



# WORKING WITH MEN AND BOYS: Emerging strategies from across Africa to address Gender-based Violence and HIV/AIDS

Edited by Orly Stern, Dean Peacock and Helen Alexander

Produced by Sonke Gender Justice Network and the MenEngage Network



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**MenEngage**

boys and men for gender equality

WORKING WITH  
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# Setting the context

Working  
with men  
and boys



# MAKING GENDER TRULY RELATIONAL: Engaging Men in Transforming Gender Inequalities, Reducing Violence and Preventing HIV/AIDS

Gary Barker and Dean Peacock

*(The authors thank Laura Pascoe, Orly Stern and Tapiwa Manyati who conducted invaluable research for with this piece.)*

// Gender” has become a buzzword in international development, public health policies and human rights debates worldwide. In discussions in the UN, the global media, among bilateral donors and NGOs worldwide, achieving gender equality has become a defined global goal. Between the Millennium Development Goals and the recent UN General Assembly to create a new supra-agency for women’s rights and gender, there is unprecedented attention given to gender inequality and an opportunity to make gender equality a concrete, actionable set of policy goals and accomplishments – and to effectively improve the lives of women, girls, boys and men.

We have today a tremendous body of research and information on the realities of the world’s women, particularly those in the world’s poorest countries. Worldwide women are responsible for nearly three-quarters of contraceptive use. Nearly 600,000 women die every year in maternal-related deaths –nearly all of them preventable. Globally, women earn only about 80% of what men make, yet women work even more hours, particularly when we take into account their work in and out of the home .

The UN estimates that globally, 30% of women suffer physical violence at least once from a male partner, and in multi-country studies nearly 20% of women say that their first sexual experience was forced. We also know that globally women spend three to four times the time that men spend in caring for children and other domestic activities.

In Africa, as throughout the world, we know that gender inequality continues to undermine democracy, impede development and compromise people’s lives. Across the region, rigid gender norms, and harmful



perceptions of what it means to be a man or a woman, encourage men to engage in high risk behaviours, condone 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 either HIV or violence. Indeed, a growing body of research shows that these gender roles contribute to gender-based violence, alcohol, and drug abuse and exacerbate the spread and impact of HIV and AIDS.

These data and affirmations are not new. And from global conferences, international agreements, national level policies and programmes assisting women in developing countries, we've tried lots of things to improve the situation of the world's women. Some of these have worked. Girls are completing primary school worldwide and in Africa at rates nearly equal to boys. They are entering the workforce (outside the home) in unprecedented numbers and benefiting from economic empowerment policies and maternal health initiatives. Most countries in Africa and the rest of the world now have laws that make domestic violence a crime.

We have advanced significantly in the last 20 years to make gender and gender inequalities visible in terms of the lives of women and girls. We have, however, too often neglected how gender plays out in the lives of men and boys – to the detriment of women, and to the detriment of men and boys. All too often the quest for gender equality is still characterised as a zero sum game in which women's gains are presented as requiring significant but inevitable losses for men. We continue to fall too easily into a view of the world of men as perpetrators, or careless, self-centred or potentially violent and women as victims and disempowered.

With this event, and these case studies, we offer a more

optimistic and at the same time a more comprehensive view. We seek to call attention to the relational nature of gender – that is constructed in the power relations between women and men, and within groups of men and groups of women. In other words, we posit that gender is about women and men, and girls and boys, and argue that it is intertwined with the structural factors of poverty and inequality that frame their lives at the individual level of their relationships and daily realities. "Gender" as a concept calls our attention to how these power inequalities play out in the daily lives of men and women, boys and girls, and how women, girls, boys and men are too often socialised to live inside rigid constraints about what women and men are supposed to do and be.

We have too often neglected or ignored that men and boys are also enmeshed in gendered relations, norms and structures. These norms and relations mean that some groups of men and boys have more power than others, and that men and boys too often feel they have to live up to violent and inequitable versions of manhood.

As we look at research from Africa on the state of women, we can focus on the negative – and there is no shortage of it. Many men continue to use violence, or remain indifferent to the needs and vulnerabilities of women and girls, while others use their economic, social and physical power to exploit women and girls. But – and this part we too often miss – there are also stories of change. There are changes happening throughout Africa, for the better in how women and men live together, at the country level, at the cultural level, at the community level and at the individual level. And there is a common element to nearly all of these stories of change: cooperation and flexibility.

## “This cohort of African young men represent a tremendous opportunity to transform gender norms.”

In other words, men and women living together and transforming what it means to be men and women, in order to find something closer to equality. This is what we mean by gender as relational.

These issues are key to social justice in Africa. Achieving economic, social and development goals across Africa requires that governments and civil society build more gender equitable and just societies. Effective policies and strategies not only empower women, they also actively engage men to bring about significant changes in their attitudes and practices towards women, sex, and their own health. This is the complete promise of “gender equality” and it is the organising principle and call to action of the 2009 MenEngage Africa Symposium.

### Background

Before we examine how policies and programmes can effectively engage men in transforming gender inequalities, it is useful to provide some background on the region – on the key issues of HIV/AIDS, gender-based violence and other health issues.

### The HIV and AIDS Epidemic

Sub-Saharan Africa remains the epicentre of the AIDS pandemic. While the region has just over 10% of the world’s population, it is home to more than 60% of all people living with HIV—25.8 million (UNAIDS, 2006).

The AIDS pandemic disproportionately affects women, both in terms of rates of infection and the burden of care and support they carry for those with AIDS-related illnesses. Many studies have revealed that young women in sub-Saharan Africa are much more likely to be infected than men. Women are made particularly

vulnerable to HIV by conditions of poverty, limited empowerment and entrenched gender inequalities. Women continue to bear subordinate status across much of Africa and gender norms condone men’s violence against women, grant men the power to initiate and dictate the terms of sex, and make it extremely difficult for women to protect themselves from either HIV or violence. In some settings, notions of masculinity are associated with an ideal of unprotected sex, often with multiple partners.

While knowledge about HIV/AIDS has increased in most parts of Africa in the past ten years, knowledge alone is not enough to create safer sex behaviour. In Kenya, for example, young men reported experiencing conflicting pressures between their knowledge about HIV and AIDS and safer sex behaviour and their actions: in other words, between what they knew they should do and what they actually did. (Barker and Ricardo, 2005)

The unequal balance of power between young men and women, combined with the patterns of risk behaviours among young men often associated with traditional gender roles, suggest that “young men play a key role in shaping the future of the epidemic” in Africa (Barker and Ricardo, 2005). Indeed, if we take into account that Africa is the world’s youngest continent, with the largest proportion of its population under age 24 than any other part of the world, this cohort of African young men represent a tremendous opportunity to transform gender norms, to view their sexuality not as predatory or dominating, but based on negotiation, mutual respect, rights and safety.

### Gender-Based Violence

Like HIV/AIDS, Africa has some of the world’s highest recorded or researched rates of domestic and sexual



violence. Research conducted by the Medical Research Council in 2004 shows that in South Africa, a woman is killed by her intimate partner every six hours. This is the highest rate recorded anywhere in the world. In South Africa, only one in nine rape victims actually report rapes to the police, and fewer than 10% of reported rapes lead to conviction. Inadequate recording of statistics makes it impossible to determine conviction rates for domestic violence, but a recent study of domestic violence homicides in South Africa showed conviction rates no higher than 37.3%. (Mathews et al, 2004) Put another way, over 90% of rapists and nearly two thirds of men who kill their intimate partner go unpunished in South Africa. This sends a clear message to perpetrators that they are unlikely to be apprehended or convicted and gives women little reason to believe that they can safely leave abusive relationships - even if they suspect their partner is putting them at risk of infection with HIV.

Similarly, in Namibia, 36% of women interviewed reported physical violence and 20% reported experiencing physical or sexual violence during the

past 12 months (WHO, 2005). A study by Physicians for Human Rights found that in Botswana, 30% of women reported that their partner alone made the decision whether or not to have sex. In Swaziland, 34% of women, compared to 4% of men, reported not being permitted to use a condom by a sexual partner at least once in the past year (Physicians for Human Rights, 2007). The problem is not limited to the SADC region: In Ethiopia, 18% of women interviewed reported that their first sexual experience was forced, while 70% reported experiencing intimate partner violence, either physical or sexual (WHO, 2005).

Although there are few reliable or official statistics on the extent of violence against women and girls in countries in West Africa, a number of studies indicate a pervasive problem in that part of the region as well (Amnesty International, 2006). But there is still a culture of silence around violence against women, and Ghana and Sierra Leone are the exceptions in the region for having (only very recently) passed Domestic Violence Acts prohibiting domestic violence (Boas, 2004). In Nigeria, where intimate partner violence is one of the

## “Men’s violence against women does not occur because men lose their tempers or have no impulse control.”

most common forms of gender-based violence, in some parts of the country a husband is permitted to cane his wife in order to “correct” her (Amnesty International, 2006). Around West Africa, there is a severe lack of community and legal structures and processes to protect women and assist those who have experienced violence. The practice of female genital mutilation (FGM) is still prevalent: in Nigeria, 19% of young women undergo FGM (UNICEF, 2005), while in Sierra Leone 90% of women are circumcised. Sexual violence in schools is also a widespread problem, with very few countries having set up protective or preventative measures for pupils (UN, nd). In a 2003 study in Ghana, 6% of girls interviewed reported that they had been coerced into sexual relations with a teacher (Brown, 2002).

These levels of violence are not just a public health problem; they also represent a serious threat to the continent’s new and emerging democracies and undermine the ability of citizens to claim and exercise their rights. In South Africa, the new Constitution – widely recognised as a model not only for Africa but around the world – makes clear that “Everyone has the right to bodily and psychological integrity, which includes the right (a) to make decisions concerning reproduction; and (b) to security in and control over their body” (Constitution of the Republic of South Africa, 1996).

### Understanding Men’s Violence

As we have carried out research on women’s experiences of gender-based violence in the region, there is also an emerging research base on men’s attitudes and practices related to sexual violence. For instance, a recent survey of 435 men in a Cape Town township revealed that “More than one in five men...

reported that they had either threatened to use force or used force to gain sexual access to a woman in their lifetime” (Kalichman, 2007). 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” (Jewkes, 2006). A 2006 Sonke Gender Justice survey of 1,000 men in the greater Johannesburg area suggested that equal numbers of men support and oppose government efforts to promote gender equality, with 41.4% of men surveyed saying that the government is doing “too much” to end violence against women and 38.4% of men saying it is “not doing enough” (Ambe & Peacock, 2006; PlusNews Special, 2007).

Men’s violence against women does not occur because men lose their tempers or have no impulse control. Men who use violence do so because they equate manhood with aggression, dominance over women and sexual conquest. Many times men who use violence were themselves victimized by violence in the home or community settings while growing up – or structural violence in the form of poverty. Often they are afraid they will be viewed as less than a “real” man if they apologise, compromise or share power. So instead of finding ways to resolve conflict, they resort to violence. These perceptions of manhood lead to high levels of violence against women and contribute to extremely high levels of male violence against other men.

As we have seen far too frequently in Africa, these harmful tendencies are exacerbated during times of war and in the period immediately following a conflict. During such times of lawlessness, stress and violence, both men and women are subjected to horrors and

“In some settings, being a man means being tough, brave, risk-taking, aggressive and not caring for one’s body.”

brutality on a large scale.

Undeniably, it is men who commit the majority of all acts of domestic and sexual violence. However, many men and boys are strongly opposed to this violence. Men are, of course, negatively affected by domestic violence and rape as well. Boys who live in homes where their fathers abuse their mothers are often terrified by their fathers and the violence they commit; as a result they can experience problems with depression, anxiety and aggression that interfere with their ability to pay attention at school. Similarly, all men are affected when women they care about are raped or assaulted.

## Masculinities and Health

As we seek to understand how violent and rigid gender norms and roles make women and girls vulnerable, it is also important to recognise that rigid gender roles jeopardise men’s health and well-being. Contemporary gender roles encourage men to equate risky sexual behaviour with manliness and, conversely, to regard health-seeking behaviour as “unmanly”. Studies indicate that traditional men’s gender roles lead to “more negative condom attitudes and less consistent condom use” and promote “beliefs that sexual relationships are adversarial” (Noar & Morokoff, 2001). They encourage boys and men to equate being manly with the use of violence, alcohol and substance abuse, the pursuit of multiple sexual partners, and the domination of women.

Such notions leave men especially vulnerable to HIV infection and decrease the likelihood that they will seek HIV testing or medical services until they are already very ill (Hudspeth et al, 2004; Coetzee et al, 2004). Across the region, men underutilise HIV services: in South

Africa, men access ARVs at half the rate of women, get tested at one third the rate of women and have lower CD4 count at initiation of treatment (Hudspeth et al, 2004). In Botswana, 52% of women have tested for HIV compared to 44% of men; in Swaziland, 25% of women had tested compared to 18% of men.

In some settings, being a man means being tough, brave, risk-taking, aggressive and not caring for one’s body. Men’s and boys’ engagement in some risk-taking behaviours, including substance use, unsafe sex and unsafe driving may be seen as ways to affirm their manhood.

Life expectancy in much of Africa show women are living longer than men; in South Africa, life expectancy is at 49 years old for men, and 52.5 for women. Men have consistently higher death rates as a result of tuberculosis; well over double that of women in countries such as Kenya, Cameroon, Rwanda and Zambia (WHO, 2004). Men die far more frequently than do women as a result of both unintentional and intentional injury; they are three and sometimes four times as likely to be a victim of a road traffic accident than women. While men commit violence against women at alarmingly high levels across much of the continent, men use violence against other men at even higher levels. In South Africa men kill men at seven times the rate that men kill women (Peacock et al, 2006). In Zimbabwe, 55 men out of every 100,000 men die as a result of violence, compared to 11 women; in South Africa it is nearly 120 men; Kenya it is 39 men, and in the Democratic Republic of the Congo, men are three times more likely than women to die as a result of violence and war.

Norms of men and boys as being invulnerable also influence men's health-seeking behaviour, contributing to an unwillingness to seek help or treatment when their physical or mental health is impaired. Men in some predominantly male institutions, such as police forces, the military or in prisons also face specific risks due to institutional cultures that may encourage domination and violence. In sum, prevailing notions of manhood often increase men's own vulnerability to injuries and other health risks and create risks for women and girls.

While we are not used to looking at how gender plays into it – alcohol consumption is one key area where gender norms leave men and women vulnerable. Men's drinking particularly impacts women in their roles as mothers, wives or partners or daughters of drinkers. The risks include violence, HIV infection, and an increased burden in their role as economic providers. A study on alcohol-related problems facing women in Lesotho, for example, found that the cultural position of women there facilitates a vicious circle in which women are at one time brewers of alcohol, then sellers, then become excessive consumers due to the problems created by their drinking husbands (Mphi, 1994). Alcohol can also be part of power dynamics and hierarchies among men.

These are just a few examples of how gender norms play into other health issues – creating specific vulnerabilities for men and women.

### Why work with men?

Gender equality, social justice, and sexual and reproductive health are not just 'women's issues'; they are equally vital to the health and well being of women and men. Just as women suffer direct harm from gender inequality, so too do men.

Long-term success in engaging men in the struggle towards gender equality lies in promoting not just a 'needs-based' approach, but also a 'rights-based' approach. Rather than enlisting men as partners in promoting gender justice because they need to be more proactive for the sake of their own sexual and reproductive health, or because they should encourage women's agency over their bodies and choices, men must realise their right to break free of the confines of rigid and violent gender constructions. Sylvia Chant and Matthew C. Gutmann, authors of *Mainstreaming Men Into Gender and Development*, write: "to deny men's rights is to deny the universality of human rights." Viewing men's active involvement in these spaces as a 'right' engenders a desire to fight for what they deserve. Men are much more likely to vest their interests in a rights framework than in one that assumes men should promote gender justice and seek health only as a duty to women and their community. In other words, achieving gender equality requires us to help men and boys see why it is in their interest too to overcome rigid and violent versions of gender.

Work to empower women, and to support the health of women is important. However, working with women is only half the story. To effect real social change, we must target both men and women.

Around the world, there have been successful initiatives working with men and boys. These efforts, by men in particular, have debunked the myth that all men are the same. This work is testimony to the fact that most men are not violent by nature, but are also victims of their own socialisation in a social and political system that encouraged and promoted violence as a way of life, and provided them with few other role models for masculinity.



Work with men has demonstrated significant potential in contributing to building gender equality and improving men's and women's health (WHO, 2007). However, most work with men has been local in scale and limited in scope. To be effective at the societal level – to transform the pervasive gender inequalities which characterise nations and regions around the world – efforts to transform men's behaviour will need to be scaled up significantly. Policy processes and mechanisms are vital elements in any effort to involve men and boys in achieving gender equality.

Policy makers have a compelling mandate to develop, implement and evaluate policy approaches to working with men. Many countries have affirmed their support for work with men in a number of international commitments including the following:

### International Commitments to Working with Men

**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.” (Cairo Programme of Action; 21st special session of the General Assembly on Population and Development)

**The Programme of Action of the World Summit on Social Development (1995)** and its review held in 2000 also addressed the role of men and paid particular attention to men's roles and responsibilities with regards to sharing family, household and employment responsibilities with women. (Programme of Action of the World Summit for Social Development; 24th special session of the General Assembly on Further Initiatives for Social Development)

**The twenty-sixth special session of the General Assembly on HIV/AIDS (2001)** also addressed men's roles and responsibilities related to reducing the spread and impact of HIV and AIDS, especially the need to engage men in challenging the gender inequalities driving the epidemic. (Declaration of Commitment on HIV/AIDS)

**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”.

**The twenty-sixth 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 (Declaration of Commitment on HIV/AIDS).

**At the 48th session, the UN CSW** adopted agreed conclusions calling on Governments, entities of the United Nations system and other stakeholders to, inter alia:

- 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 practices;
- Support men and boys to prevent gender-based violence;
- Implement programmes in schools to accelerate gender equality.
- Promote reconciliation of work and family responsibilities.

**The 53rd Session of the UN CSW** focused on the equal sharing of responsibilities between women and men including care giving in the context of HIV and AIDS and included the following agreed upon conclusions in unusually optimistic language that called on members

states to take action to engage men and boys. It is worth quoting these at length:

- “The Commission recognises the capacity of men and boys in bringing about change in attitudes, relationships, and access to resources and decision making which are critical for the promotion of gender equality and the full enjoyment of all human rights by women”.
- “Ensure that men and boys, whose role is critical in achieving gender equality, are actively involved in policies and programmes that aim to involve the equal sharing of responsibilities...”
- “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, and educate men, including young men, to understand their role and responsibility in the spread of HIV/AIDS and in matters relating to their sexuality, reproduction, child-rearing and the promotion of equality between women and men and girls and boys...and encourage the full participation of men and boys in care giving, prevention, treatment, support and impact evaluation programmes.”

### **Africa Specific Gender Policies and Commitments to Working With Men:**

In Africa, policy makers have also made clear their commitment to gender transformation. The 2004 Solemn Declaration on Gender Equality in Africa (SDGEA) commits African heads of State and Governments to report annually on progress towards the goal of gender equality but doesn’t include



## “These international commitments require policy makers in signatory countries to develop policies and programmes.”

significant mention of how to engage men and boys in these efforts.

**The African Charter on Human Rights and People’s Rights (Banjul)** similarly commits signatory states to “ensure the elimination of every discrimination against women and also ensure the protection of the rights of the woman and the child as stipulated in international declarations and conventions.” It too is silent on how to involve men and boys.

**The Maputo Protocol ratified in 2005** includes important commitments to gender transformation including a ban on female genital mutilation, women’s right to sexual self-determination, the strengthening of women’s rights within marriage, the right to peace and special protection for women during armed conflicts, the right to health and reproductive rights, the right to food, and equal rights for women and men to land and property. Importantly states commit themselves to “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.”

**The Southern African Development Community (SADC) Gender Protocol** commits States to provide for the empowerment of women, to eliminate discrimination and to achieve gender equality and equity through the development and implementation of gender responsive legislation, policies, programmes and projects. A number of articles within it affirm the importance of working with men and boys for gender

transformation. Article 13 calls on States to ensure the inclusion of men in all gender related activities, including gender training and community mobilisation. Article 15 calls on States to ensure equal participation, of women and men, in policy formulation and implementation of economic policies. Article 19 calls for States to provide protection and benefits for women and men during maternity and paternity leave.

These international commitments require policy makers in signatory countries to develop policies and programmes.

Importantly these policies also provide civil society activists with leverage to demand rapid implementation.

### From Programs to Policies: Achieving the Potential of Gender Equality

As work with men on gender gains visibility and traction, many governments across the world are beginning to develop “male involvement” initiatives. Often these efforts are hampered by a lack of clarity about the goals of such work and by the lack of a clear framework to inform such work. As a result, valuable resources, opportunities and goodwill are sometimes squandered (Ambe et al, 2007). While there are no universal policy solutions to engaging men in achieving gender equality, there are some key principles and emerging examples.

We argue first and foremost that policy level approaches to engaging men and boys must:

1. Promote women’s and girls’ rights; they must be aligned with and part of existing efforts to empower women and girls.

2. Enhance boys' and men's lives; they must make visible vulnerabilities that men face and help men and boys see benefits to themselves of transforming gender norms;
3. Be inclusive of and responsive to diversities among men, including issues of sexual diversity, different ethnic groups and social class differences, as well as include the specific needs of men in prison, men who migrate for work, men (and women) affected by conflict, among others;
4. Be relational, understand how gender norms and inequalities affect women and men and looking at ways that gender relations can be transformed by engaging both women and men.
5. Address the structural and social determinants of gender inequality, first and foremost income inequalities and the unequal division of labour.

