.
 9. Once each group has presented their role plays discuss the strategies used and action taken to promote healthy relationships.
 10. Summarize by pointing out that all participants have identified strategies that they believe they can use to end violence against women and promote gender equity. Ask them whether which of these they feel they can commit to doing once they leave the workshop. Write these down and conclude the activity by encouraging them to make an effort to follow through on their stated commitments.

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- ^v Each of South Africa’s three major labor federations have agreed to implement the Men as Partners (MAP) program to involve men at all levels of the union in responding to HIV/AIDS. Indeed, a
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