These five interrelated commitments should guide the positive involvement of men in gender equality work<sup>1</sup>. In the course of this publication and during the Symposium, examples will be offered of such policies in different parts of the region

### Purpose of case study collection

The purpose of this case study collection is to showcase some of the innovative programmes and policies taking place across the African continent, working with men and boys on issues related to gender, HIV, health, development and social justice. It presents experiences and lessons learned from a broad range of projects and strategies including community mobilisation, education programmes, advocacy using the courts, art-inspired

community change, workshops, sport, and public policies. The collection includes a variety of formats that reflects the many faces of innovation and change. The collection is broken up into two sections – a context building section, and a section about interventions working with men and boys.

Some of the articles focus on work taking place in post conflict settings. The period of time immediately following a conflict presents a window of opportunity to make important changes in a country as it transitions from war to peace. A failure to make such changes can result in fragile peace arrangements failing, and countries returning to violence.

Working with men and boys to achieve gender equality remains a relatively new approach. As more programmes engaging men and boys are implemented, a body of effective evidence-based programming has emerged, and has confirmed that men and boys are willing to change their attitudes and practices and to take a stand towards achieving greater gender equality.

We hope that this collection will serve as an example of the types of work that can be done, and will support and encourage practitioners around the continent in this important work.

### The MenEngage Alliance

As we seek to call attention to the emerging good practice and to examples of policy change to engage men in transforming gender inequalities, we acknowledge the need for organised civil society to act as an advocacy force for moving the agenda ahead. The MenEngage Africa Symposium was organised in collaboration with the MenEngage Alliance, which seeks to do precisely this.

<sup>1</sup> Some of this discussion was first published in Flood (2007).



MenEngage is a global alliance of more than 400 non-governmental organisations and UN partners that seeks to engage men and boys in reducing gender inequalities and promoting the health and well-being of women, men, and children. MenEngage partners work collectively and individually toward the fulfilment of the Millennium Development Goals, particularly those components that focus on achieving gender equality.

Through country-level and regional networks, MenEngage seeks to provide a collective voice on the need to engage men and boys in gender equality, to build and improve the field of practice around engaging men in gender justice, and advocating before policy makers at the local, national, regional and international levels. Since forming in 2006, regional and country-level MenEngage networks have formed in South Asia, Latin America, Europe and sub-Saharan Africa. MenEngage partners carry out joint training,

advocacy and research activities. In April 2009, the MenEngage Alliance organised the Global Symposium on Engaging Men and Boys in Gender Equality that led to the Rio Declaration (see [www.menengage.org](http://www.menengage.org) for the full text of the declaration). Through global and local advocacy, MenEngage partners work with women's rights organisations and with other social justice partners to seek to achieve lasting, effective and true gender justice. MenEngage is coordinated globally by a Steering Committee and International Advisory Committee, including Sonke Gender Justice (co-chair), International Center for Research on Women (co-chair), Promundo, International Planned Parenthood Federation, White Ribbon Campaign, Save the Children-Sweden, Family Violence Prevention Fund, Men's Resources International, Sahoyog, Salud y Genero, Men for Gender Equality-Sweden, World Health Organization, UNDP, UNFPA, UNIFEM, and Partners for Prevention.

## “The work of Sonke and of MenEngage is ultimately based on a belief that change is possible”

Although there is increasing evidence showing that work with men and boys for gender justice can be very effective, the reach of current initiatives is limited. In order to be effective at societal level, the work in this area needs to be dramatically scaled up. This means acting as a collective to promote a global movement that positively engages men and boys, embeds this work into public policy and works with the women’s rights movement to move gender transformation ahead.

### The Sonke Gender Justice Network

Sonke Gender Justice Network was recently appointed Global Co-Chair of the MenEngage Alliance along with the International Center for Research on Women, and is the host of the MenEngage Africa Symposium being held in October 2009. Sonke is a South African-based NGO that works across Africa to strengthen the 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. Using a human rights framework to achieve gender equality, Sonke endeavours to create the change necessary for all to enjoy equitable, healthy, and happy relationships that contribute to the development of just and democratic societies. Sonke is committed to challenging the gender roles and inequalities that contribute to the rapid spread of HIV and exacerbate the impact of AIDS. Sonke recognises the importance of sustaining engaged and empowered citizen activism that can both support and hold government accountable.

Sonke uses a broad range of social change strategies to promote gender equality and to foster healthy relationships and societies. These include working with

government to promote change in policy and practice, holding workshops, training and technical assistance, community mobilization, community education including work with media, advocacy, policy and research, and building effective networks.

### A Final Note: The Promise of a Gender Relational Perspective

The work of Sonke and of MenEngage is ultimately based on a belief that change is possible – from the individual to the collective – and that achieving sustainable and true gender equality requires understanding that gender is relational. Indeed, our work is inspired by listening to stories of change told by women and men. For example, in recent interviews with men and women involved in economic empowerment programs in Rwanda, one man, a 44-year-old-man with a physical handicap, a subsistence farmer like his wife, said to us:

“Used to be men in my community thought I was controlled by my wife because I let her go out by herself and have her freedom when she was coming to the savings and loan group. But then I joined too. I saw that she was able to buy vegetables and sell them in the market and the money was good for both us. Then I became I member and we both had access to credit and we pooled our money and we bought animals.”

In rural Rwanda, as in much of rural Africa, animals (sheep, goats, pigs, cows) bring more economic stability and more income than crop production alone. The man went on:

“We invest together and we make more money. I never got to wear the clothes I have now. I have confidence in myself. I don’t feel so self-conscious about my limp any

more. And my wife seems to me more beautiful than she used to me, and our children are happier.”

In our direct work with men and women, we have heard numerous stories like this – cases of men who participate more than average in providing care for their children or relatives or who are involved in advocacy or activism to promote women’s rights. We have documented cases of men renouncing violence they previously carried out. We have also gathered stories of men previously involved in armed conflict who have become community leaders working to end violence against women.

In the case studies here, we seek to provide space for more of these stories to be told and affirmed, and to move from individual and programme-level change to collective, structural change. With them we hope to inspire and inform the large-scale and the policy-level changes that must take place if we are to achieve the true promise of gender justice.

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# “GENDER-BASED AND SEXUAL VIOLENCE WAS THE DAILY BREAD OF MY LIFE”: Pascal Akimana’s Story

*Pascal Akimana*

I’m Pascal Kelvin Akimana, born 27 years ago in a little village called Gatumba 15 km from Bujumbura in Burundi. I am the child of a teenage mother, who was forced to marry the man who impregnated her and later had three more children with him.

I was raised in a very violent home. Gender-based and sexual violence was the daily bread of my life. My father used to assault my mother every day, in front of the entire family, and no one said anything. Sometimes he would force my mother to have sex in front of me. This would happen often. It puzzled me because it didn’t seem normal, nor did my mother like it.

As a child I asked myself why my father continued to fight with my mother every day. I could not get the answer. Then I found out that my father was cheating on my mother; that was the main cause of the fighting.

Later I realised that that women in the entire village were experiencing gender-based and sexual violence. To my father, beating and assaulting my lovely mother was the way of proving his manhood. He used to say every day that he was the man; all decisions should be directed to him and he would have the final say. He used to beat my mother nearly to death; but when she talked to her family and elder women they used to answer her, “That’s how you build the house! You must stay, he will change.”

Sometimes she would wake up with a swollen face and fear telling the truth. She would say that she fell during night because it was dark. All this beating that my father was doing to her, many times he would kick her against the wall or beat her with sharp objects. He would insult her in front of us, telling her that she was less than a women; she was nothing, stupid, ugly, she didn’t know how to cook.

It affected me a lot because when he started beating my mother he would turn to me and my sisters, beating us, chasing us away, saying that we are ugly like my mother, stupid, nothing...

I grew up with a lot of anger, wanting to hurt my father and until today I'm still finding ways of dealing with it and forgiving my father. At the end, my father finally chased my mother away naked. I remember that night he took all my mother's clothes. He burnt them, saying that he was the one who had bought them. Burundian culture says that if a woman separates with her husband she may not take the children with her, so my mother was forced to leave me and my two sisters behind.

That same night, just two hours after my mother had been kicked out of the house, my father brought in another woman who then became my step-mother. I know that some people have a good chance of having good and kind step-mothers, but it was not the case for me. This step mother came with full information about what had happened between my mother and father. She started harassing and abusing me a lot. Many times she would report me to my father and when he came he would punish, torture and discipline me -- as he used to call it, "like someone who had killed".

This continued for a long time. I remember I went to visit my mother and later my father found out. I was beaten up as if I had committed a crime or unforgivable sins. He did all this to cut the ties that might have existed between me and my mother.

Then, in 1993 after the democratically elected Burundian president was killed, the whole country fell into havoc. The people of Burundi started dividing themselves in two, some calling themselves Tutsis and others Hutus and killing one another. I was forced to

leave my country at the age of 12 years old.

Many people fled to different countries. My sister and I found a way to the Democratic Republic of Congo (DRC). My father, my step mother and two other children had taken a different direction, so we joined a crowd of people that were running to DRC. Just when we had entered DRC, we were stopped by Congolese soldiers who started raping my sister in front me. I was screaming, shouting but could not find or get any help. Instead they beat me seriously. Once they finished they left and my sister was taken to hospital by UNHCR officials.

I'm writing this down as a part of my healing. It's also important for me to share my story with others, especially those who are working with displaced people, refugees, women and children in abusive relationships. This story of mine can be an eye opener to other people and help them to take the necessary measures to change their situation.

It was because I experienced all this violence and abuse in my family, in my community and in my whole country that I decided to work on advocating for women's rights. Whenever I hear or see an abused woman I see and remember my mother, and I remember what my mother and I went through. It is for this reason that I have no regret or doubt about advancing human rights, embracing gender equality, promoting healthy relationships and continuing to strive to end sexual and gender-based violence in my community, society and the entire continent.

Before I started doing this work, I was a dangerous young boy. I think this is because of the violence that I experienced in my growing up time. I remember I used to be very angry at any child or person. Many



“I have dedicated my life to this work based on my principle of honouring my mother’s experience, as well as that of my sisters and myself.”

times I would fight and this led me to join a bad group of people who were abusing women and girls. But I realised that was not what I wanted. Whenever I reflected on my mother’s situation, I remembered that what my father did to my lovely mother had become what I was doing to girls. I became conscious and started to think about how I could change, though it was very difficult. I remember very well that I used to be a difficult person to girls and women.

I decided to work with men and boys to address men’s violence towards women and children and the impact it has on them, talking from my own experience. I believe men can change and men are actually changing. I have changed and I know others who have changed. I work with other colleagues who have changed as well.

I have seen women that we trained, who went home, excited to share the information that they gained in training with their men. Then the violence started because the men themselves felt threatened. But when we trained those men, those trained men left us with a pledge to change themselves and a promise to communicate better with their partners. I realised that the problems are with the men - and if we engage more with men we shall get solutions. The shocking thing I hear from men when I conduct training is that they “didn’t know” about violence against women. Later they recognise that their own sisters, mothers and daughters are going through this abuse and this violence. When they realise this many men ask to join us in reaching other men and boys.

I have changed but I still find difficulty dating girls. Many girls expect me to be violent or to behave in a violent manner. When I behave the way I want to, they keep pushing me back in the gender box. They drop me, saying that I’m a confused young man, or that maybe I

am gay or I don’t know what I want. I do make a good partner, but many girls are still in the gender box and they want a man who is abusing or doing wrong things. I find it hard and difficult to be with such women.

The situation in my country is not good at all. People are still dying due to their ethnic differences. Because Burundi is now a post-conflict country, the government is finding it hard to disarm all civilians so almost everyone has a gun and women and children are raped every day. The government has done little about service delivery and speedy development in the country. There is one rebel group that hasn’t joined others in stopping fighting and building peace. I’m very touched by the situation in my own homeland. I want to study and go back home so that I may contribute to the work of ending sexual and gender-based violence as well as peace building, conflict resolution and community development.

I have dedicated my life to this work based on my principle of honouring my mother’s experience, as well as that of my sisters and myself. As a young man I will use my voice to bring change.

# MEN WITH GUNS: Masculinity, Arms, Conflict and Post-Conflict

Gary Barker

*“Since 1981, I’ve been involved in every riot (between Christian and Muslim youth) there has been. .... I had no work. I had nothing to do. Why should I not get involved?”*

- Ali, a Muslim young adult man, Kaduna, Nigeria (interviewed 2004)

## A Young Man of 39

At age 39, Ali (not his real name) was until relatively recently considered a young man in his hometown of Kaduna, Nigeria, in the middle-belt region of Nigeria where violent riots between Christian and Muslim youth have happened periodically since 1981. Local definitions of “youth” in Nigeria, as in much of the African region, say that he is a youth until he acquires gainful employment and supports himself and his family. A short time before this interview, carried out in 2004, he acquired his first stable job: a civil service job with a stable salary that allows him to support a family. On the cusp of his 40th birthday, he achieved manhood, after paying a considerable bribe to get the job. In the eyes of his peers, his family and his society, he became a real man.

Up until this time he was, by his own admission, part of the groups of Muslim young men who burned churches and used machetes and other weapons against Christian youth (mostly other out-of-work young men like himself). Clashes in 1999 left more than 2000 people dead. Young men interviewed for a 2004-2005 study for the World Bank confirmed that the conflicts were less about real grievances between Christian and Muslim youth (or religious differences per se) and more about having nothing else to do (Barker & Ricardo, 2005). They reported having been paid and fed by local political leaders, on both sides of the conflict, to participate in the riots. Their real anger, it seems, was less at youth from the rival religion than it was against these local political leaders, part of the local elite – whom they defined as Al Hajis or “big men” -- who were seen as manipulating them. Said Ali:

*The leaders [referring to older men] are the ones who make the Muslims and Christians go to the*

*streets and loot houses and shops. They are the ones behind it. They should know that as soon as we have the chance, we will kill them all [says this with visible anger on his face].*

## The Trouble with Men

That men – and within that, young men – are overwhelmingly combatants in conflict settings and perpetrators of arms-related violence is ubiquitous. The World Health Organization (WHO) estimates that males of all ages represent 80 percent of homicide victims, and are three to six times more likely than females to carry out homicide (WHO, 2002). Indeed, it is an obvious and uncontested point that most gun-related violence, whether in conflict settings or otherwise, is carried out by men and mostly against men. The question staring us in the face then is: What does being a man have to do with violence?

Gender, as applied to conflict and post-conflict, has generally meant women and girls. In virtually every study, white paper or report on conflict and post-conflict, and mediation, gender means women and girls. This makes obvious sense at one level: women and girls are too often those victimized, powerless and made doubly vulnerable in conflict settings. They have more often than not been excluded from political power and suffer in numerous ways in conflict settings – in particular from forms of sexual violence that too often are part of conflict. And they are generally excluded from the mediation tables where peace agreements are brokered.

But we too often overlook another point: boys and men also have “gender.” They are also socialised into frequently rigid notions of what it means to be a man.

Some are also made powerless – like Ali – in hierarchies that give more power to some groups of men. Those men who are excluded from power may have more power than women in the same settings or social group, but it is important to note that these subordinate groups of men do not perceive themselves as having power. Indeed, their perceived sense of powerlessness or exclusion is often at the root of the violence and conflicts, including gun-related violence that we seek to prevent and end. In sum, we have inadvertently created a blind spot when it comes to the gender of men. In our overly simplistic power analyses, we have ignored or missed the complexity of how gender socialization interacts with class, race, ethnicity and other dimensions of power that are, ultimately, the root causes of violence and conflict.

## The Simplistic Arguments: Biology, Evolution and Demographics

So what is the link between manhood and violence? Talk show hosts and pop psychology books, and a few thoughtful authors as well, have too often focused on the biological or evolutionary components of male violence. This is the old argument that the male of the human species is more violent or aggressive because evolution favoured violent or more aggressive males who could defend their mate and offspring, sire more offspring, and the like. While this argument may have some validity, once our ancestors left caves and formed complex social groups, this argument pretty much falls apart. First, how would we explain the tremendous variations in the use of violence among men around the world? For example, in France and the UK, the annual homicide rate is 0.4 per 100,000; compare this to Colombia, where the rate is 61.6 out of 100,000 per year, with rates even higher among young men aged

15-24. (WHO, 2002). There is no evidence that men in Colombia are genetically different in any major ways to French or British men. Still, though, both in Colombia and France, it is men who are overwhelmingly more likely to carry out homicide and to be victims of homicide. Clearly, there is something about being male going on.

A significant body of research has examined the possible biological or genetic basis for violence, but the results suggest a limited and bi-directional relationship. For example, higher levels of testosterone (found in both males and females but generally at much higher rates in males) have been linked to higher rates of aggression in men and boys, but the results are relatively inconclusive and also bi-directional (Renfrew, 1997; Kimmel, 2000). At most, testosterone may act to trigger aggressive tendencies that already exist. Furthermore, stress, violence and experiencing feelings of domination cause testosterone levels to rise. In other words, biology is reactive to the social environment. Thus, testosterone may trigger violent or aggressive tendencies that already exist in a given individual; and experiencing violence in turn leads to higher levels of testosterone.

Brain research has also examined genetic differences in male and female styles of communication and reasoning, including traits that might be associated with aggression and violence. The bulk of this research suggests that there are greater differences within each sex than there are aggregate differences between the sexes (Kimmel, 2000). Furthermore, most researchers conclude that even if there is a biological or genetic basis for aggression and violence in males, this propensity is mediated through the social environment and through higher cognitive functions.

Some brain research confirms that neocortex functions and other higher brain structures are involved in reducing aggression (Renfrew, 1997), providing some neurological basis for confirming what had already been confirmed in psychology, namely that humans (men and women) can control their aggressive tendencies through more complex levels of cognition (what psychologists might call subjectivity). As a whole, what the biological-based research would suggest is that complex human behaviours, including violence, are invariably multi-causal and that any biological propensity or predisposition toward violence or aggression in males is mediated by the social context and individual factors.

The other overly simplistic argument sometimes posited to explain violence (and young men's violence), including conflict, is demographic. A recent World Bank document states: "Large-scale unemployment, combined with rapid demographic growth, creates a large pool of idle young men with few prospects and little to lose" (Michailof, Kostern and Devictor 2002: 3). Mesquida and Wiener (1999) argue that one of the most reliable factors in explaining conflict is the relative number of young men (under age 30) compared to men over 30. In analyzing data from more than 45 countries and 12 tribal societies, they find—even controlling for income distribution and per capita GNP—that the ratio of 15-29 year old men for every 100 men aged 30 and over is associated with higher rates of conflict.

There is some merit to the demographic argument. Youth in urban areas have more free time and fewer social roles that constrain them, thus increasing the possibility of their participation in activism, unrest and riots, all of which are more likely to happen when there



Photograph: Eric Miller

are larger numbers of young people. Young men, who marry later than young women in much of the world, and generally spend more time outside their homes, have a longer period when they may be out of work and only loosely connected to their families. They have less that ties them down and thus less social control, while at the same time perceive pressures to acquire work and thus achieve manhood. They may compete with older men whom they perceive as wielding power and having access to women. But even with all these factors, we must recognise the plurality of young men.

The demographic argument does not explain which young men in a given setting become involved in armed conflict. Even in countries in conflict or with high

rates of violence, the vast majority of young men do not become involved in armed conflict nor use weapons. There are, to be sure, many young men—who are culturally enjoined to work outside the home—without access to work and thus vulnerable to being recruited into insurgency groups and other forms of unrest. But the demographic argument does not account for the vast majority of young men, who even in the poorest settings in low income countries with the highest youth ratios, do not become involved in conflict or take up weapons. The demographic argument is deficit-based – that is it assumes that young men are inherently violent if there are too many of them in any given setting. The insidious aspect of this theory is that it can, even if unintentionally, perpetuate negative attitudes

## “Men and boys involved in armed insurgencies become “big men” by being in control.”

and prejudices toward low-income young men (and frequently low-income young men of specific ethnic backgrounds and in specific settings, notably Africa).

Ultimately, the problem with the biological and demographic arguments is that they are convenient and politically palatable. It is easier, at times, to believe that young men (and particularly young men from developing countries) whether in Paris, Kaduna or Rio de Janeiro, are prone to running amok and using violence than it is to discuss and address the complex interactions between gender, social class and social exclusion.

### Accepting Complexity: Examples from Africa

Mostly from industrialised countries, there is a growing both of research on social and individual factors associated with men’s use of violence. Some of these include:

- being labelled as troublesome (or early antisocial tendencies);
- coercive or violent parental controls (i.e. violent parenting);
- limited parental control;
- having witnessed or experienced violence in the home or community;
- socialising with delinquent peers;
- perceiving hostile intentions in others;
- low school achievement and limited social skills;
- holding more traditional or rigid views about gender;

- having been shamed or experienced significant shame and humiliation as a child;
- having been brutalised or violently subjugated; and
- having used violence and seen that violence produces respect (Elliott, 1994; McAlister 1998; Sampson and Laub 1993; Barker 2005).

There is not, however, as much literature on the factors associated with the participation of men in conflict settings.

Nonetheless, the emerging literature on conflict settings, particularly from Africa, provides useful insights on how men and boys become and stay involved in conflict. At the most basic level, having a gun or other weapon and being willing to use it is about power. Men and boys involved in armed insurgencies become “big men” by being in control of a given setting and being able to exert violence on those around them. In addition to immediate survival (in the form of income, food, consumer goods and the like), they achieve and wield power. Young men who become combatants in these settings are often bombarded, both before becoming combatants and after, with violent images of manhood, whether in the form of Rambo films, gangsta rap, or the idolization of big men such as Liberia’s Charles Taylor. Some observers of young male combatants in West and Central Africa suggest that the violence feels like a performance of young men acting out a violent version of manhood, seeking to instil fear and to make their presence known before a terrified audience. They are acting out a socially recognised role of manhood taken to its hyper-masculine and violent extreme.

Young and older men also find camaraderie with male peers in armed insurgency groups, and in some cases may find male role models or surrogate fathers, and substitute families. In countries where between 10 to 25 percent of adult males have HIV and where men frequently have to migrate for work, the leaders of insurgency movements sometimes come to be emulated by young men and boys who lack the male role models and guidance that some traditional structures once provided in much of rural Africa.

Another common element in young men's participation in conflict is the issue of rites of passage or indoctrination. Nearly all armed movements and wars involve some kind of initiation rituals, as does the recruitment and training of soldiers in conventional armies. In some settings, such as northern Uganda, Liberia, Sierra Leone and DRC, this initiation is mostly traumatic, involving the forced use of violence against family members, and threats of murder for non-compliance. Many armed insurgencies in the African region have drawn on or tapped into the traditional socialisation of boys and young men as warriors, using elements of these traditional rites in their own, brutal indoctrination (Stavros et al. 2000). In some cases, insurgencies or leaders of armed movements have made deliberate links to historically relevant initiation rituals and rites of passage, as in case of some groups among the Zulu in South Africa and Charles Taylor in Liberia.

Furthermore, insurgency groups in northern Uganda, Liberia and Sierra Leone often choose the youngest sons and younger boys, who are even more likely to feel a sense of powerlessness and to be the most susceptible, malleable and traumatised by these experiences. In Liberia and Sierra Leone, drugs are often

added to the indoctrination, as a way to lose control and to carry out acts of brutality. It is no coincidence that in the socialisation of boys and men around the world, drugs and alcohol often form part of rites of passage and of first sexual encounters. Young men often describe drugs and alcohol as giving them the courage to do the things required of them to be seen as men.

Indoctrination of men and boys into using violence may also include other forms of brutality and violence. Former abductees and former combatants (young men) we interviewed in Uganda talked of forced cannibalism and being forced to rape young women—again, part of a deliberately traumatising and shame-creating indoctrination. Reflecting on these acts of trauma and brutality, it is important to keep in mind that if young men and boys could so easily be induced to kill and use violence, or were willing to use violence of their own volition, and if violence were an inherent part of young men's temperament, this kind of indoctrination would not be necessary.

In other settings – such as South Africa, or parts of Latin America – where armed insurgencies have had clearer political motivations and have enjoyed wider support among the general population, the men involved often have become heroes. They have achieved social status and access to income, power and female companionship as a result of their participation in armed conflicts.

South Africa provides a useful example of this. Young men were the leaders of South Africa's anti-apartheid struggle, their families supporting them to live in exile and train as combatants. These young men once had status and were associated with a hero version of masculinity linked to Nelson Mandela, Stephen Biko and other ANC and anti-apartheid leaders. The

## “Armed insurgencies ... and conventional militaries have created generations of men whose manhood is defined around creating and reinforcing fear.”

socialisation of young men in these movements made specific references to weapons and the use of weapons to achieve freedom. In the case of the ANC, the AK-47 became associated with the liberation movement, and was a visible symbol for young men (Cock 2001). With the end of apartheid and the realization that long-standing economic inequalities would not be remedied in the short turn, some authors suggest that more young men are turning to crime and violence, some of this in the context of gang activities. As Xaba states (2001:107), many of these accounts discuss the: “...heroes of yesteryear who have become the villains and felons of today.” This has been seen by some researchers as a form of compensatory manhood marked by sexual violence—that is men seeking to regain a sense of manhood through criminal activity and violence against women.

While the South African government has offered basic education and life skills specifically for the young men involved in the struggle, the challenges to engaging young men in these settings are formidable:

*For the few ‘exiles’ and ‘comrades’ living lives of crime, it is no secret that the knife-edge life of violent crime is eminently more remunerative than the palliatives offered by the Adult Basic Education and Life Skills Programmes in which former ‘comrades’ and ‘exiles’ are expected to enrol. It is almost impossible to encourage anyone to exchange a life, however dangerous it may be, in which there is a possibility of driving a C220 Mercedes Benz for a life in which he will be carpenter, electrician or painter or, more likely, unemployed (Xaba 2001: 119).*

These are just a few examples of the ways that low-income men – out-of-work or with few other ties to social institutions and frequently subordinated before older men with more power – may find participation in armed insurgencies compelling. It is important that we not oversimplify the specific factors and conditions of each of these conflict settings. But there is, as these examples suggest, a common thread of: (1) being socialised into rigid and violent forms of manhood; (2) the need to achieve work to be socially recognised as a man; and (3) the lack or perceived lack of other ways to achieve employment (and thus manhood) that all interact to push some young men into conflict and the use of arms to attain the status of being a real man.

### Warriors after War: Manhood after the Guns are Silenced

If conflict and wielding weapons provides young and adult men with a socially recognised version of manhood, what do we – those who propose peace – have to offer instead? Demobilisation programs have nearly all included income generation, vocational training, access to credit, land distribution (or work tools) and/or cash grants. The implicit understanding is that being a soldier or combatant is a job and to encourage men to leave that job, or to close that source of employment (and social recognition, albeit one based on fear), requires opening other opportunities. The list of challenges and shortcomings of such initiatives is long (too long to go into here), but some common ones are:

- creating dependency;
- being too short-term, thus leaving young men frustrated when they end; and



- difficulties of encouraging young men to return to school (which they often consider a space for children), among others.

Furthermore, few demobilisation initiatives have incorporated a discussion of how gender comes into play for men—that is, how efforts to engage men must also consider their desire to achieve a socially recognised version of manhood, and intergenerational tensions between groups of men. To be sure, the gender-specific needs of both young women and young men have not been incorporated into most reintegration programs, but there has been more discussion about the gender-specific needs of girls and young women.

Armed insurgencies, other forms of semi-organised violence (gangs, vigilante groups, etc.) and conventional militaries have created generations of men whose manhood is defined around creating and reinforcing fear. Their profession and social identity resolves around violence. Even if we politically agree with their cause, even when it may be just, there are tremendous challenges to reintegration and peace based on this gendered – male – identity. We could offer a long list of examples. In Guatemala, the ongoing extrajudicial violence (against women, members of street gangs, members of civil society) is in large part based on the availability of men trained to kill and intimidate during 36 years of civil war. In El Salvador, soldiers were given land to farm but not access to credit as part of demobilisation. Many have now migrated back to the capital, taking jobs in private security – protecting the property of “big men” from other under-employed low income men like themselves (from the maras).

The cycle is, literally, vicious. After having the status of “warriors” – and the power, female companionship

(near always coerced of in the form of sexual violence) and access to goods and income that came along with it – putting down the guns is not easy. But it is breakable. There are numerous, untold examples of men who do not participate in violence, and men who have participated but made the transition to civilian life. Understanding their trajectories from conflict to peace – like that of Ali, who is angry but employed – can give us ideas to go on. Give me something else meaningful to do, he is telling us, something else to hang my male identity on, and I’ll put down my weapons.

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# THE WAR IS OVER. WHAT WE NOW NEED IS AN END TO THE VIOLENCE AT HOME: Work with men in post-conflict settings

*Aernout Zevenbergen, Orly Stern and Dean Peacock*

// In 1993 after the democratically elected Burundian president was killed, the whole country was havoc. Many people fled to different countries. Together with my sister we found a way to the Democratic Republic of Congo (DRC).

My father, my step mother with other two kids had taken different direction so we joined a crowd of people that were running to DRC. "Just when we had entered DRC we were stopped by Congolese soldiers who started raping my sister in front me. I was screaming, shouting but could not find or get any help. Instead they beat me seriously." Pascal Akimana, a 27 year old Burundian tells his story.

Sexual violence has always been a feature in conflict. However, unlike in the past when sexual violence was simply a by-product of conflict, in recent years, armed groups have begun to use sexual violence as a weapon of war in widespread and systematic ways. Mass rape campaigns have been carried out against civilian populations, often characterised by extreme brutality. These have been seen in a variety of countries, including the Democratic Republic of Congo, Sierra Leone, Rwanda, Uganda, Liberia and the Balkans. However even in wars where there is no evidence of systematic rape, sexual violence is still an ever-present feature in conflict.

Perhaps the most shocking example of the widespread rape in war is the situation currently taking place in the Democratic Republic of Congo. François Grignon of the International Crisis Group wrote that "A census by UNICEF and related medical centres reported treatment of 18,505 persons for sexual violence in the first 10 months of 2008, 30 percent of whom were children. This year, the situation deteriorated further still, with the UN Office for the Coordination of Humanitarian

## “I got so angry, it felt almost as if the only way out of that pain and anger was to rape women.”

Affairs reporting a huge surge in sexual violence and rape in eastern Congo. [...] Reported cases represent only a fraction of the total -- a vast number of cases go unreported. Women fear that they will lose all prospects for marriage or that their husbands will abandon them if they acknowledge they have been raped. In other cases, the threat of retribution -- coupled with the near certainty that the perpetrators will never be held accountable -- discourages women from stepping forward.”

*“When my 11-year old sister got raped by soldiers of Mobutu in front of me,’ says Pascal, ‘I got so angry, it felt almost as if the only way out of that pain and anger was to rape women. That way I could hurt other men, I could take revenge.’ Pascal was responsible for the well-being of his sister. ‘After my sister was raped, I was angry with myself, with my father, with my Creator. Why this? Why me? How did I fail? I so terribly wanted to wreak havoc, to lessen the pain inside. This did not just happen to me. The violence also shook the villages near the camps. Some of my peers went out and killed others. Or they committed suicide.”*

In the middle of that anger, and that desire for destruction, Pascal found a way to turn things around for himself. ‘A voice inside told me not to kill, not to rape. This is not what I want. I do not want to beat up my girlfriend, like my father beat up my mother. I want to use all this energy in a positive way. My life will be different from my father’s.’

When Pascal made his way to South Africa, spending

time on the way in UNHCR refugee camps between North West Kenya and Johannesburg, he was drawn to a workshop on men, gender and HIV offered by EngenderHealth and found himself energized by the vision offered there of men playing an active role in ending domestic and sexual violence. He began to get involved in working with other men. His work with men has been transformative, “Before I started doing this work, I was a dangerous young boy. I think this is because of the violence that I experienced in my growing up time when I was surrounded with violence in all its forms. I remember I used to be very angry at any child or person. Many times I will fight and this led me to join a group of people who were abusing women and girls. I have come to deal with wounds that many times are hard to talk about. I have dedicated my life into this work based on my principle of honouring my mother’s experience, as well as that of my sisters and myself. As a young man I will use my voice to bring change.”

Like Pascal, there are growing numbers of men across Africa who are speaking out against the atrocities some men commit against women. This case study discusses just a few of the men and the organisations that are working in post conflict areas, attempting to mobilise men to take a stand against domestic and sexual violence.

David Tamba was on the run from marauding armed groups in Sierra Leone in the 90s. He and his wife were moving from place to place, as far away as they could from the raging battles. ‘We were running for our lives.’ ‘Then we ran into this group of fighters. They wanted to rape my wife. But she was too big for them, because of her pregnancy. That’s when the beating started, the pushing, the looting of our last properties. ‘It enraged

## “A voice inside told me not to kill, not to rape. This is not what I want.”

me. I wanted revenge. It was burning in my heart. Why this outrageous violence? What had we done to deserve this? Why could I not stop it?’ Two days after the attack, his wife had a miscarriage. The couple stayed in the bush for two weeks, hardly surviving. They preferred the safety of the thicket in great difficulty above the relative comfort of villages. David decided to join the war. ‘I just wanted to shoot people, to empty a gun. I wanted to find the attackers, men who had turned into rapists.’

Instead, before he could join a rebel group, Lynn Ngugi of UNHCR (stationed at the time at the refugee camp where David was living) sought David out to assist her in finding a girl who had been abducted in the camp. Lynn asked David to assist her in her efforts to engage men in preventing violence against women. David became increasingly convinced that he could turn his traumatic exposure to brutal violence into a life quest to educate other men about the devastation wrought by violence. ‘Reaching out to other men to stop the chain of violence, instead of going out and fuelling the fire even more. From revenge, so to say, to prevention. I started talking to men about the many ills of this entire thing, started explaining what leads to rape and how we can intervene to stop it. How we can better protect our communities.’

After the war ended, David assisted people who were heading home from refugee camps to their own villages. Through the Sierra Leone Men’s Association for Gender Equality (MAGE), David and his colleagues worked with other NGOs in Sierra Leone to change traditional laws that discriminated against women and put them at risk of violence and subordination at the hands of men. MAGE was involved in helping to pass a new inheritance law, a domestic violence law and a law dealing with the registration of customary

marriages and divorces in Sierra Leone. To ensure that these new laws are actually implemented David and MAGE educate men about gender equality and the need to obey the new laws. He also sets up partnerships between the police services and civilian organisations trying to tackle domestic and sexual violence.

Across the continent, in countries that have recently emerged from war, men are getting involved in these issues. After prolonged periods of conflict and violence, men are taking a stand to show that they can also be positive role models, and can play a significant role in rebuilding their countries and promoting respect and rights for all. They show that instead of getting angry at all that has taken place, it is more constructive to use this energy for good.

One particularly vulnerable population in times of conflict are refugees. With the state’s organs of law and order absent, those who are on the run find themselves in situations that are often far from safe. There, sexual violence continues unabated, with no one to put a stop to it. According to Lynn Ngugi of UNHCR’s Gender Based Violence Unit in Nairobi, violence against women and children is one of the biggest challenges when working with refugee populations. Ngugi said, ‘When there is a conflict, or whenever many people are on the move, security is a problem. We have tried many different ways of getting gender-based violence off the list of top priorities, but it is a stubborn problem. Teaching women about their rights is not enough. We need to work with men.’

For decades Kenya has attracted refugees from all over Eastern Africa. The UNHCR refugee camp in Dadaab in the north east of the country just 100KM from the Kenya-Somali border is home to nearly 230,000 Somali refugees. The North West town of Kakuma, a Swahili

## “For men who witness violence committed against the women in their lives there is often a deep sense of shame that they were not able to prevent the violence”

word for “nowhere” provides refuge in a dusty and arid climate to over 70,000 people from all over the region. Most people in Kakuma fled conflicts in Sudan, Somalia, Democratic Republic of Congo, Burundi and Rwanda. Here refugee women live in vulnerable situations, relying on UNHCR for their well-being and protection.

While relatively new, founded only in 2006, Sonke Gender Justice Network is widely recognised for its ability to train other organisations to engage men and boys in efforts to promote gender transformation. Since its inception, Sonke and UNHCR have worked closely together to ensure that UNHCR staff have the skills necessary to work with men as part of the solution to the problem of violence against women. Sonke has provided training on their One Man Can Campaign to UNHCR staff in many countries across Southern, Central and East Africa including South Africa, Namibia, Mozambique, Kenya, Zambia, Uganda and Burundi. Launched in 2006, the One Man Can Campaign recognises that growing numbers of men are deeply concerned about violence against women and want to do something to stop it. The campaign attempts to provide these men with the skills and resources to act on their conviction that they can put a stop to domestic and sexual violence and can act to create a more gender equitable world. Sonke has worked with UNHCR to assist them to work with men in refugee settings and to empower men to fight against gender-based violence in refugee camps.

Although the immediate and direct victim of sexual violence is of course the woman who was assaulted, for men who witness violence committed against the women in their lives there is often a deep sense of shame that they were not able to prevent the violence. A man’s failure to protect often feeds his shame, and

leaves men doubting their masculinity or fearing that others will. This shame exacerbates the trauma of exposure to violence. Systematic sexual violence in conflict is actually often also targeted at men – wars are fought between men, using women’s bodies as the battleground. The idea is that if you rape the women, you traumatise the men. Recently certain conflicts have also seen a rise in the incidents of sexual violence against men, another way to demoralise communities. Sexual violence during conflict is harmful to entire communities. A growing number of men are seeing this, and are doing what they can to try to combat this.

One of the characteristics of a civil war is that most structures of justice and accountability collapse. Those who wield weapons can break laws with impunity. People already traumatised by violent events in their own lives, find it next to impossible to find recourse and justice for the traumas inflicted. People inflicting these acts do not just destroy people’s properties or people’s lives but also target people’s perceptions of justice. Put simply: ‘If a man with a gun can get away with rape, why not me? If my life can be destroyed with impunity, why then would I honour someone else’s dignity? Who is there to hold me accountable, to keep me on the straight and narrow?’ It is this attitude that feeds the unrelenting continuance of rape in countries recovering from conflict like Liberia and DR Congo.

Liberia, held its first post-war elections in late 2005. Rape was widespread during the civil war and has remained a huge problem in the post-war era. ‘Not only are the terrible consequences of this still felt by many Liberian women today,’ said a study released early in May 2009 by ActionAid, a British development organisation, ‘but violence against women and rape continue unchecked.’ For the first time a woman, Ellen Johnson-Sirleaf, was

elected into the presidential office. Although peace has returned to her country, the aftershocks of fourteen years of bloodshed can still be felt. On the day of her inauguration, President Ellen Johnson-Sirleaf broke Liberia's taboo on rape: 'I know the struggle because I have been a part of it. I recall the inhumanity of confinement, the terror of attempted rape.'

Unfortunately, it seems as though the problem of sexual violence in conflict is not a problem of the past. At this exact moment in Darfur and the Democratic Republic of Congo, violence against women continues to go unchecked. It is clear that men need to work together to end this violence. The small groups of men who are taking on this work are a promising start on the journey to ending these terrible problems. Both Pascal and David provide compelling evidence of the enormous potential for change amongst men affected by conflict.

As David puts it, "The war is over. What we now need is an end to the violence at home."

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# DO IT YOURSELF

*Aernout Zevenbergen*

**T**he eyes of Isaac Tsheko (76) move from left to right, and from top to bottom. In disbelief he stares at a poster in front of him on a wobbly, rusted table in his garden. He studies the drawing and the text intently, resting his head in the palm of one hand.

The poster shows a living room in a middle-class home. A man is seated on a couch opposite a cabinet with a television set. Tsheko's eyes wonder again to the man who, while dreaming of himself with a woman, has his hands inside his pants. Beneath the drawing the words: 'Masturbation – do it yourself.'

Tsheko shakes his head in disbelief and shock, turns towards his garden, listens to a rooster crowing and returns to the drawing. He looks lost; he is lost. 'What do they mean, "Do it yourself"?'

For the first time in my long years as a reporter in Africa I feel deeply uncomfortable. 'Don't I have any boundaries left?' I wonder. 'Do I honestly think I can ask anything I like?' Opposite me sits a man with grey hair. He carries an air of wisdom, serenity. He has offered me a warm welcome and his time.

Is it true that Africa doesn't masturbate, as some want us to believe? Is 'solo sex' indeed so unheard of? Is there any validity to sweeping statements that African men perceive their seed to be so sacrosanct that it cannot be dispersed into nothingness – or even worse, collected in latex to be thrown in the dustbin? How come oral sex has no place in African sexual fantasy, if that really is the case?

I find many of the generalised statements about 'sex in Africa' hard to believe. On the one side stand those who still describe African sexuality as 'wild', 'primitive'



## “Is it true that Africa doesn’t masturbate, as some want us to believe?”

or ‘instinctive’. On the other side are those who state that physical intimacy in Africa is devoid of the things that add to the experience of sensuality and sexuality everywhere else, like mutual masturbation, fellatio or cunnilingus.

If Arabia can write *The Thousand and One Nights*, and Asian sexuality has for centuries been inspired by the *Kama Sutra*, why on earth would Africa lack its own mature, adult and playful approach to eroticism?

In the most respectful way I can muster, I explain to Tsheko why I wanted him to look at the poster. A *kwaito* song streams out of the house through his living room window. The demanding rhythm of the bass and the angry voice of the singer seem to irritate Tsheko. He throws angry glances towards the window, as if he can telepathically force his grandchildren to turn down the volume. The bells of a donkey cart roaming the sandy road divert his attention back to the poster.

Tsheko’s body language tells me he’d prefer to be packing his *bakkie*. Some of the old and used planks have already been loaded up in his pick-up truck. He has tied them down to the chassis with a strong piece of rope. ‘I need to build a new shack on my cattle post some hundred kilometres away. My hut started leaking a few months ago. Better repair it now, before time takes it away from me.’

The cattle post is where he breeds and feeds his many cows to prepare them for the butcher. It’s also where he grew up, and where his memories lie spread out, received by the earth. Today he wants to go there, to inhale those stories and images of old. One deep breath at a time.

Again he looks at the poster, and tries to find the words

that best convey his thoughts. Tsheko describes what love looked like when *he* was young, over half a century ago, and how the times have changed. When he was a teenager and cared for the cattle, nature was his teacher. ‘My family was poor; we had no money for luxuries like education.’ At a young age, his father sent him to the cattle post to tend to the goats, just like his father’s father had ordered him.

During his life, Tsheko witnessed the birth of a new world in the land of his ancestors, Botswana. He experienced the metamorphoses himself and broke with existing traditions. He told his father that tending to cattle would not satisfy him, and he left for South Africa to become a bricklayer. He sent the money he made back home so that his brother could get an education.

‘We looked at the civilisation brought by the missionaries and the British administrators in the days this country was still known as the British protectorate of Bechuanaland. We saw it, and we wanted it. We wanted to move away from the harshness of existence, towards a tiny bit more comfort, a tiny bit less suffering. So, for the last couple of decades we have been copying a civilisation from afar. And we’ve done so successfully. Today life is better, easier. You can now do more or less what your heart desires in Botswana. However, we have paid a very high price for this civilisation.’

‘I met my wife, Emily, in South Africa. The first time I saw her, I simply knew: With her I want to grow old. She is the one for me. I didn’t just want to be an acquaintance; I wanted to make her a part of my life.’

He asked around if the young woman was ‘available’. Then the couple began to flirt with each other and secretly strolled around together. ‘We spoke for hours on end and cuddled. After three years, we got married.’ His

## “Over a third of the adult population of Botswana is infected with HIV”

parents paid the *lobola*.

Tsheko rubs his hands together and stares at the window behind which a new rap song is pulsing. ‘Everything has changed. No one is ashamed of anything anymore. Men and women kiss each other in public, they come and sit on each other’s lap in my living room. No, honestly, I just don’t understand it anymore.’

What disturbs him most of all, more than the public displays of today’s romance, is its new character. It has turned into something so materialistic. Young men have no chance whatsoever when cash is tight. A girl leaves as easily as she arrived if a guy can’t take her to fancy bars or restaurants, or if he doesn’t buy her expensive clothing. Romance has suddenly been depleted, consumed, finished. Is *that* love? When you have to pay for someone’s time and attention? I wonder... I wonder if young people are able to do something without expecting money in return. I tell my grandchildren, “Practise patience.” But they have no clue what I’m preaching to them about.

‘It’s the same thing with sex. Quick, fast, rapid. Now! It all has to happen now! That brings nothing but trouble. Look at all those broken families. Look at **AIDS**. As a young man, I practised thigh sex. What youngster has ever heard of the term, let alone acted it out?’

No one taught Tsheko about sex. His parents had soberly forbidden him to sleep with girls, with the simple warning that ‘that’s how you make babies’ and the threat of a serious wallop.

There was no temptation because girls never came near the cattle post. The young men he was surrounded by knew as little about sex as he did. A roll in the hay was

on no one’s agenda. They tended cattle – that was all life was about.

Again Tsheko scans the poster. ‘What this man is doing is not of my culture. Whoever told you that our word for this is *ponya ponya* knows something I don’t.’

The young man who had brought the poster to Tsheko’s table in the garden is Ronald Ntebela (24), one of his nephews. Ntebela works for the Youth Health Organisation of Botswana (YOHO) in the capital Gaborone. He leads a crusade to add the ‘d’ to the abc of their aids campaign: ‘A’ for ‘Abstinence’, ‘B’ for ‘Be faithful’ and ‘C’ for ‘Condomise’. The ‘D’ would stand for ‘Do it yourself’. Yoho claims masturbation goes back a long way in the Tswana culture, and believes it could offer a tool for the fight against the spread of the hi virus.

Ntebela brought me to Mochudi, the region where he was born, because this is where his extended family lives: aunts, uncles, nieces, nephews and cousins in many degrees of kinship. Isaac Tsheko is an uncle. Even for campaign leader Ntebela, chatting to strangers about sex is one bridge too far. That’s why he suggested we drive here to chat about *ponya ponya* with his relative. And now, when his uncle declares never to have heard of the term, Ntebela has vanished.

Tsheko breaks the awkward silence between us. ‘If I were a young man wanting sex, I’d go for condoms. This *ponya ponya* business seems pointless.’

Tsheko gets up, a faint smile on his lips. He really needs to go. His cattle are waiting.

‘Until we meet again.’

A firm handshake.

Over a third of the adult population of Botswana is

infected with **HIV**. Life expectancy has dropped to 42 years to **AIDS**. Campaigns to tackle the spread of the virus seem to have little effect. **Yoho** therefore chose to launch a full-frontal attack on sexual habits, and dared to do what no other organisation in Africa has done: actively campaign for masturbation as a substitute for penetration.

'We need alternatives to intercourse as a way of tackling the epidemic,' says Dikitso Letshwiti (23). The 'Do it yourself' campaign originated with him.

'It is estimated that 93 per cent of our people have more than one partner. It's therefore necessary to teach people ways to enjoy their sexuality without risking their lives. Human beings are sexual creatures, but most people lack the skills to negotiate sexuality, eroticism and even romance.'

When it comes to physical intimacy, Letshwiti believes, fear dominates Botswanan society. 'Our culture is filled with taboos and frightens us about sex. The talent to deal with intimacy in a mature yet playful way, without losing sight of its serious aspects – that talent is hard to come by.'

Modern-day Botswana is stuck in perceptions of love and definitions of masculinity and femininity that make Letshwiti feel trapped. 'Imagine my girlfriend and I had a child. Do I have the right to change its diapers? I can already picture the looks on my friends' faces if they saw me with a dirty nappy in my hand. They'll make fun of me. Still, that is how I'd want to relate to my child. I want to be a caring dad. For most of my friends, that's worth a good belly laugh.'

Letshwiti has a world to conquer. His way of thinking has only a few admirers in Botswana. People come in

droves to see the plays he performs country-wide. The radio shows **Yoho** participates in are hugely popular. The young generation wants to learn about love, romance, sexuality and friendship. But the changes come at a snail's pace, hindered by the many taboos surrounding sexuality.

Botswana's relatively new morality of conservative Christianity sees sexuality as an energy to be tempered. At the same time, modernity brings values which offer and demand instant gratification, and creates a society in which desires call incessantly for fulfilment. Sex between 'lovers' has become a consumer product to be paid for by dinners, jewellery, cell phones and expensive jeans.

'We call it "Going to the market to get a chick",' says Ntebela as we drive through Gaborone with his mate Bernard Waheng (22). 'A "chick" is any girl who only cares about the superficial stuff in life: "bling" or a phone with a weird bleeping ring tone.'

The two men whistle and turn around whenever a beauty passes by, exclaiming, 'Aiaiai – that can't be true!' or, 'How could He make them this stunning?' Ntebela and Waheng appreciate female beauty and the promises they read in its curves. Tight jeans, tighter shirts. The young men call their staring and commenting 'window shopping'.

Waheng once dated a young woman so beautiful, he could hardly breathe. For a very short while. 'She met an American and off she went. That's reality. What can you do? Girls... They want a guy with money and a car. Simple. Without money you can't play. Mothers raise their daughters this way. "Find a man to take care of you," that's what they tell 'em.'

As we drive to the university, the radio plays a song: *Ga-o monna wa*. It doesn't matter what you do to provide – steal, work, cheat – anything goes. 'You're not a man if you can't provide.'

The university grounds are full of freshmen roaming around with uncertain steps and loads of pumped-up bravery. Three health workers mingle with them, posters tightly squeezed under their arms and 'Condomates' in hand. 'Now is the time to hammer in the message of safe sex. You might not believe it, but despite the raging epidemic, many still believe they're invincible.'

YOHO's poster comes in handy, the activist says. 'A bit of shock therapy hasn't yet hurt anyone. These youngsters come straight from Ignorance Square. Masturbation? As far as I'm concerned, any weapon is legitimate in the war against the virus.' Off they go to a workshop, a seminar and 'information dissemination' at the university clinic. 'Let no-one tell you in a few days' time, "I don't know ..."!'

'You heard that? "Shock therapy." I like that,' Ntebela grins. He was involved in the design of the poster for the 'Do it yourself' campaign. Both church and traditional leaders were up in arms. The state-owned media reported carefully at first, not knowing what to do with a call for the youth of the nation to masturbate more and penetrate less. YOHO has stirred society.

Phiri Boitumelo (59) was one of the first to march off to the offices of YOHO. As an employee of the Department of Culture, she was in shock and felt the need to sort out the 'boys and girls' of YOHO. Ntebela got a tongue-lashing.

During her tea break at the Department, Boitumela feels awkward repeating what she told Ntebela. The ultra-

modern building is located along one of the busiest streets of the capital. Hawkers hawk their stuff outside. The tempting smell of roasted meat enters the building in waves.

'My problem with this campaign,' says Boitumelo, 'is that whenever a person has an itch and they keep scratching the itch, they'll get a wound. It's the same with this masturbation. It would be better to ask God to take the itch away.'

She can't remember ever having had 'the itch'. 'When I was a girl, I was young in uncomplicated ways. I tended the goats. And I shared blankets with the big boys in the *kraal*. The worst they'd do was to fart and to laugh about those farts. Innocence and ignorance were my blessings. Things are not like that anymore. Used condoms litter the streets. No one has a sense of values and dignity left.'

No, Boitumelo doesn't beat around the bush. She does *not* like the way life has evolved. The bombardment of media messages irritates her. People have to produce, or so the ads say. Everyone has to be a success, or so people are told. Radio and **TV** demand of boys to have many girlfriends, and girls are told to 'score' boys.

'And everyone needs to have sex. Anyone watching television or opening a magazine can't help but get an itch. Sex has become the new initiation. Sex – as if there are no consequences, as if it doesn't lead to pregnancies, as if there are no diseases.'

Boitumelo has lost her cool. Talking about relationships and intimacy has opened up an old wound. She takes a deep breath, sighs and continues in a soft voice. She speaks of the man who could not contain his urges, who made her pregnant and started meandering from

“Many people, old and young alike, are filled with shame. Sex is weird, dirty, strange – not something to speak about.”

bedroom to bedroom, mattress to mattress.

‘I threw him out. What a worthless character. I couldn’t do anything else but throw him out. Taking care of my kids became *my* sole responsibility.’

‘The itch, the itch, the itch’ – Boitumelo repeats the word like a mantra. She shakes her head.

For her it’s nothing more than an utterly ridiculous aberration, typical of the modern era. Life in Botswana has changed dramatically since independence in 1968. Shortly after Great Britain had left, diamonds were found. The mines have since provided the state with enough funds to finance public education and health care. However, labour migration to the mines rips families apart.

‘Modernisation’ barged into Botswana, and brought roads, hospitals, shiny office buildings and expensive cars.

It also brought new perceptions on love and sex.

Boitumelo: ‘I don’t believe in this masturbation. It’ll only worsen the itch.’

Ronald Ntebela remains firm despite the denials of the elderly men and women he introduced me to. ‘Masturbation is *not* alien. How could we have words for it, if the Tswana have never done it? *Ponya ponya, or goija* – “eat yourself”. Those words come from the elders.’

Shame prevents people from talking, Ntebela assumes. ‘Many people, old and young alike, are filled with shame. Sex is weird, dirty, strange – not something to speak about.’

To make his point, Ntebela wants me to meet a young rapper, Baker Pheko (24) and his girlfriend,

Tlamele Mogapaesi (21). Pheko published a CD with *kwaito* songs about the risks of drugs, the misery of unemployment and the sweetness of romance.

With a piercing in his chin and large shiny stones in his earlobes, Baker appears to be a man of the world – the world of ‘bling’ and ‘chicks’. But he is nothing of the sort. He and his girlfriend of six years both wear a ‘promise ring’ to announce their engagement, and maybe even their wedding. He gave her the ring just before he left for Johannesburg to study sound engineering.

Baker sits opposite Tlamele in her parental home. Crocheted cloths grace the armrests of the chairs and the couch. Flip flops may be placed inside, near the doors, while shoes have to wait outside. Drawings of Jesus decorate the walls.

Originally, she had many reservations when he spoke of his musical ambitions. She envisioned a life of floozies and booze. He had to prove his worth to her. ‘I’m not interested in a “player”. All musicians I know live care-free lives. Baker showed he can listen to me, to what I need.’

One of the tests he had to pass concerned his lust. Could Baker contain it or not?

*‘If he dreamt of another woman or played with himself, that would be adultery in my book. It’s all quite straightforward. I grew up without these desires, without lust. I only want sex with one person, with Baker, when the time is right. No masturbation for me. Irresponsible behaviour is like volunteering for death row.’*

So far, Baker has been listening silently. He nods, confirms with an ‘ahum’, agrees with a wink.

## “Men have lost track of everything: their self-esteem, their responsibility, their purpose.”

And I find it all impossible to believe: two young, healthy people. Hip. Modern. Self-assured. With no interest whatsoever in sex.

A while after Tlamelo has finished speaking, she looks at Baker as if to give him permission to speak. He says, ‘As soon as I feel desire and she’s not around, I call her. It’s enough to hear her voice. The sexual tension disappears immediately, by itself.’

The moment we have time to ourselves in the studio in the backyard where Baker wants to play a few of his tunes, I ask him again, softly, ‘Really? Never? Not once?’

He looks at me. ‘Nope. Never. I couldn’t be bothered.’

A filthy teddy bear lies on the dark brown soil in front of the home of Monica Letebele<sup>2</sup>. The bear belongs to her grandson. A chicken is tied with a rope to a steel pole, but it seems to forget that simple fact every few minutes. Monica observes the chicken’s struggle.

*‘That’s how I feel. You find yourself tied to a guy and you slip and slide all the time. The moment my man dies, that will be that. Enough. No more men in my life.’*

Three children mosey around the grounds: grandchildren, her daughter’s brood. The boy, Vuyi, builds himself a car with Coca Cola cans. ‘It’s hard to survive with all these children of men who have mastered the art of disappearance.’

‘Men,’ she complains, ‘have lost track of everything: their self-esteem, their responsibility, their purpose. They refuse to be held accountable for anything. Life has become one big party.’

The men in her life refuse to work; that’s a chore they’ve left to her.

‘I come back from work, and what do I find? I see him pumping his load into another woman. Aiaiaia – what can you do? Their minds are filled with promiscuity, their penises with hiv. Masturbation... If only, my friend, if only...’

Monica’s man loves girls, and he loves to beat her. Twice she has filed a complaint of physical abuse but the police officers neglected to act. As a result she now remains silent, no matter what. ‘A matter of respect for my family name.’

She did write a letter though, and put it in an envelope. ‘If ever anything violent happens to me,’ she wrote, ‘and I’m no longer around to point fingers, then trust that it is him. Regardless.’

It boggles her mind why he stays. She gives him nothing. They bicker and fight day in, day out. ‘I threw him out three times, but after a week or so he always comes back. Nothing stops him from coming back.’

She takes me for a stroll through her neighbourhood. Most of the houses are inhabited by relatives: cousins, nieces, aunts, uncles. She walks and points. There in that house remain three out of nine adults. In the home behind it, six out of seven have died.

*‘AIDS and liquor – a deadly combination.’*

Monica feels powerless. Her dreams only involve her grandchildren. ‘I have hopes for them that they will do things differently. How? I have no clue. I honestly, really have no idea.’

Hundreds of thousands of tourists visit Botswana every

<sup>2</sup> \*Monica Letebele’ chose to keep her real name to herself.

year, mostly to enjoy the stunning natural landscape. They return home with suitcases full of warm memories. Journalists sojourn in the country and report positively on its progress and development.

Still, I have a hard time coming to terms with the paradox of the people's kindness on the one hand, and, on the other, the stories they tell me of betrayal, increasing sexual abuse and even murder amongst loved ones. The mania of the day are 'passion killings', in which a man first kills his ex and then himself.

'Liberate your heart to live and love fully by letting go of the pain from your past.' The saying comes from Nana Adupipin Boaduo, and hangs on the wall near the receptionist of the University of Botswana. 'These words keep me going,' says the woman with a smile, once she sees me writing down the adage. 'I'll show you the way to Radithlokwa.'

Log Radithlokwa is a lecturer in sociology and writes columns for a quality newspaper. He fears no topic. A recurring theme in his writing is love and sex in Botswana. One of his most recent pieces deals with passion killings, an almost weekly phenomenon.

Radithlokwa opens our discussion quickly and forcefully. 'Our problem is: we have never really suffered in Botswana. No natural disasters, no struggle for independence. All the good stuff just landed in our laps. It's a curse, that's what I tell you.'

Botswana's progress has happened *to* Botswana. 'The gifts nature has given us prevent us from growing, changing and adjusting; from facing the problems we need to face, and drastically changing course. We can easily continue till kingdom come, because there is enough to keep us afloat.'

Botswana's core problem, Radithlokwa believes, is an invisible implosion of everything that was supposed to keep society together. A collapse that is hardly visible on the outside, like a cancer.

The extremely rapid modernisation of Botswana's society, financed through diamonds, has altered the way people interact.

*'The extended family used to be the safety net. Now the state has taken over that role. But the state differs in one crucial aspect from the extended family: your uncle, your chief, your father and even your aunts held you accountable for your deeds and your actions. The state does nothing of the sort, unless you commit a crime. You can basically do whatever you want. This incredible liberty has not been anchored in a new morality yet.'*

Money plays a core role in Botswana's contemporary society. According to Radithlokwa, 'personal growth' has been defined for parents and children alike as buying a new car, building a new house, making calls on the latest model cell phone.

*'Home has been reduced to a geographical location where everyone gathers at the end of the day, because they all happen to have a bed there. Words of wisdom? Correcting a straying minor? A father sitting his son down to chat about life, love, fatherhood and responsibility? Whenever I look into my students' eyes, I see emptiness and loneliness.'*

Passion killings are the extreme consequences of those two experiences. With hardly anything better to offer (or desired on the receiving end), men pay their 'girlfriends' for attention, romance and sex. The girls in turn expect those 'payments': rings, airtime and cocktails.

*'Women offer themselves as a product to the man who then sees her as his property. If she chooses to date a man with more gifts or money to offer, her ex feels ripped off.'*

His self-image, bought by drowning her in goods, lies shattered in the gutter. In the gutter, next to his broken self-image, lies his image of the world.

No one ever told him about affection, about love. No one ever explained that respect cannot be bought. He sold his honour the moment he started paying her bills in exchange for sex. His anger at the destruction of his 'bought' sense of honour can't be cooled, except through her death and his suicide.

Radithlokwa breathes a sigh. 'I have no idea how to get out of this mess. We are in the midst of an existential crisis – amongst men and amongst women – a crisis of the relationships they have with themselves and with each other. A crisis in the way they experience life. No one dares to talk about it; it's all too complicated, too sensitive. Worst of all: the crisis isn't serious enough to shake enough people out of their nightmare, yet, because too many people are stuck in the same situation. The nightmare has become the norm.'

We leave his office and Radithlokwa walks me to my car. He asks me whether he may speak candidly. I tell him, 'Feel free, anything goes.'

Radithlokwa thinks for a moment and then says, 'With

all due respect to your story and its focus on self-help as an alternative to intercourse, the debate around masturbation is *not* the most crucial one in Botswana right now. Of course, masturbation can assist in containing the AIDS epidemic. However, what would really make a difference, I think, is a fundamental and deep change in the way we interact with each other. With ourselves. With life.'



# Examples of change: strategies for gender transformation and social justice

Community  
Education &  
Mobilisation



# MOBILISING MEN ALL OVER THE COUNTRY TO JOIN IN AND SUPPORT EACH OTHER:

## A Brother for Life

### South Africa

*Kristin Palitza*

South African women and girls face some of the highest levels of violence in the world. 1 in every 4 South African men admits to have raped a woman. That's bad news – but the good news is that 3 out of 4 South African men have not been violent.

Undeniably, it is men who commit the majority of acts of domestic and sexual violence. But many men and boys are strongly opposed to this violence and feel it has no place in a democratic South Africa.

At the same time, there is a growing understanding among men that they have a critical role to play in addressing the gender norms, roles and relations underlying the HIV pandemic. Men start to recognise the vital role they can play in improving their own health and the health of their families.

A national men's campaign, called Brothers for Life, is now encouraging them to stand up and show other men how to make the right choice. It mobilises men from all over the country to start working together to build a stronger and healthier society. It shows men how their choices can either help or harm their health – and how these choices can then help or harm their community and country.

The five-year campaign was launched by Johns Hopkins Health and Education in South Africa (JHHESA), the Sonke Gender Justice Network (Sonke), the South African Department of Health (DoH), the South African National AIDS Council (SANAC) and other key stakeholders in the country.

'Brother' is a word that resonates among men across South Africa – no matter what language they speak – 'mfowethu', 'bra', 'broer' or 'bru'. Brothers for Life



capitalises on this and intends to want to strengthen the sense of brotherhood among men and encourage them to reach out to each other. The campaign encourages them to support each other to project their own and women's health and well-being.

"The campaign is based on the theory of positive normativity. Instead of focusing on what's wrong, Brothers for Life builds on the positive," explains Richard Delate, country programme director for communications at Johns Hopkins Health Education in South Africa (JHEESA), the strategy behind the campaign.

*"If you focus on the negative, you create a sense that what is wrong is normal, and that can make people feel fatalistic," he adds. "The Brothers for Life approach wants to engage those who are already positive examples and turn them into role models."*

For example, the often-quoted statistic that 30 percent of South African men are violent could be interpreted in a way that highlights the fact that 70 percent of men are not. "We want to get those 70 percent to take responsibility, stand up and proudly talk about what they are doing right," says Delate.

Men are central to preventing violence against women. More and more South African men are choosing kindness over cruelty and harmony over hostility. They have realised that an equal, respectful relationship with a woman is far more satisfying than one rooted in domination and violence. "If we want to induce change, we need to talk about the norms and values that underlie society. People are embedded within systems that inform their behaviour," explains Delate.

Brothers for Life provides men with knowledge, skills and tools to contribute to a just and democratic South Africa in which men and women alike have access to health and dignity. The campaign asserts unapologetically that every man in South Africa has a choice. Either he can choose to abuse the women in his life physically and emotionally. Or he can choose to protect their health and wellbeing – and his own.

*"Men have to be partners. If you don't involve men, the struggle against HIV and gender inequality will be futile," says Sonke deputy director Desmond Lesejane. "Right now, there are not many programmes and services for men above 30, yet male HIV prevalence peaks between the ages of 30 and 39."*

Health and HIV are a critical focus of the campaign, because men have a critical role to play in addressing the gender norms, roles and relations underlying the HIV/AIDS pandemic. To achieve this, the USAID and PEPFAR-funded campaign will address the risks associated with having multiple and concurrent partnerships, men's limited involvement in fatherhood and in meeting the needs of orphans and vulnerable children, low levels of HIV testing and disclosure, condom usage, male sexual and reproductive health, including circumcision, and male involvement in pregnancy.

The campaign consists of four main components – awareness raising through South African mass media, community mobilisation through local organisations that work with men, advocacy for more and better services for men, and a fact-packed men's health toolkit to help men and boys take action.

## Launching the campaign

Until very recently, most efforts to involve men in responding to HIV and AIDS have been limited in scale and impact. Brothers for Life wants to change this.

The campaign positions itself within the policy framework of the South African Department of Health's (DoH) National Strategic Plan 2007-2011, which recognises the need for a concerted effort around male sexual and reproductive health, and hopes to contribute to the national policy around male circumcision, which is currently being developed by the DoH and SANAC.

The Brothers for Life campaign was launched on 29 August 2009 in KwaMashu, a township outside of Durban in KwaZulu-Natal (KZN), South Africa's province with the highest HIV infection rate. More than 10,000 men and women from in and around the area attended the event – a clear sign of the need for a national men's health campaign.

*“The responses from people were amazing that day. Many said the campaign is something positive, something they have been waiting for,” says Sonke One Man Can (OMC) national manager Nyanda Khanyile. “Lots of men came to us during the launch to tell us they want to get involved and asked what they can do.”*

Khanyile points out that many South African men over the age of 30 have previously not been directly addressed by HIV and gender equality campaigns, which are mostly targeted at youth. “Now they have something that speaks to them, that they can identify with.”

Numerous national and local government officials have

announced their support of Brothers for Life. South African deputy president Kgalema Motlanthe, deputy health minister Dr Molefi Sefularo, DoH director general Thami Mseleku and SANAC deputy chair Mark Heywood gave speeches during the launch, in which they pledged to provide their assistance. The speeches were broadcast live by Ukhozi fm, an iziZulu radio station with more than five million listeners.

“When the speakers pledged that they will be a brother for life during the launch, they made the campaign part of the national debate,” believes Khanyile.

The provincial governments of the Western Cape and KwaZulu-Natal committed to actively support the roll out of the campaign, while various international aid organisations, including UNAIDS, UNICEF and UNIFEM, promised to back Brothers for Life.

The campaign also found active support from both SANAC's men's and women's sector, which noted that, for far too long, issues of sexual and reproductive health have been directed at mainly at women.

“Because there are hardly any health services that are particularly targeted at men, most men take little care of their own and their family's health,” says SANAC men's sector chair Bob Phato.

*“We hope the campaign will change men's mentality by mobilising men all over the country to join in and support each other.”*

SANAC stressed the importance of the campaign to encourage men to actively take up the challenge of curbing the rate of new HIV infections, by understanding their own bodies, having safe sex, treating Sexually Transmitted Infections (STIs), testing



for HIV, planning pregnancy, supporting their partner through pregnancy and being responsible parents.

“Currently men are not visible. Both men and women need to be educated about health-related issues and both need to seek health care services. That’s the sign of an equal relationship,” explains SANAC women’s section chair Nomfundo Eland.

She believes the Brothers for Life campaign is an important vehicle to involve men throughout the country to pay more attention to health and become aware of gender inequalities: “Men need to reach out to other men to mentor each other to grow a generation of men who don’t abuse and who take responsibility.”

The campaign has also been endorsed by well-known South African actor and playwright John Kani, who called Brothers for Life “the most important statement to make in South Africa today”.

A key indicator for people’s early commitment to Brothers for Life was the fact that more than 400 people decided to test for HIV that day – the majority of whom were men. “This was an amazing achievement. We were very impressed,” says JHEESA programme manager, communications, Mandla Ndlovu.

## Research and strategy development

Much thought, planning and research has gone into developing the Brothers for Life messages and approach. The campaign is based on the recognition that an individual’s decisions are influenced by his or her social networks, communities (including traditional and spiritual leaders) and the broader political and societal environment. Those can either facilitate or impede change, explains Delate.

Research was conducted between October 2008 and February 2009, including a literature review by Sonke,

qualitative research to understand men as an audience by JHHESA, Futures Group and others, as well as research on behavioural drivers of HIV on community level by Health Development Africa (HDA) in four high HIV prevalence districts – Lejweleputswa (Free State); Bojanala (North West); Ethekewini (KZN) and Merafong (Gauteng).

Background information was also provided by research with taxi operators and commuters in a high transit area in Gauteng and KZN and conversations with traditional health practitioners in KZN on constructions of masculinity and male circumcision.

A 2008 Consensus Building Meeting, which was attended by 30 major stakeholders, including JHEESA, Sonke, SANAC, DoH, Perinatal Health and Research Unit (PHRU), JPHIEGO further informed the campaign strategy.

Sonke’s literature review on men, gender, health, HIV and AIDS in South Africa shows that although much good work has been done to engage men in efforts to reduce gender inequality, most programmes have been small in scale and have limited sustainability. Most focused on running workshops and community education events. Rare exceptions, like Soul City in South Africa, have been national in scale or reached large numbers of men. The findings indicate that there is potential for far deeper and more wide-ranging change if existing efforts are scaled up and replicated in more sites.

The review also found that those campaigns that have achieved results so far have shown that many men are willing to help promote gender equality and that this can improve both women’s and men’s health. This suggests that men need to be brought on board to stop

the spread of HIV/AIDS and enhance the physical and psychological health of all people.

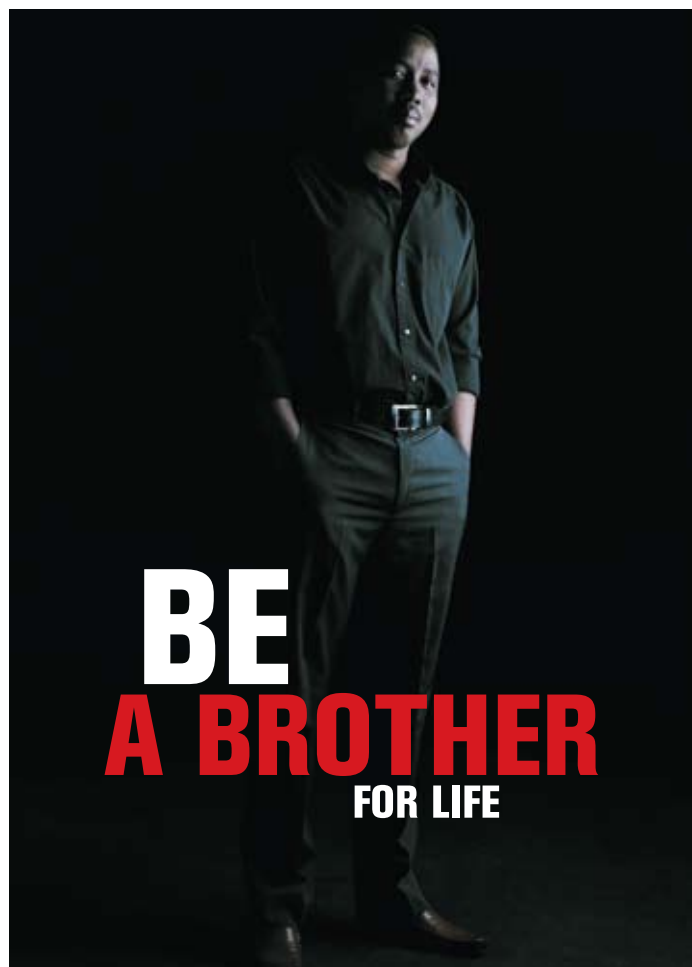
In addition to this, the surveys conducted by HDA gave important insights into how to work with communities on HIV-related issues. The findings were used to develop advocacy messages, activities, interventions and targets against which community changes can be measured over time.

The survey showed, for example, that there is a consistent proportion (about 14%) of men who feel that they cannot be faithful to their partners. About 30% of men, but only 7% of women, said they had more than one partner in the past twelve months. Most people who had more than one sexual partner, had two partners (17%) in the preceding year, but 12% of men had more than two partners. Only 4% of men had four or more sexual partners in the last year.

About half of people who had multiple concurrent partnerships (MCP) described them as casual. Interestingly, the casual relationships were not once-off events, but rather 80% involved regular sexual relationships over a period of time.

*“Unlike qualitative research, our study found that MCP was not considered normative or acceptable,” says HDA managing director Dr Saul Johnson. “MCP is not as common as people assume and masculinity is not necessarily defined by the number of partners. Brothers for Life can build on that.”*

There is, however, a consistent and quite large minority of people who have more than one partner, and the challenge for the Brothers for Life campaign



**BE  
A BROTHER  
FOR LIFE**

**A MAN  
WHO CHOOSES A SINGLE PARTNER  
OVER MULTIPLE CHANCES  
WITH HIV.**

Being someone's sugar daddy or undercover lover can place you and your loved ones at higher risk of HIV. Having a single partner reduces your risk of HIV infection. Make the right choices today, to make sure that you and your loved ones see tomorrow.

**A MAN  
WHO MAKES NO EXCUSES  
FOR UNPROTECTED SEX,  
EVEN AFTER DRINKING ALCOHOL.**

Make sure you are always in control of your actions, drink responsibly. Too much alcohol may result in you having sex outside your relationship, and is likely to result in incorrect and inconsistent use of condoms. You also expose yourself and your loved ones to many dangers, including HIV, car accidents and you may harm your health. Do not put your well-being at risk because of alcohol abuse.

**A MAN  
WHO SUPPORTS HIS PARTNER  
AND PROTECTS  
HIS CHILDREN.**

Support your partner during her pregnancy. Don't be afraid to be seen at a clinic or a hospital with your partner. Choose to test for HIV as it can protect the wellbeing of your family. If you and your partner are living with HIV you can still protect your unborn child from HIV.

will be in engaging these individuals with messages that encourage them to use condoms correctly and consistently and to reduce their total number of sexual partners.

The HDA study also found that, despite the fact that male circumcision rates are low in South Africa, there seems to be high acceptance of the benefits of male circumcision in the surveyed communities, which means that there could be wide-ranging acceptance of programmes promoting the practice.

“A receptive environment is a good starting point for the campaign. It shows that there is a willingness to receive the messages of Brothers for Life,” believes Johnson.

Another important aspect that was highlighted by the survey was the strong link between high alcohol intake and HIV risk taking behaviour. Alcohol increases the risk of HIV infection due to the strong connection

between alcohol use and high-risk sexual behaviour, such as having multiple sexual partners or failing to use a condom during sex.

Many South Africans, particularly men, are at risk because ideas of manhood put pressure on them to drink to keep up with their peers and show their masculinity, and worldwide, many more men than women fall sick or die because of alcohol-related diseases. “These important findings also informed the campaign,” explains Johnson.

### Media awareness campaign

Under the motto ‘educating while entertaining’, key messages around men’s health, HIV testing, violence and abuse, drugs and alcohol, condom use, family planning, parenting and male circumcision have been developed for the Brothers for Life mass media campaign.

The campaign is aired on local television and radio stations and will be shown on various sports channels around the time of the 2010 Soccer World Cup. In addition, a drama series on local television and radio stations will promote responsible male behaviour, while district and community radio stations will broadcast talk shows on men's health.

So far, Brothers for Life television advertisements have been broadcast since the launch of the campaign on all four public television channels in South Africa (SABC1, SABC2, SABC3 and eTV) as well as on all local language and commercial stations of the SABC.

That South Africans have a keen interest to find out more about the campaign is shown by the fact that almost 6,000 people sms'ed 'Please Call Me' messages to the Brothers for Life sms line, and the campaign's website, [www.brothersforlife.org](http://www.brothersforlife.org) received 45,000 hits and had more than 1,000 unique visitors within the first week after its launch.

Young men and boys in South Africa grow up exposed to some of the highest levels of HIV, domestic violence and rape anywhere in the world. They also experience and witness high levels of violent crime. They hear many damaging messages about what it means to 'be a man' – including that they have to 'be tough', 'be in control', have lots of sexual partners – and that they must never ask for help. They need role models and be taught alternative ways of living.

*"The media campaign reaches out to men with messages like 'be responsible', 'respect your partner', 'take care of your health', 'be a parent to your children', to give just a few examples," explains Lesejane. "It asks men to be a brother,*

*to be there, show solidarity and connect."*

Within the first week of launching Brothers for Life, campaign staff gave eleven radio interviews in Xhosa, English, Setswana and Zulu, to a variety of stations, including: SAfm, Metro FM, East Coast Radio, Ukhozi FM, Gagazi FM, Umholobo Wenene, Heart, Kaya FM, Lesedi FM and Thobela, Motsweding).

Live reads took place on Metro FM's Kevin Maistry Show and 5FM's DJ Fresh Show, while East Coast Radio, 5FM and Metro FM put up information about the Brothers for Life campaign on their websites. SABC Morning Live and eTV Sunrise discussed Brothers for Life during their television programmes.

In addition, ten newspapers reported on the launch of the campaign, including Isolezwe, Citizen, Business Day, Daily News, Sunday World, Die Burger, Volksbald, Beeld, PlusNews, Health-e, Daily Sun and Sowetan.

## Social mobilisation

To link the mass media campaign to community level initiatives, the social mobilisation component of the Brothers for Life campaign will be rolled out in five high HIV prevalence districts in South Africa, including Thabo Mofutsanyane in the Free State, Ilembe and Zululand in KZN, Bojanala in North West and Ukhahlamba in the Eastern Cape. Later on, the social mobilisation programme will be expanded to 13 additional districts.

"The social mobilisation component is the interpersonal aspect of the campaign, which will be driven by men and women within communities," explains Ndlovu the importance of grassroots involvement. "It's based on the thinking that if you want to light a good fire, you light it from the bottom, not from the top."





**A MAN WHO RESPECTS HIS WOMAN AND NEVER LIFTS A HAND TO HER.**  
Respect and protect your partner. Take an active stand in protecting women and children and do whatever it takes to shield them from physical and mental harm.

**A MAN WHO TAKES CARE OF HIMSELF AND HIS FAMILY'S HEALTH.**  
Invest in your health and that of your family. Set an example by having the status of your health checked regularly at a clinic or a doctor as that can lead to a longer, healthier life. Take pride in your well being by adopting a healthy lifestyle that includes, exercise, healthy eating, avoiding too much alcohol and regularly checking your blood pressure, cholesterol, prostate and other health matters that affect you.

**A MAN WHO KNOWS THAT THE CHOICES WE MAKE TODAY, WILL DETERMINE WHETHER WE SEE TOMORROW.**  
Join the many South African men who have made the decision to be part of the solution. Send a 'Please call me' to 0722942559 and be a **Brother For Life**.

For HIV/Aids counseling, information and referral services, please call the **AIDS HELPLINE 0800-012-322**. For further information on dealing with alcohol and substance abuse problems, call The South African National Council on Alcoholism and Drug Dependence (**SANCA**) **0861472622** or **(011) 781 6410**.

Instead of implementing an entirely new programme, Brothers for Life will collaborate with existing community-based organisations and piggyback on existing initiatives in the different districts. “We are planning to tap into forums that are already active, building on what is already there, so that we can roll out the campaign very broadly throughout the country,” says Ndlovu.

Sonke will develop training materials on key issues, such as men’s sexual and reproductive health, parenting, drug and alcohol abuse, violence against women, gender roles, HIV and STIs that can be used by different communities throughout the country.

“We will train trainers in existing community organisations who can pass on the messages,” says Lesejane. “That way, brothers will help each other to deal with issues.” This, he believes, will enable men to change the negative image of men as violators to a positive image of men as responsible citizens.

Key partner organisations in the five priority districts include Mothusimpilo, operating in Merafong, Gauteng, Lighthouse Foundation in Madibeng, North West, Lesedi Lechabile in Lejweleputswa, Free State, as well as The Turntable Trust and The Valley Trust in KwaZulu-Natal.

They will reach out to people through community gatherings, such as imbizos, entertainment, door-to-door mobilisation, sport events, activities in churches, community dialogues and events in political wards. Apart from community organisations, activities will also target influential stakeholders, such as traditional leaders, religious leaders, taxi operators and tavern owners.

### Advocacy

Part of the Brothers for Life advocacy component are community dialogues to engage people in conversation around the key drivers of the epidemic and to develop community action plans to respond to HIV/AIDS on

community-level.

Most importantly, Brothers for Life advocates for the revision and strengthening of a men's health framework within the national health policy, provision of male-friendly services in primary health care settings, as well as for health services specifically aimed at reducing the risk of new HIV infections.

Brothers for Life will work with service providers, particularly with the national health department, to improve health services for men and make them more patient-friendly. "We need better services for men. Otherwise we mobilise all these men, but they will still have nowhere to go to," stresses Lesejane.

In addition, prominent traditional, political, religious and business leaders will be called upon to lead the advocacy component of the campaign and speak to their communities about social constructions of men and male responsibilities.

### Toolkit

An in-depth men's health toolkit has been developed to support the campaign. It addresses a wide variety of issues affecting men, including:

- Sex and Sexuality
- Constructs of masculinity
- Fatherhood, including communication, prevention of mother-to-child transmission of HIV (PMTCT), orphans and vulnerable children, etc.
- Voluntary counselling and testing (VCT), including couple counselling
- Risk behaviour
- STIs

- Prostate cancer
- Alcohol and substance abuse
- Gender-based violence

The toolkit is designed to be a reference guide – a 'book of life' that men can consult to learn more about men's health, sexual health, healthy relationships, pregnancy, fatherhood and more. Men can also use the practical tools within this kit to spread the Brothers for Life philosophy to their friends, colleagues and communities.

It will be used to help Brothers for Life partners, organisations, community leaders, traditional leaders, religious leaders and other interested parties to spread the campaign messages.

### **Yenzakahle! Do the right thing!**

# MEN FOR GENDER EQUALITY NOW: How Some Men in Kenya are Working Towards a Healthier and Safer Nation

## Kenya

*Laura Pascoe*

**M**en for Gender Equality Now (MEGEN) formed in Kenya in 2001. It was initiated by FEMNET as part of a regional programme aimed at achieving greater involvement of men in the fight for gender equality and has since become its own independent organisation. Special to MEGEN is its unique yet highly replicable approach to promoting gender equality. It offers an optimistic platform for men wanting to take responsibility for their high-risk and harmful behaviours, to support women in their communities and promote change on a national scale.

FEMNET, or the African Women's Development and Communication Network, formed in 1988 and is a consortium of five sub-regional networks representing North, Central, West, East, and Southern Africa. It serves to strengthen the role and contribution of African NGOs focusing on women's development, equality and human rights. The network provides strategic information on relevant regional and international policy processes, and facilitates collective action in project monitoring and programme progress toward improving the status of women.

Recognising the incongruity of a gender-focused network committed to advancing the rights of women that does not address men's role in its agenda, former FEMNET chairperson Njoki Wainaina decided it was time to take action. What resulted was the 2001 launching of the regional Network of Men Against Gender-Based Violence, as well as national programmes, including Kenya's MEGEN. This marked the beginning of FEMNET's partnership to promote and to increase male involvement in combating gender-based violence (GBV).

While the regional Network continues to be supported

## “I had already decided that my campaign for gender equality was going to be with men.”

by FEMNET, MEGEN has been registered as an autonomous organisation since 2005. After its initial success became evident by its growing membership-base and the steady demand for local community chapters, it became apparent that MEGEN would benefit from findings its own feet. MEGEN decided to move away from FEMNET, specifically so that they could better establish themselves as an organisation solely focused on men, working on transforming dangerous masculinities into positive, healthy, and constructive masculinities. It was decided that it would be more capable of having its presence felt and its members gain ownership of the mission and objectives if it directed its focus at the local and national level.

It was not until 2009, however, that the offices of MEGEN were officially moved to a separate location from FEMNET. Interestingly, this came about as a result of a growing number of men coming forward and identifying with MEGEN, but feeling restricted in their ability to carry out their work under the auspices of FEMNET. It would seem that the men were concerned with being overshadowed by FEMNET’s work. At the end of 2008, MEGEN had 15 chapters across the country, but by mid-2009 it had managed to add six additional chapters, bringing the total at the time of publication to 21 constituencies across seven provinces.

### **FEMNET: What was missing?**

Former FEMNET chairperson, instigator of the regional Network of Men Against Gender-Based Violence and founder of MEGEN, Njoki Wainaina saw an opportunity to create a critical mass of African men to join women in the fight against gender-base violence. “I had already decided that my campaign for gender equality was going to be with men,” Wainaina said at the time of

handing over the FEMNET chair in 1996.

“Then in 1998, an interesting thing emerged from the news. In a number of countries, men had started, on their own accord, movements of men to mobilise other men to fight violence against women.” Launching the regional Network of Men Against Gender-Based Violence in 2001, men from Ethiopia, Kenya, Malawi, Namibia, South Africa and Zambia were brought together to fight for the common cause. The Kenya affiliate, Men for Gender Equality Now (MEGEN), was also formed at this time.

During MEGEN’s years as a national partner to the FEMNET network, they learned many lessons that would be useful as MEGEN transitioned into its own autonomous organisation. “One of the lessons we learned was that the male efforts of creating organisations to fight gender-based violence were new and fragile. Many of them depended on the support of women’s organisations, while others were only active during the annual Sixteen Days of Activism Against Gender Violence. We therefore stepped back a little to strengthen one of the network members in order to gain experience to effectively support the regional movement,” says Wainaina. “Our concentration on MEGEN Kenya in the last five years has given FEMNET the opportunity to develop a model for supporting national men’s groups to fight gender-based violence.”

The most important lesson learnt from the regional programme and from MEGEN, Wainaina avers, is that there are many men even in the most traditional and patriarchal societies that believe in and support gender equality. “These men need to be reached, encouraged, empowered and mobilised to become part of the movement of men who are committed to the fight against gender-based violence. As MEGEN, we have

“MEGEN has really helped me, both psychologically and spiritually. I am now able to cope with my past.”

found these men in the families, communities and institutions where we have taken our campaign to reach out to the survivors of violence and to create efforts to prevent violence before it occurs.”

MEGEN is also exploring ways of confronting intricate and treacherous relationship between sexual- and gender-based violence (SGBV) and the spread of HIV/AIDS. “Our programme is now making efforts to reach out to people living with HIV/AIDS and link our SGBV prevention and protection messages to those of HIV/AIDS prevention, protection, care and support,” explains Wainaina. “In the years since it was founded MEGEN has come a long way. We now have both female and male members working to fight sexual and gender based violence and the spread of HIV/AIDS individually and collectively.”

In 2001, MEGEN was initially launched to mark the annual Sixteen Days of Activism Against Violence on Women campaign. Since then, it has expanded its reach and services to include advocacy, training, community sensitisation and education outreach strategies, as well as innovative media, art and theatre tactics to get their message across. Community work is done solely by male volunteers, all of whom either came to MEGEN seeking assistance for SGBV-related situation or were themselves perpetrators of violence and have made a commitment to change their behaviour. Members work hard to empower communities through training and distribution of information and education, in addition to using behavioural change communication materials.

**MEGEN has three main programmes to achieve its objectives.**

1. The survivor support programme which provides

social support to victims of violence;

2. The community outreach programme called the Men’s Travelling Conference and Training Program; and
3. The Media and Artist programme which uses community and ambush theatre to address issues of gender inequality, sexual and gender-based violence (SGBV) and HIV/AIDS.

MEGEN’s focal issues are SGBV and HIV/AIDS. As such, one of their hugely important programmes is the survivor support programme, dubbed “Rapid Response”. Acting as the main contact point between MEGEN and local community infrastructures, Rapid Response offers comprehensive care and support to survivors of SGBV, from the initial intervention through to the court process. MEGEN members will go and assist victims of SGBV, find temporary shelter for them if necessary, and accompany them through the process of taking legal action. The presence of a MEGEN member provides support for survivors and demonstrates solidarity against SGBV. It has also proved valuable by increasing the visibility of cases and putting pressure on the courts to actualise justice to the fullest extent of the law. Since the start of Rapid Response, MEGEN has supported survivors in over 90 court cases, 30 of which were concluded in favour of the SGBV survivor.

At 14, Lucy had been raped by someone she thought was a friend, had fallen pregnant, and been kicked out of her mother’s house. With no one to turn to, she sought refuge with the man who had raped her. Knowing she had his child on the way, he decided to marry her:

“The marriage was not very good. My husband

## “If I am discriminating against my daughter this much - who on earth will give her the respect she deserves?”

turned to heavy drinking and started beating me. Within three years, I already had three kids. That was too much for me at such a young age, and I was very stressed. I blamed the failure of our marriage on myself. Dejected and rejected, I packed in tears and went back to my parents' home.” Attending a community seminar put on by MEGEN, she found empathy and safety, and later utilised the Rapid Response services.

“I wept heavily, having known that I had been defiled and entered early marriage against my will. One of the lady facilitators took time to talk to me after the seminar... I went for counselling sessions with her and later on she introduced me to the Men for Gender Equality Now group, which had organised the seminar. I became a member. MEGEN has really helped me, both psychologically and spiritually. I am now able to cope with my past, and I am able to get along with my mother.”

The Men's Travelling Conference and Training Programme (MTC) is an ambitious endeavour that targets large numbers of the general public that would not otherwise be reached. The MTC contributed to the 2003 annual Sixteen Days of Activism Against Violence Against Women campaign. It was a partnership building event, involving men's groups from Ethiopia, Kenya, Malawi, South Africa, Tanzania and Zambia. The aim of the MTC was to mobilise men who believe in and support gender equality, to send a message to men in the eight countries that GBV and HIV/AIDS are destructive and expensive and that men hold the responsibility and the power to stop them. Training manuals on working with men and boys were borrowed from similar organisations and then customised to ensure their relevance and application to Kenya's

context and MEGEN's objectives. Participants, the men that were reached in the various communities MTC would stop in, were trained on how to work with men and boys, and on conflict management, SGBV and HIV/AIDS.

As part of MTC, each of the men travelled on public transportation, sensitising thousands of men and the general public along the way on issues around SGBV and HIV/AIDS. The MTC was characterised by song, dance, drama, as well as the distribution of posters, t-shirts, caps, stickers and leaflets. The MTC culminated in a two-day conference in Lilongwe, Malawi, the first day of which coincided with World AIDS Day. The second day took the MTC to communities in and around Lilongwe.

“To me, women were just a big betrayal. If a girl wanted to dump you, you needed to bang some sense into her head and then quit the relationship up-front,” Kennedy Otina recalls.

But after his girlfriend became pregnant and gave birth to a little girl, he found himself grappling with his discriminatory attitude towards women. During this time, he was also invited to a seminar organised by MEGEN. He learned about gender equality and gender-based violence, and for the first time opened his eyes to the stark reality of how women are discriminated against in society.

“I looked at myself and thought: If I am discriminating against my daughter this much – who on earth will give her the respect she deserves? I realised I needed to change myself and change the man next door, who might touch the world of my daughter, in order to protect her. So I decided to join the MEGEN team.” - Kennedy is former

coordinator of MEGEN, and is now coordinator of FEMNET's programme that works with men replicating MEGEN activities in other African countries.

Experience has shown that many men like to be engaged in activities that are participatory and exciting. The idea behind MTC was to involve them in just that. This process also brought together an impressive and diverse set of skills and talents. The choice of MTC was also motivated by the need to reach thousands of men, young and old, and involve them in a discussion they would not otherwise have been exposed to had it been a conventional conference. MTC offered an appealing and engaging approach to achieving this goal.

Within Kenya, the MTC is also a vital opportunity for MEGEN to create new structures on the ground and build bridges between local chapters and provincial administrative officers. By travelling into more areas of the country, MEGEN broadens awareness and information sharing on HIV/AIDS and SGBV. It also creates more spaces for open and well-informed discussion around gender equality, human rights and social justice. These interactions allow MEGEN to get a better feel for what the salient issues are in a given area and what will need the most urgent attention. This helps to keep lines of communication open so that, when the time comes to interact with provincial administrative officials, MEGEN can be well informed about the relevant issues.

Also fundamental to the successful dissemination of MEGEN's message has been their Media and Artist Team. Getting off the bus at a new destination during the MTC, for example, ambush theatre is used as an entry point to engage the general public in one-to-one dialogue. The Team is also responsible for the

production, translation and distribution of multimedia materials on SGBV and HIV/AIDS.

Working with men and boys to address SGBV is indispensable. Research has shown that in Kenya, 49% of women reported experiencing violence in their lifetime, while one in four had experienced violence in the last 12 months. 83% of women and girls in Kenya reported one or more cases of physical abuse in childhood, and 46% reported one or more incidences of sexual abuse. In the age group of 12-25 year-olds, a quarter lost their virginity by force. There are few initiatives that work with men to end SGBV, and clearly a huge demand for such work.

MEGEN has proven itself to be a promising organisation with an optimistic future. Members of MEGEN come from diverse backgrounds, varying ages and a broad set of experiences. All of these individuals come together with the common goal of creating a violence-free, healthy and just society of men and women who are able to influence communities, organisations and the public, to actualise their commitment to gender equality and social justice.

Sustainable growth takes time, however. For MEGEN founder Njoki Wainaina, the success of sustainably engaging men in the gender equality movement lies in involving the young people who have shown commitment and motivation as a result of their own personal experiences, concerns and conviction to change.

# REAL CHANGE MUST OCCUR IN THE HEARTS AND MINDS OF COMMUNITY MEMBERS THEMSELVES: Padare's Work in Zimbabwe

## Zimbabwe

Kelvin Hazangwi, Laura Pascoe

*“We believe that if being patriarchal, domineering and a male chauvinist is what it means to be a man then we refuse to be called men. Padare is about creating a movement of men who are in agreement on the need to discover alternative ways of relating to both men and women. At the same time we are strengthening our identities as human beings; we want to be human beings first, before we can be men.” - Padare Executive Director*

### Background: Zimbabwe since its independence

When Zimbabwe achieved its independence in 1980, there was nationwide exuberance as the country celebrated its new-found freedom for all. This freedom was soon recognised as nothing more than an illusion for more than 51% of the population however, as attempts to actualise the rights of women were met with resistance. It became clear that deeply entrenched cultural and traditional values remained, and newly passed legislation by itself would not change socially-accepted norms. Beating a woman to remind her of her place or raping a girl because she was wearing a short skirt was still commonplace. Nearly thirty years on, Zimbabwe is a country still plagued with social, political, and economic problems, and gender inequality continues to impede Zimbabwe's progress towards achieving a healthy society. Despite this, there are a number of local organisations that have risen to the challenge, and even some who have rallied men to support the ongoing women's movement in Zimbabwe.

### Padare is created

Padare/Enkundleni Men's Forum on Gender (popularly known as "Padare") is a male movement that emerged in 1995 in response to the women-focused gender environment following the Beijing Women's Conference. The women's movement was strong, and began to successfully lobby and advocate for gender-sensitive policy and legislative reforms. Recognising the exclusion of men in this discourse, and acknowledging the potential of a united front, men began to organise and engage on key gender issues. From an initial membership of five, Padare has mobilised over 10,000 men to date to support women's empowerment



and the eradication of violence against women in Zimbabwean communities.

Padare began as a discussion forum in 1995 and transformed into a formal organisation in 2001. The organisation derives its name from the dare, a traditional Zimbabwean meeting place where men would gather to discuss important socio-political issues and make key decisions for their family and community. Padare's goal is to provide a platform for men to confront and challenge gender stereotypes that negatively affect men, women, families and communities. Adapting the traditional model to the modern context, Padare seeks to alter deeply rooted ideas about masculinity, sexuality and gender through:

- Creating a forum for men to question and reject gender stereotypes and roles that privilege men and oppress women.
- Creating a support group for men who are committed to change.
- Enabling men to identify and challenge structures and institutions perpetuating gender inequality in society.
- Building a men's movement to advocate and campaign for gender justice and the elimination of all forms of gender-based discrimination.

Padare has undertaken comprehensive research to better understand the gender dynamics that form the basis of male behaviours. This has guided the organisation's community level interventions. Results have shown a disturbing continuation of high-risk and unhealthy practices such as multiple and concurrent sexual relations, cross-generational sex, polygamy, the 'inheritance' of widows by other members of

the deceased husband's family, and the pledging of young girls in marriage. All of this dangerously fuels the HIV/AIDS epidemic in Zimbabwe. Femininity has become associated with weakness and dependence, especially in rural areas where there is limited access to information and other resources that might offer female empowerment.

Padare recognises that many boys and men in Zimbabwe learn to accept gender-based violence and sexual risk-taking as appropriate male behaviour and a means to display their manhood. These roles, and the association of masculinity with toughness, male honour, and dominance are anchored in patriarchal attitudes. In Zimbabwe, as in many places, attitudes about gender and appropriate roles for men and women are learned at an early age and reinforced throughout life in tacit and explicit ways. The organisation therefore challenges the destructive concept of manhood that reinforces the notion that men make all decisions, need many sex partners, and that men do not feel comfortable discussing their sexuality.

### **Padare: The Structure**

Padare mobilises and implements its interventions through community-driven structures known as Chapters, each of which is a group of Padare members with an established leadership structure in a particular geographical location. The organisation currently has 37 Chapters of at least 100 men each. Padare Chapters are found in both rural and urban centres and are responsible for spearheading the organisation's interventions at the community level.

The Chapter chairpersons also sit on the Padare board at the national level. Each Chapter's programmes are guided by a theme that is chosen by the community

“Due to the trauma of displacement as well as a dearth of resources, those that are exposed to GBV are hesitant to come forward.”

in line with challenges it is facing. For example, the Odzi Chapter—the focus of this case study—addresses gender-based violence (GBV).

### The Odzi Community

Odzi is a farming settlement of about 875 residents 30km west of Mutare, Zimbabwe’s third largest city. Odzi’s residents are people from across Zimbabwe and neighbouring countries who were formerly employed by a horticulture farm called Kondozi. Residents drew their livelihoods from providing labour to the surrounding farms, fishing, illegal diamond and gold panning and informal trading. When the farms changed ownership, the majority of residents lost their jobs due to differences with their employers around remuneration issues. Unemployed and no longer welcome, some found new homes in Odzi, while others left in search of a new life.

Women, children and the elderly became more vulnerable to various forms of GBV from different sources including sexual partners, spouses, aid workers and fellow settlers. In the midst of such loss of livelihood, sex is often used as a means of escape, which in turn increases the vulnerability of women and girls to sexual exploitation and HIV infection. Due to the trauma of displacement as well as a dearth of resources, those that are exposed to GBV are hesitant to come forward, or have no knowledge of where to report their case and seek help.

### The Odzi Chapter: Fundamental Principles

Having a strong foundation of values is critically important in any transformation process. Values help spell out the guiding principles in the rules of

engagement on the ground. The Odzi Chapter is founded on four principles:

**Repeated exposure to ideas:** This emphasizes the need to engage the community in regular and mutually reinforcing messages from a variety of sources over a sustained period of time.

**Community ownership through facilitation of change processes:** “Real change must occur in the hearts and minds of community members themselves”; that is, organically and from within.

**Challenging assumptions that perpetuate a particular condition.** In line with this principle, Padare endeavours to analyse root causes of negative trends such as GBV, and challenge the widely held belief that women are less valuable as human beings and therefore not worthy of possessing the same human rights and dignity as men.

**An holistic approach to development intervention,** which fosters the building of networks and interconnectedness amongst the whole community in the struggle towards gender justice.

### Discussion Forums

During initial implementation, Padare’s discussion forums only focused on men. While this strategy afforded men an arena in which to openly discuss issues around gender, culture and HIV, it also bred negative sentiments amongst the women who felt marginalised by the project’s design. At the same time, it also became obvious to Padare that gender justice would remain impossible if it only focused on one side of partnerships between men and women.



Today the key target remains men, but Padare has adjusted to meet the needs of the community, and now takes a holistic community approach, which also incorporates women and youth into its membership. A Community Executive Committee oversees the activities of the three working groups—the male working group, the female working group, and the youth committee, which consists of both girls and boys.

The Community Executive Committee consists of key stakeholders such as representatives from faith-based organisations, farmers, traditional healers, the Ministry of Health and Child Welfare, the Ministry of Education, business people, the police and commercial sex workers. These individuals and institutions provide services, knowledge and information relevant to the objectives of the project. For example, when the police or local hospital receives a case of domestic violence, they refer both the victim(s) and perpetrator(s) to the

Padare’s Odzi Chapter. This committee also ensures that the project reflects the diverse values, needs and composition of the inhabitants of Odzi.

The Odzi Chapter’s discussion forum design ensures total community ownership with members participating in various activities such as:

- Selection of topics.
- Identification of key resource persons/ stakeholders.
- Engagement of stakeholders in a stakeholders’ meeting.
- Sensitisation meetings with the community

*“There is no way you can engage the victims without engaging the perpetrator. Kuuraya*

## “Weekly community drama sessions are held to enact situations around GBV, cultural practices and HIV.”

*nyoka kuuraya musoro (to kill a snake you have to target its head)*” - Mutare Padare Chapter Chairperson

While Padare wants to be inclusive of everyone interested in engaging in these issues, the Odzi Chapter also takes into consideration community-level gender dynamics. To ensure a sense of safety and solidarity within the groups, they have set up separate male and female working groups to discuss GBV and HIV issues. This helps to avoid barriers to the free flow or exchange of information on GBV and HIV.

### Advocacy campaigns

The Odzi Chapter uses a variety of formats for its advocacy campaigns. For instance, the Chapter engages custodians of culture (such as chiefs and headmen) in continuous efforts to make them more aware of counter-progressive practices and to devise collaborative strategies to counter these. The Chapter has also used sports and the arts to disseminate advocacy messages.

The Padare Odzi Chapter is also marketed by the youth through the performing arts. Weekly community drama sessions are held to enact situations around GBV, cultural practices and HIV relevant to the people of Odzi. After the performances the community engages in discussions about the various scenarios acted out, and how to respond positively to these.

In future, the Odzi Chapter seeks to venture into digital storytelling to document some of the successes it has enjoyed with community members. This, Padare hopes, will create an innovative platform for further facilitating dialogue around gender and related issues.

### Support groups

These groups are formed by community members themselves, and offer a space to discuss behaviour, anxiety and concerns. They provide support for those who want to engage in healthy and positive behaviour, and create awareness of the need for healthy solutions to problematic behaviour.

“These are people moving in darkness and Padare’s role is to come up with the light. The choice of which route to take remains the target group’s choice.” -- Mutare Padare Chapter Chairperson

Through the use of the trans-theoretical model of behaviour change, the Odzi Chapter believes that individuals move from a stage of pre-contemplation to contemplation and then actual behaviour change. The support groups act as a mechanism to ensure that the behaviour that has been adopted is maintained.

### Pre-launch: Odzi Needs Assessment

It is important to note that, prior to the launch of the Odzi Chapter, a situational analysis survey was conducted in the community. This need assessment revealed community perceptions and notions of a dare, the causes of GBV in the Odzi community, gender stereotypes, black spots (hot-beds of violence) in the community, social service availability in the community, types of GBV and areas requiring intervention on gender issues. This initial analysis was crucial in helping the Chapter craft clear objectives for the programme.

### Capacity Building & Cost-effectiveness

Rather than attempt to provide all the services that cover the programme’s objectives, the Odzi Chapter has

involved other local partners to provide expertise and knowledge within different areas. Because the Chapter is owned and largely run by the community, it incurs few financial costs. Where such payments are required, funds are available through the Padare secretariat's main basket of funds. For instance, funds received through UNFPA were used to conduct the community assessment of GBV prevalence in the area, as well as conduct some awareness raising activities.

From inception through implementation, community involvement in Padare's intervention has been high. Community members were active participants in the situational analysis (needs assessment), and various groups in the community participated in the selection of areas for scaling up interventions on HIV and gender justice. As volunteers, community members are also responsible for attending workshops on behalf of the community, counselling couples on GBV and HIV, participating in discussion forums on gender, culture and HIV, mutual monitoring, and reporting of cases of GBV in the community.

### **Sustainability, challenges faced, and lessons learned**

The Padare Odzi Chapter has been successful in that it has, in a relatively short period of time, managed to alter male perceptions of their roles in their relationships with women. Another success is the Chapter's ability to introduce some controversial topics for debate. This is in itself a success as there are normative cultural constraints to the discussion of such topics as sexuality and male dominance.

Padare's intervention is also in line with current trends and strategies around HIV and GBV mitigation, which lends itself to long-term success. The Chapter is familiar

with national efforts to decrease incidences of GBV—including domestic violence—particularly through the Domestic Violence Act of 2006, which criminalises violence within the home environment. The project reflects the National Behaviour Change Strategy of 2006-2010, which emphasizes the role that gender inequalities in sexual and reproductive choices are having on HIV infection trends. The programme also abides by the declarations made in the CEDAW.

Padare's presence has been met with some resistance, especially from some Odzi community members who thought that Padare was merely acting on behalf of a Western feminist agenda. However, this resistance has lessened as gender relations have noticeably improved, and the community has begun to feel safer, and healthier.

There have also been some administrative challenges as a result of the remote location of Odzi. An investment in computer and Internet technology would help improve communication between the Odzi Chapter and the Padare head office.

### **Some of the lessons learned through this project include:**

- Single sex groups work better in terms of unpacking and understanding gendered dynamics. This is because these act as safe spaces for open discussion and debate, whereas mixed groups invite polarity. However, it is important to offer spaces for all men, women and youth.
- While culture is often viewed as the 'enemy', it can be used to positively influence the gender agenda, such as promoting cultural values of ubuntu/hunhu that recognise all people as deserving of

equal dignity.

- Pre-launch needs assessment is crucial in developing clear, relevant and sustainable objectives for the chapter.
- Participatory methodologies and community involvement is key in fostering community ownership.

In order to realise Padare's national aim of "men taking a leading role in building a gender-just society" (as a strategy for fighting the spread of HIV), the Odzi Chapter seeks to scale up the GBV and HIV prevention and management interventions among vulnerable populations of the community.

Specifically, the programme focuses on identifying, challenging and dealing with GBV in its different forms, providing counselling skills, promoting behaviour change, engaging in capacity building and spelling out referral systems. Given their commitment to systematic participatory practices and their deeply evaluative approach, Padare also hopes to be able to replicate the success of the Odzi Chapter with other Padare chapters.

### Conclusion

When men and women join hands around gender equality, a broader understanding of justice is unveiled, imperfections in gender relations are unearthed and bridges of hope and solidarity are forged for gender justice.

Gender inequality stills remains pervasive in many dimensions of life in Zimbabwe, and detrimental patterns of patriarchy continue to penetrate generation after generation. Gender gaps are widespread in access to and control of resources, in economic opportunities,

in power, and in political voice. Women and girls bear the largest and most direct costs of these inequalities, but the costs cut more broadly across society, ultimately harming everyone. Padare's engagement of men in the struggle towards gender justice is central to making gender equality a core development issue, one that strengthens the country's ability to grow, reduce poverty, and govern effectively.

# TRADITIONAL LEADERS WIELD THE POWER, AND THEY ARE ALMOST ALL MEN: The Importance of Involving Traditional Leaders in Gender Transformation

## Africa

*Kristin Palitza*

In African society, the sphere of influence of traditional leaders continues to be strong, especially in rural areas. As heads of their communities, traditional leaders are key decision makers and the custodians of tradition, culture and rites.

Civil society organisations have realised that if they want to tackle important social issues in rural communities on the continent, such as HIV, gender equality, violence or crime, they have to get traditional leadership on board, as a gateway to the people within the communities they want to reach.

A number of non-governmental organisations (NGOs), including South African Sonke Gender Justice Network, Ubuntu Institute, CARE International and Zambian Women For Change (WFC), work with traditional leaders on the continent on how to address gender-based violence, promote gender equality and reduce HIV/AIDS in their communities.

Through the support of traditional leadership, they involve men (and women) to take action in their own homes and communities to end domestic and sexual violence, change their perception of masculinity and address HIV and other health-related issues.

This approach is recognised by various African governments – Lesotho, Swaziland, Botswana, Ghana, Zambia, Malawi, South Africa and Zimbabwe – who acknowledge in their national strategic plans to fight HIV/AIDS traditional leadership structures and religious groups as key implementing partners.

## Addressing FGM through Gender, Rights and Health

CARE International has initiated projects in Ethiopia

## “Surprisingly, in both Kenya and Ethiopia, higher proportions of men supported the view that FGM violates the rights of women and girls.”

and Kenya that involve traditional and religious leaders in addressing issues of health, rights and gender with focus on female genital mutilation (FGM), which remains a key issue affecting women’s reproductive and sexual health<sup>3</sup>.

Between 2000 and 2002, CARE, with technical support from the Frontiers in Reproductive Health Programme of the Population Council, collaborated with traditional and religious leaders to raise awareness on the effects of FGM and advocate for the reduction of the practice among the Afar people of Ethiopia and Somali refugees in Daadab camps in Kenya. Both communities are predominantly of Islamic faith and practise infibulation, the most severe form of FGM.

“We start with traditional leaders, because the idea is that traditional leaders are very strong custodians of these practices,” explains one of the researchers, Jane Chege, now associate director of research, design and M&E for Global Health and HIV&AIDS Hope Initiative at World Vision International.

The core aim of the project was to increase knowledge of social and psycho-sexual effects of FGM and make communities understand that FGM is both a health and a human rights issue.

“Only a small component of FGM-related issues is medical. The main drivers are cultural practices, so we are engaging with rites of passage as a way of getting people to stop practicing FGM,” she explains. “Traditional leaders wield the power, and they are almost all men. If you don’t involve traditional leadership in such

discussions, the environment will not be conducive, and it will be very difficult for women to take the next step.”

Chege also points out the strong gender aspect that influences FGM: “For example, if a woman can’t get married if she isn’t circumcised, not only men, but also many women will defend the practice.” Only if traditional and religious leaders question these cultural and gender norms is there an opportunity for change, she says.

Because FGM has been practiced for many generations, the practice is generally not questioned and little thought is spent on its physical and emotional implications for women. “We explained the full medical implications of FGM. This makes people revise their thinking,” says Chege. “Men get to a point where they accept marrying an uncircumcised woman.”

Project staff systematically targeted influential people who could serve as advocates – religious leaders, teachers, elders and other community leaders – with activities designed to provide information, raise issues and educate. Specific training modules and messages were constructed for each group. For example, religious leaders were trained to speak to the erroneous association of Islam and FGM.

In Kenya, advocates were drawn from a wide variety of influential people, while in Ethiopia, staff worked particularly with religious leaders, as this group of advocates was felt to be the most critical in terms of re-defining the relationship of FGM to religious obligation, erroneously associated by much of the community including some religious leaders.

At the end of the project, a range of social changes could be noted. There was a significant increase in

<sup>3</sup> Information about this project stems from a personal interview with Jane Chege on 1 September 2009 and is taken from the report ‘Testing the Effectiveness of Integrating Community-Based Approaches for Encouraging Abandonment of Female Genital Cutting into CARE’s Reproductive Health programmes in Ethiopia and Kenya’.



the number of people who believed FGM violates the human rights of women and girls. In Ethiopia, this translated to a positive attitude within broader society in support of FGM abandonment and an intention not to cut their daughters in future.

“In Ethiopia, the results were fantastic,” says Chege. “We saw a great shift in attitude in support for abandoning the practice. Qualitatively, we can say that fewer girls have been cut since then.”

The majority of religious leaders agreed that FGM was not required on religious grounds and that they would speak of this finding to the faithful. “Religious leaders who strongly supported FGM realised, by studying the Quran, that it’s not a prescribed religious practice,” explains Chege.

Leaders became advocates on FGM abandonment. They also expressed their intention to work with other indigenous or traditional structures and community leaders to define/redefine their traditional roles to include playing a greater protection role for women, girls and families who chose to publicly declare themselves against the practice.

In Kenya, the results of the project were a little less positive. Men and women only slightly increased their support for FGM abandonment, and only few expressed the intention not to cut their daughters in the future.

Surprisingly, in both Kenya and Ethiopia, higher proportions of men supported the view that FGM violates the rights of women and girls. In addition, men had higher mean scores in positive gender equality indicators.

“I think that many women own their oppression so much, they feel that they gain a level of acceptance

within society through it. They don’t know how to live with the change, and they are scared,” Chege explains the findings.

Nonetheless, in both countries, there was active public debate on the merits of continuing the practice, and some uncut girls, men, women and families publicly stated that they did not want to continue practicing FGM. In Kenya, support groups were formed for those who did not want to succumb to FGM, while in Ethiopia, collective action was beginning to be observed: 70 elders made open declarations that in future their villages would not cut their daughters.

## Tackling HIV in Southern Africa

Another research project, undertaken by the South Africa-based Ubuntu Institute, examined the current and potential roles of traditional leaders in the fight against HIV/AIDS in various southern African countries, including South Africa, Swaziland, Botswana and Lesotho<sup>4</sup>.

The project has resulted in some useful findings that could assist in education and information campaigns and ultimately help to prevent the spread of HIV, especially among the youth.

“The purpose of the study was to investigate the role traditional leaders in the SADC region could play in reducing the spread of HIV in a region where about 18,8 million people are living with HIV/AIDS, and to explore avenues in which traditional leaders could influence behaviour change, especially in rural areas where indigenous leaders and traditional structures are influential and yet most HIV/AIDS campaigns do not

<sup>4</sup> Information about this research project was taken from <http://www.sabcoha.org/in-the-news/traditional-leaders-key-partners-in-the-fight-against-hiv-and-2.html>

## “Traditional leaders can play key leadership roles in HIV and AIDS awareness, prevention campaigns and in supporting treatment and care.”

reach,” says Prince Cedza Dlamini, chief executive and founder of the Ubuntu Institute.

The study investigated the role men, culture, customary law and institutions of traditional leadership can play in addressing the key drivers of the HIV/AIDS pandemic in Southern Africa. “We need to urgently address the socio-cultural aspects of HIV/AIDS,” believes Dlamini.

Evidence suggests that traditional leaders can play key leadership roles in HIV and AIDS awareness, prevention campaigns and in supporting treatment and care, as they are in direct contact with remote communities and very influential.

The study found that traditional leaders felt marginalised and circumvented by government and donors, yet almost all were eager to become more involved in the development and health improvements in their areas. They felt that, due to tensions between traditional and political systems of governance, there had been limited input from traditional authorities in both design and implementation of their countries’ national HIV/AIDS strategic plans.

“Some traditional leaders feel that local government officials, operating within Western-style political parties, undermine the importance of traditional leaders in their communities and do projects without their consultation,” explains Dlamini.

Importantly, ceremonial rites of passage, which attract thousands of young people every year, should and could be used for HIV/AIDS education in a way that is currently unexplored to its full potential, he says.

Traditional leaders cited a breakdown in family values and morals in society. These should be revived at community-level, the Ubuntu Institute believes, and

family units should be strengthened to promote social cohesion and platforms to educate young people.

Lastly, the study showed that female traditional leaders, such as wives of chiefs and members of royal families, should be involved in HIV/AIDS education, especially for young girls. They could provide treatment support and care to community members, as they were the ones that usually dealt directly with the sick in the community.

### Working with the Limpopo House of Traditional Leaders, South Africa

A good example for engaging traditional leadership in work around gender and HIV is the Sonke Gender Justice Network’s work with the House of Traditional Leaders in Limpopo, to which more than 30 traditional leaders from different areas within the province belong.

Sonke provided the chiefs with in-depth training on gender, culture and human rights. They also discussed the role traditional leaders can play in using the traditional justice system to influence key issues in their communities, for example violence against women.

“Traditional leaders are the key stakeholders in the fight against HIV and the promotion of gender,” explains Sonke co-director Bafana Khumalo. “It is crucial to have a good relationship with them to get access to the areas they control.”

Khumalo highlights the importance of engaging traditional leaders with an approach that respects their cultural background. Instead of introducing the gender discourse from a Western perspective – an approach that is often taken by civil society organisations – Sonke bases its strategy on the African concept of *ubuntu*, “a

## “Ceremonial rites of passage, which attract thousands of young people every year, should and could be used for HIV/AIDS education.”

person is a person through other persons”. *Ubuntu* is the fundamental principal of every African society and addresses humanity and people’s interdependence in the broadest sense.

“There are a lot of aspects of African culture we can use to build on ideas of gender equality. It is significant to discuss ideas in a way that doesn’t put people in conflict with traditional values. We start with what people know and what they accept. This is also a way of gaining mutual respect,” says Khumalo.

“Behaviour change is always a very sensitive topic, because when communities perceive ideas coming from the outside, they are likely to be resistant because they feel their culture is undermined,” he further explains. “You can only achieve commonality if leaders believe the initiative enhances life in their community.”

Sonke’s strategy has proven to be a success. During the training sessions, traditional leaders spoke about their concerns of ever-increasing HIV infection rates, violence and single mothers in their communities and welcomed the idea to mobilise community members based on an approach that respects the values of *ubuntu*.

“We’ve had amazing responses from traditional leaders. None of them has been resistant to our message. All invited us to address their communities,” confirms Khumalo.

The leaders called *imbizos* in their communities, which were attended by hundreds of people – mainly men – and provided Sonke with an opportunity to gain buy-in from community members. This then opened the door for Sonke to launch its One Man Can (OMC) training that supports men and boys to take action to end domestic and sexual violence and to promote healthy, equitable

relationships that men and women can enjoy.

Apart from its work with the House of Traditional Leaders, Sonke collaborated with Munna Ndi Nnyi? (What is it to be a man?), a community-based organisation working with men around gender and gender-based violence, in Venda, a region within Limpopo. Supported by Sonke, Munna Ndi Nnyi? started to work with traditional leaders by using the relationship they have with the local male circumcision schools. School debates reached 200 learners with messages about gender and HIV and AIDS.

Not far from there, in Thohoyandou, Sonke coordinated a Men’s March to commemorate the 2008 16 Days of Activism in partnership with the Centre for Positive Care, Limpopo traditional leaders, local community organisations and NGOs. Hundreds of men and women marched from the local municipal offices, led by the local police band, to the Thohoyandou shopping centre and pledged to protect and respect women and children.

The march ended with a celebratory event at the University of Venda, which was broadcast live on Phalafala FM and televised on SABC news.

To expand its work with South African traditional leadership, Sonke has been contracted by Futures Group International to provide traditional leaders throughout the country with education and training on men’s sexual and reproductive health, including HIV testing, family planning, male circumcision, and multiple concurrent partnerships (MCP).

Through the training, Futures Group hopes to involve traditional leadership in national health policy initiatives. “Sonke is uniquely positioned to do the training

“After the workshop, 75% changed their mind and said they did not have the right to decide when to have sex with their partners.”

because they have lots of experience working with men, gender, HIV and violence,” explains Futures Group senior technical specialist Mogale Mashiapata why Sonke was selected to implement the project.

Later this year, Sonke will convene a high level meeting with leaders from government, traditional authorities and civil society, the outcomes of which will inform policy on male sexual and reproductive health.

*“Traditional leaders are key entry points into communities and play a crucial role in local municipalities. We need to involve them to help guiding processes that address unhealthy ways of masculinity,”* says Mashiapata.

Sonke will also produce digital stories with traditional leaders on men’s role in gender and HIV in indigenous languages that will be used to both inform national policy and community outreach programmes.

Post-workshop evaluations of Sonke’s work indicate substantial shifts in gender- and HIV/AIDS-related knowledge and attitudes. Evaluations after a workshop with the Chwezi Traditional Court, for example, revealed that before the workshop, 100% of respondents believed that they had the right, as men, to decide when to have sex with their partners. After the workshop, 75% changed their mind and said they did **not** have the right to decide when to have sex with their partners.

Similarly, 67% of respondents believed, before the workshop, that they could get HIV from a deep kiss with someone. After the workshop, everyone agreed that HIV cannot be transmitted by kissing.

A pre/post questionnaire after another workshop,

conducted with the Ekukhanyeni Tribal Authority, indicate similar shifts. Before the workshop, 63% of respondents believed that, under some circumstances, it is acceptable for men to beat their partners. Post-workshop, 83% of respondents disagreed with this statement.

Moreover, 96% of respondents believed they should not interfere in other people’s relationships, even if there is violence, whereas after the workshop, everyone agreed that they should interfere.

### Work with leadership in Mabeskraal

In the Mabeskraal area, ruled by Kgosi Mabe, Sonke’s training programme is already well under way. In Mabeskraal, HIV/AIDS and gender-based violence are serious issues that threaten the cohesion of the community.

During the days of apartheid, Mabeskraal formed part of the Bophuthatswana homeland and was characterised by lack of investment in social and economic development. The resulting structural poverty and unemployment have had a major impact on patterns of masculinity and gender relations in this deeply rural area. What makes matters worse is high unemployment, HIV prevalence of about 25%, high levels of domestic violence as well as alcohol and substance abuse.

After Kgosi Mabe and other traditional leaders expressed a keen desire to address gender inequality and facilitate a change in gender roles, Sonke initiated a project in August 2008 to provide training and technical assistance to implement its OMC campaign to partner organisations in and around the village of Mabeskraal.

With the active support of Kgosi Mabe, Sonke developed strong working relationships with the

Mabeskraal traditional authority (the local House of Traditional Leaders and the Mabeskraal Tribal Office) and other key community-based organisations, including Batsha Bakopane (youth organisation), Botho jwa rona (HIV home-based care organisation), local churches, schools, the then newly launched Mabeskraal Men's Forum and loveLife.

Sonke ran several OMC training courses to build capacity among traditional leaders and its partner organisations. Sonke also developed prevention messages and culturally relevant strategies for community activism.

A key objective of the project was to encourage community mobilisation to change perceptions on gender roles and gender relations, reduce the spread and impact of HIV/AIDS and halt gender-based violence through OMC Community Action Teams (CATs), community education, campaign and activism initiatives.

*“We use men as positive agents for change,” Botha explains the strategy behind the programme. “Our goal is to challenge patriarchy and cultural practices that undermine women. The main purpose is to demystify the issue that culture is a barrier to women’s rights, because many men use culture as a bulwark.”*

Sonke and its local partner organisations have already reached about 1,500 people, mainly men and boys, through community gatherings, such as *imbizos* and youth *indabas* that focused on gender roles, rights and empowerment – and the benefits changes in gender roles offer for both women and men. Sonke staff used

digital stories to prompt discussion and debate about men's roles and responsibilities in ending gender-based violence and reducing the spread and impact of HIV and AIDS.

Participants at the *imbizos* and *indabas* were encouraged to develop concrete action plans that they can implement in their personal lives and in their communities. As a result, an OMC Committee was formed in Mabeskraal to work hand-in-hand with the local Men's Forum and other civil society organisations. The formation of the committee has been key to the ongoing sustainability of the project locally, says Botha.

Through workshops, community gatherings and other community events, the project has stimulated frank, open dialogue among boys, girls, men and women about these key issues and has challenged traditional beliefs and views about gender roles. “We try to relate issues of gender inequality, abuse and health risks to the bigger picture of culture and tradition so that people can identify,” explains Botha.

Sonke acknowledges that key to the success of the meetings was its good relationship with Kgosi Mabe, the king of Mabeskraal, in North West province, who is the head of the provincial House of Traditional Leaders and who encouraged many other traditional and religious leaders to listen to what Sonke had to propose.

With great effect, Kgosi Mabe gave a practical example of his commitment to gender equality during the Fathers' Day celebrations in May 2009. He appointed his wife to lead the community's Responsible Fatherhood project and insisted she take his place in addressing a Father's Day community meeting.

“Kgosi Mabe is a king who not only speaks about

## “Kgosi Mabe is a king who not only speaks about gender equality but also practices it.”

gender equality but also practices it. Having a woman address a crowd, especially when the king is present, is against protocol and highly unusual in a system that does not allow women to take the lead,” explains Khumalo.

Giving women roles of leadership is a crucial step traditional and religious leaders can take to foster women’s empowerment. “It means that women will be respected and involved in substantive decision-making processes,” believes Sonke senior programmes advisor Mbuyiselo Botha. “Increasing women’s role is critical if we want to create a normal society.”

Sonke also organised an Open Day to encourage men in communities in and around Mabeskraal to test for HIV. The event was led once again by Kgosi Mabe who himself attended a voluntary counselling and testing (VCT) session. More than 1,000 community members followed the king’s lead and tested for HIV that day. “His involvement was key because in this deeply rural area, where testing is low but HIV prevalence rates are high, the chieftaincy is the beginning and end of it all,” says Botha.

Another highlight of Sonke’s work in the community was a public demonstration on how to use a condom, supported and attended by traditional leadership. “It was an exceptional event in an area where talking about sexuality is taboo and a condom use demonstration obviously has to be quite explicit,” explains Botha.

### Addressing Harmful Cultural Practices in South Africa’s Eastern Cape

In South Africa’s Eastern Cape province, Sonke’s work with traditional leadership has been focusing on two particular traditions that have become critical

social issues for communities in the region – male circumcision rituals and the practice of *ukuthwala*, arranged marriages.

Both practices have become human rights issues in recent years, because they have been misappropriated by those out for financial gain and because high HIV infection rates further exacerbate the problem, putting at risk the health of those falling victim to the practices.

In mid-2009, a group of mothers from Bizana, near Lusikisiki, marched into the local police station because their teenage boys had been coerced into attending an illegal circumcision school without their parents’ permission. The boys had fallen prey to a ‘circumcision scam’ and were lured to participate in coming-of-age rituals. Afterwards, their parents were presented with huge bills and threatened if they refuse to pay.

Almost at the same time, protests arose because eight young girls from remote areas of Lusikisiki, including kwaNcele, Khanayayo and Hlabathi, were abducted and forced to be married to much older men under the custom of *ukuthwala*.

The girls had been abducted by relatives, who were hoping to make money, locked into guarded huts and forced to have unprotected sex with strangers who later became their new ‘husbands’. Apart from this violation of children’s rights, the girls’ health was put at risk, as HIV infection rates in the area are high.

“They were denied their childhood and a right to education. *Ukuthwalwa*, once a custom of a couple eloping in order to marry, is being abused to legitimise the abduction and forced marriage of under-age girls. *Ukuthwalwa* has become a violent practise,” explains Sonke OMC facilitator Patrick Godana.

One of the rescued girls, 14-year-old Neliswa, managed to escape from the hut, which was guarded by five men, two of which were her relatives. She ran to the mayor's daughter in kwaNcele and pleaded with her: "I do not want to marry an old man. All I want is to go to school." The mayor's daughter took the girl to the local police station and reported the case.

Since then, Sonke has been cooperating with other civil society groups who work in the area, such as Paralegal, the Lusikisiki Child Abuse Resource Centre (LUCARC) and Treatment Action Campaign (TAC), as well as government departments to raise awareness against child abduction. The organisations agreed it would be useful if Sonke could bring its OMC campaign into the affected communities.

Tackling such matters is "very testing and difficult", knows Godana. To gain access to the communities and effect change, meetings between Sonke and traditional and religious leaders will be the next step. But, so far, it has been challenging to set up those meetings, partly because of political infighting in the district.

*"For us to be able to reach out to the community, we have to go to the gatekeepers first," Godana explains the importance of winning the trust of the local leadership. "We have to ask the chief for permission to work in his community."*

It is important to explain to traditional leaders that Sonke's work will not challenge his chieftainship but rather strengthen it and help adapt to modernism, he adds:

*"We show respect for the chief's authority and*

*in turn earn his respect."*

Some community leaders have already voiced their support for Sonke's campaign. Reverend Ntshonsho, for example, told Sonke staff that more action was needed and expressed his concern about circumcision practices that left 44 boys dead in the region last year, with many having been admitted to various hospitals after being circumcised.

Another religious leader welcomed the OMC campaign, saying he was troubled by his male colleagues' attitudes that perpetuate gender stereotypes.

Sonke hopes the OMC campaign will be a vehicle to reach out to men and boys in relation to women in a quest to contribute to a realisation of a healthy and equitable society in the Lusikisiki area. It also plans to introduce its fatherhood project, which helps men to develop their capacity to protect children and women from violence and the spread of HIV.

"We are still in the process of resolving the situation. We are hoping to be able to train leaders, mobilise the community and create awareness campaigns very soon," says Godana.

Sonke's approach is backed by a 2004 Human Sciences Research Council (HSRC) study, which notes the major role cultural and traditional beliefs, such as those about male circumcision, play in increasing the spread of HIV infection among South Africans.

*"There is lack of knowledge and confusion about the transmission of HIV/AIDS and other STDs during initiation,"* HSRC researchers found, noting that traditional leaders should be at the forefront of promoting safe cultural practices.

## Work with traditional leaders in Zambia

Similarly, a Zambian initiative found that, despite being closer to the people, traditional leaders have been left out of development initiatives, including HIV/AIDS and gender programmes. To fill this gap, Zambian NGO Women For Change (WFC)<sup>5\*</sup> has been organising workshops for traditional leaders throughout the country on HIV/AIDS, gender, human rights and governance.

WFC facilitated the formation of the National Royal Foundation, together with associated provincial foundations, which functions as a forum for traditional leaders to share best practices in supporting communities and families that have been affected by HIV and AIDS, among other social issues.

The programme is supported by the Southern Africa Development Community (SADC) Council of Traditional Leaders, which has been established to lobby regional and international bodies on important developmental and social issues in southern African countries.

As a result of the WFC programme, Zambia's traditional leaders are now being recognised as vital stakeholders in the fight against HIV/AIDS, gender imbalances, negative cultural practices and beliefs and human rights violations, and are increasingly getting involved in development initiatives. To give just one example, the Zambia Integrated Health Programme (ZIHP) recently invited 200 traditional leaders to an HIV/AIDS workshop to put them at the centre of all its HIV/AIDS initiatives.

<sup>5\*</sup> Visit [www.wfc.org.zm](http://www.wfc.org.zm) for more information on the project.



# SUPPORTING MEN TO BECOME ACTIVE FACILITATORS OF FAMILY HEALTH: A CHAMPION case study

## Tanzania

*Dunstan Bishanga, MD, EngenderHealth*

### Overview

The CHAMPION Project (Channelling Men's Positive Involvement in the National HIV/AIDS Response) builds on men's leadership potential to promote their involvement in combating some of the most serious public health problems facing Tanzania.

The organisation's principal goal is to promote a national dialogue about men's roles, increase gender equitable beliefs and behaviours and, in doing so, reduce the vulnerability of men, women, and children to HIV/AIDS and other adverse reproductive health outcomes. CHAMPION is working towards sustainable programmes in addressing HIV and AIDS, gender-based violence, maternal mortality and unintended pregnancy. These challenges are complex and systemic. All require comprehensive solutions across multiple sectors.

"If we hope to have an impact on these public health challenges, we can no longer think of these issues as women's issues—for they are not. HIV, violence and adverse reproductive health outcomes intimately touch the life of every Tanzanian family: men, women and children. We must all be involved to bring about change," says EngenderHealth Tanzania's Managing Director, Dunstan Bishanga. The concept of men as facilitators of family health is a central organising idea of CHAMPION. This is in recognition of the fact that societal expectations of men's behaviour drive the HIV epidemic.

There is research evidence that men who adhere to non-equitable views of manhood are more likely to practice unsafe sex, treat women violently and abuse substances -- thus placing themselves, their partners, and their families at risk of HIV. CHAMPION seeks to change these harmful behaviours by transforming

Tanzanian men, women and social structures, so that men protect the health and welfare of their partners and children; use health services when needed; and act – as individuals, with peers, and as social activists – to eliminate violence and gender inequality.

The project employs the ecological model, which addresses multi-faceted aspects of the social environment to effect personal and social change. “The changes we seek include strengthening individual knowledge and skills, creating a supportive peer and family environment, increasing men’s use of health services, mobilising communities, changing organisational practices, and reforming policy and legislation.”

### Introduction to the Problem

When the project first started, the question was: How do we bring about social change, to encourage men to become active facilitators of family health, instead of obstacles?

“We knew that the place to start was the place we wanted to see change take place: the community. We thought that if we could find local role models, we could demonstrate that male involvement in HIV and reproductive health is not only possible, but desirable. We began our search with our hearts filled with hope.”

CHAMPION commissioned a consultancy to develop a project identity that would be meaningful and culturally appropriate for the targeted audiences. They wanted a word or phrase in Swahili that would convey the essence of the CHAMPION project. They also wanted to engage diverse audiences of the CHAMPION project in providing suggestions for a logo that would embody

the overall goal of the project and resonate with its target audience, and to identify criteria and a process to nominate and select men as national and regional Champions or advocates for the involvement of men in HIV prevention and family health promotion.

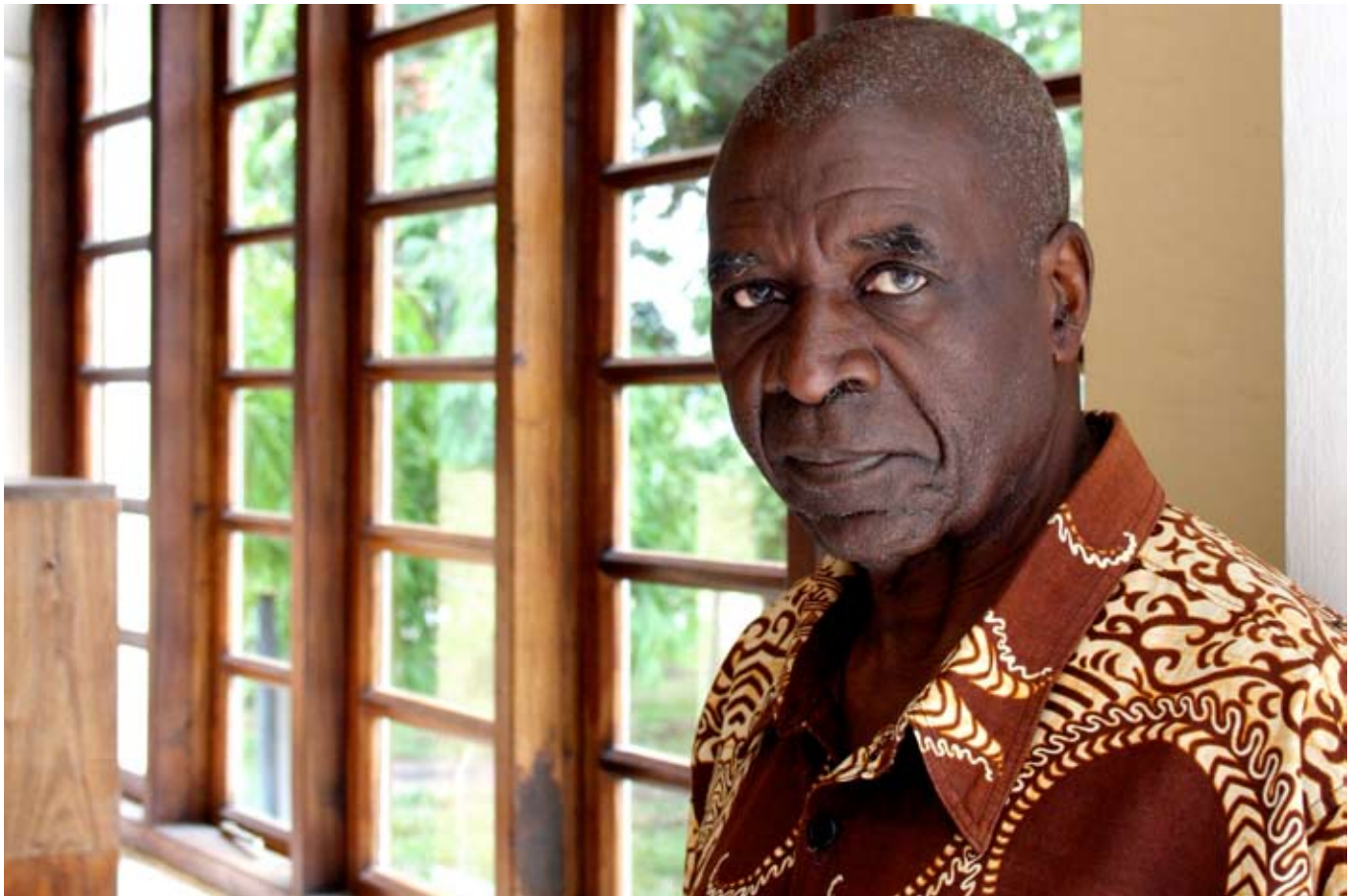
### Process

The team developed a focus group questionnaire to gather ideas for a logo, and to discuss and develop a nomination and screening process to identify “ideal Tanzanian men” who take care of their own health needs and promote the health of their families. Four focus group sessions were held in urban and rural areas.

The response of the focus groups to the proposed criteria took the organisers by surprise. “They told us that the type of men we were looking for simply did not exist in Tanzania – or, if they did, were very few and far between.” This was not a matter of interpreting difficult qualitative data: this opinion was expressed clearly and strongly and was not disputed.

“However, as we tried different ways of describing the ideal CHAMPION man, a clear picture emerged of what such a man should be. He should be a man who is cool, a man of strong faith, a mirror of the society, an understanding man, a hero who can resist temptations, famous, a person who perseveres, a wise person, respectable, has trust in his community, has a healthy and happy relationship, is highly organised in life, avoids risky sexual behaviours and plans with his family.”

Two questions of concern emerged: Are there no gender equitable and responsible men in Tanzania? And if there are, why are they not recognised and celebrated?



*“Men must act as role models for their children, as the costs of not doing so are too great. If family bonds and networks are allowed to break down, Tanzania will continue to suffer catastrophes, such as HIV, poverty and corruption.” - Reverend Paulo Misigalo, age 78*

## Creating a Solution

The CHAMPION team tackled the problem in two stages: first, showing that Champions of the kind described did in fact exist in Tanzanian communities; and second, discovering how to engage communities to engage more Champions.

### Finding Champions in the community

A little daunted, but nonetheless determined, the team took their search to the next phase. They got to know the communities better. They conducted district assessments and spoke with community leaders and asked them: “Which man in your community stands out because he is working to promote the health of his family or of his community?”

The team asked this of every person they spoke to and a pattern started to emerge, “In each of the communities (districts) we visited, 2-3 names would begin to be heard over and over again. We knew we were on to something.”

The project contacted these men, interviewed them, and asked them speak to an assembled community group of stakeholders. “We wanted men to speak to their neighbours and to us about their lives, motivations and about their work related to health. After each man gave a short presentation, we asked the assembled group to vote for the man they thought would make the best local Champion for HIV prevention and reproductive health promotion.”

After the selected Champions agreed to serve as role models, they were photographed and their stories were documented. Here are some of the things the Champions had to say:

*“I am also close to my own three children. I take great pride in looking after them, and have often accompanied them to the hospital when they needed care.”* - Leornard Kushoka, age 38

*“My community has recognised me as a Champion for my faithfulness and commitment to my family. My education work too has earned me respect in my community and beyond. Now, even people who are not deaf come to me for advice.”* - Epafra Isaya, age 48

### Engaging communities to create new Champions

Family, friends (especially other men) and perceived community norms strongly influence and reinforce men’s attitudes and behaviours. Emerging Champions need continuing acceptance, reassurance, and active encouragement to persist with the tentative, experimental changes they make in their daily lives.

In particular, the project realised it was important to engage the community to challenge norms that considered the Champions’ gender equitable behaviour as atypical.

Community engagement can be defined as “a process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests, or similar situations with respect to issues affecting their well-being.” (CDC/ATSDR Committee on Community Engagement, 1997). In keeping with this, the journey

to engage and transform community gender norms started with the selection of between 13 and 18 Community Action Team (CAT) members in each of the districts. “We based this approach on the experience of some project staff with Youth Advisory Groups for the ISHI campaign, a national campaign for HIV prevention among young people.”

The criteria for CAT selection were based on the project’s goals and the experience of the YAG model. They included, but were not limited to:

- Being a role model in the community and supporting gender issues
- Having good connections with the community and community leaders
- Being able to undertake health promotion
- Having good interpersonal skills and being able to communicate with others with cultural sensitivity
- Having a spirit of volunteerism
- Being innovative and creative
- Being confident in front of an audience
- Having basic knowledge of gender issues and HIV/AIDS

The nomination process was designed to include various groups and stakeholders in the community, such as community based NGOs and CBOs, community leaders, religious leaders and local government leaders.

### Capacity Building

The teams received a number of training sessions to build their capacity for implementing effective community based interventions, including;



*“But I never give up on a couple until I’m certain that the violence is over and the couple has moved on with their lives. This is my calling. I strive to help couples address the root causes of their problems.” - Thomas Mponda, age 38*

- Training using the Men As Partners curriculum;
- Training on community engagement;
- Mentorship opportunities during planning, implementation and evaluation of community engagement activities.

These committed individuals are now able to implement locally appropriate, entertaining community activities that engage men and women in exploring ways to adopt and promote healthier behaviours. They participate in community diagnoses, plan culturally appropriate interventions and carry out actions to address locally identified issues.

### Accomplishments

- Both Champions and CATs were well received in

their communities.

- Dialogue has already started in a number of forums, including the media, regarding the role of men in family health.
- Champions and CATs have carried out participatory communications needs assessments in their communities to inform the behaviour change communication strategy.
- Champions and CATs have raised male voices and proved men’s support during events such as the International Day Against Violence Against Women, International Women’s Day and Fathers’ Day.
- Champions and CATs have been individually transformed and are more committed to the work of attaining gender equity.



*“I knew that hiding my status would also endanger my own life. When taking ARVs, a person needs proper care including meals and peace. By being open, I have achieved a peaceful life. My family regard my status as normal.” - John Solanya, age 41*

### Lessons Learned

Male Champions for HIV prevention and reproductive health promotion do exist, acknowledged and unacknowledged, in every part of Tanzania. Their everyday actions are making a difference to the lives of others.

With hindsight, the team realised that the focus group members, and perhaps the rest of the population, were simply not conscious of some of the quiet and important acts of individual men in their own communities, actions that were making a profound difference in the health and well-being of others. Most men are good men; but often their contributions to their communities are not recognised. Gender transformative efforts need to address both men and women, since women’s attitudes and behaviours influence what men do.

### Way Forward

As a project, CHAMPION wants to learn from these men, build on their experiences and see how it can help promote the qualities they possess much more widely. The goal is that taking action to promote family health should become an expected part of being a Tanzanian man. “We want these actions to become so common that men like our Champions will no longer be exceptional or hard to find.” CHAMPION has identified local organisations to continue the work of community engagement, is building the technical capacity and knowledge of the CATs and is scaling up the Champions model to include couples, families and then community groups.

# I HAVE TWO HANDS: A Group of Men in the Eastern Cape Overcame Gender Stereotypes and Cares for the Sick and Disadvantaged

## South Africa

*Kristin Palitza*

**S**onwabo Qathula puts on his apron and starts peeling a pile of butternuts, while a pot of rice boils on the stove next to him. The 50-year-old is preparing lunch for poor and orphaned children who attend a rural school in the Eastern Cape. When the meal is ready, he dishes out the food and serves it to the boys and girls. Later, he collects the empty plates and washes the dishes.

A man in the kitchen makes for an unusual sight in most places, urban or rural, in South Africa and is often accompanied by snide comments, mocking laughter or a shaking of heads in disapproval – from men as well as from women. Patriarchy remains the widely accepted social norm and gender roles are clearly divided into how men are supposed to act and how women have to behave.

Care giving – for children, the old or the ill - is generally regarded as a “woman’s job”. Men don’t cook, clean, get involved in the upbringing of their children or take care of the sick. They are seen as financial providers of their families and as the heads of households who lay the law. In one rural area in the Eastern Cape, however, all this has started to change.

A group of nine men is working as home-based caregivers with the Siyakhanyisa HIV/AIDS support group in Qumbu, 60 kilometres outside of Mthatha, to make a positive contribution to the welfare of their community. Initially ridiculed for doing work reserved for women, they have quickly become role models and earned respect for their courage to do things differently and take responsibility for the goings-on in their villages.

The men decided to get actively involved in helping others after they learned about gender stereotypes, understandings of manhood and fatherhood during

workshops run by NGO Sonke Gender Justice earlier this year. They now care for people living with HIV, bathe the bedridden, counsel, educate about HIV prevention and transmission, facilitate access to anti-retroviral treatment, refer patients to social services and assist sick persons in writing their will.

They also encourage community members to test for HIV, distribute condoms and help disadvantaged school children with their homework and cook for them.

"In most places in South Africa, gender stereotypes are present and practised," says Sonke Eastern Cape project manager Patrick Godana.

*"Men's and women's roles in society are divided, and as a result, men are often left out of community initiatives, particularly care and the upbringing of children. Very few men spend time with their children and as a result most men can hardly relate to their children."*

However, there is a steadily growing number of men who have shed stereotypical gender roles – only that many of them prefer to do this behind closed doors and with drawn curtains, says Sonke co-director Dean Peacock: "It's not as bad as it seems. More men practise gender equality than we are aware of. But they do it quietly because they fear being ostracised and stigmatised. Gender discrimination is very powerful."

In South Africa, studies show that women still do ten times more care work than men, says Peacock, but he is convinced that this imbalance is gradually shifting towards a more equal approach to caring and rearing. "It's not a matter of black and white. Our realities are more complex. There are a few men that have become

role models and practice gender equality. Not many, but they are there," he explains.

Men's involvement in care and child rearing is becoming increasingly important due to the high HIV/Aids related mortality of women in South Africa. Households are without women, children are left without mothers—and the roles they have played remain unfilled. "That's why it's so critical that men, and especially fathers, get more actively involved," says Peacock. Since July, Sonke taught men about gender roles in society, encouraged them to take a positive stand against gender-based violence, volunteer for HIV testing, take care of their own and their families' health and play a more constructive role within their communities.

Now, almost one third of Siyakhanyisa staff, which used to be an exclusively women-run organisation, is male – seven men work as caregivers for the NGO. "Since men got involved in home-based care, we have seen many benefits and a great change of social dynamics in our community. Our aim is to get a half men, half women team," notes Siyakhanyisa project coordinator Siphokazi Makaula.

She says that, since the men have started to work as carers, there has been a growing demand for the organisation's services, because most men in rural areas did not like to be cared for by women who are not family members but appreciate the help and support of men from the community. Makaula further says the numbers of people coming for voluntary counselling and testing (VCT) for HIV has increased and children, especially orphans, were better looked after.

"These men are a great example for other men," she says.

Men caring for others is a relatively new phenomenon in South Africa and elsewhere on the continent. "In





African society, it is seen as culturally incorrect to involve men in care. Men are seen as financial providers, while women are [supposed to be] the nurturers of the community,” explains Godana. “Men don’t even take care of their own health. Going to the clinic is regarded as a sign of weakness, of being ‘not man enough.’”

Working on the premise that gender equality results in respect for each other which in turn creates a better society for all, Sonke’s work with men aims to change men’s, and women’s, mindsets around the roles people play within their communities.

*“Care work, for example, is not seen as work that can earn a salary, so men think it’s a waste of time. This shows how difficult it is to be a woman in this country. Their work is considered worthless,”* Godana says.

That’s why it is *“highly unusual”* to have men working as caregivers, he further explains, *“but the story of the men from Qumbu shows that men can change. It’s a break-through.”*

Men who were previously unemployed and had little to contribute to their families and communities have now become community leaders. “Initially, people were sceptical about men getting involved in care work, but when they saw the positive impact their involvement had on the community, they quickly changed their attitudes,” Godana adds.

The first man to go through Sonke gender training, join the Siyakhanyisa support group and become a caregiver was Qathula. A few years ago, the widower lost his wife to HIV-related illnesses, fell sick shortly thereafter and found out that he, like his wife, was HIV-positive after

testing for the virus. He decided to seek help, became a member of the HIV/Aids support group and soon saw an opportunity to not only be helped but help others as well.

Today, Qathula publicly discloses his HIV status and educates others about the virus, the importance of testing and of positive living. For the past two years, he was the only man working with Siyakhanyisa, until, by positive example, he managed to convince six others to join the organisation in mid-2008.

*“[The training with] Sonke gave me the skills to talk to other men about health and gender,”* he said. *“I now know how to encourage others to think about ways in which we can create a better life for all of us.”*

Qathula says he initially received derogatory remarks from other men in his community who questioned his manhood because he was doing “women’s work”. “It was not easy to take such comments, but I was never deterred,” he explained. “[After the gender training] I was comfortable enough within myself to challenge gender stereotypes and I got a lot of support from the rest of the home-based care team.”

Now, Qathula, who says he used to be a “traditional” man who had not ever done housework in his entire life, does not hesitate to put on an apron to cook, wash dishes and help other women in the kitchen.

Over time, those who used to ridicule him have taken note of the positive impact of his work and started to show him respect. “People’s attitudes are changing. I get recognition from the school principal, the chief of my area and many men and women in my community,” says



Qathula. “Being able to help people makes me proud and that’s what keeps me going.”

His sentiments are echoed by Mzolisi Nyembezi (31), another of the seven men who work as caregivers for Siyakhanyisa. Nyembezi says he initially doubted care work was for him: “At first, I didn’t see why a man has to do this type of work. I also got many derogatory comments. People said I was doing women’s work and laughed at me.”

But after attending Sonke’s One Man Can training and talking to Qathula, Nyembezi changed his mind and saw value in caring for others. “I had just been released from jail and for the first time in my life, I learned about gender and fatherhood. I always thought it was women’s responsibility to take care of children and that men are only sperm donors.”

Nyembezi, who has an eight-year-old son, started to play an active role in his child’s life. “I don’t just give money. I nurture him, give him life skills, show interest in his education,” he says. He also changed his attitude about manhood and his relationship to women.

Before being incarcerated, Nyembezi says he used to come home drunk and physically abuse his sister. “I

thought this was my right. I understood only now that it’s not cool to abuse; that I have two healthy hands, so I don’t need women to serve me.”

“He realised that what he had done was wrong. He apologised to his sister and started to respect the women in his life,” adds Godana.

Nyembezi says he was elated about his new way of life and decided to share his knowledge with others. When caring for ill men, he started to talk to them about gender issues. He also got involved in community outreach focused on gender and Aids education. Nyembezi and his fellow male caregivers hand out condoms at local taxi ranks and use this opportunity to speak to men about gender roles, manhood, fidelity and HIV prevention and urge them to get tested for HIV.

That’s where Nyembezi met Andile Ngamlana who found out that he is HIV-positive after he suffered from long-term respiratory problems. Ngamlana’s girlfriend, who was at that time pregnant with his child, urged him to visit the local health centre and both tested for HIV. “I was [HIV] positive, my girlfriend tested [HIV] negative, but she stuck with me despite the virus and that was a motivation for me,” says Ngamlana.



The 25-year-old joined the Siyakhanyisa support group and soon trained as a caregiver. “Initially I was a bit afraid because, as a young man, you don’t want to be associated with the virus,” he explains. “But then I decided to tell the world that I am positive. That I am living with the virus, but am helping others who are ill.”

Ngamlana also attended One Man Can gender training sessions facilitated by Sonke and says the workshops helped him to improve his relationship with his girlfriend. “I learned better ways of relating to her, to consult, communicate and make decisions together,” he explains. “I don’t solve conflict with anger and violence anymore, but show love to my girlfriend and daughter. I nurture them.”

He says the training sessions changed his understanding of what it means to have a trusting and stable relationship. “I am now aware of the importance of being faithful. Before, I equated love with sex. Now I know that love goes beyond that, that there is more to it than just sex.”

Apart from working as a home-based carer, Ngamlana,

like Qathula and Nyembezi, assists orphaned and poor children with their homework and cooks them a meal every day after school. “In the beginning, I didn’t know a thing about cooking. I am a man, so cooking was never my responsibility,” he says. Today, he is proud of the role he plays at the local school and the respect and admiration he gets from the children.

This, he says, helps him to cope with the peer pressure he feels from other young adults in his community who think it is not “cool” for a man like Ngamlana to “behave like a woman”. The acknowledgement from those he cares for also helps him to handle the hurtful rejection he experienced when he disclosed his HIV status to his older brother, who lives in Johannesburg and ceased contact with Ngamlana when he heard his brother was infected with the virus.

Together with Qathula and Nyembezi, Ngamlana stands by the sink and discusses the progress each child has made in its homework and what to cook the next day. At the end of the afternoon, they take off their aprons and contently walk home, with smiles on their faces.

# ONE MAN CAN CHALLENGE XENOPHOBIA: Sonke's Use of Murals to Educate about Refugee Rights

## South Africa

*Ufrieda Ho*



People have short memories -just six months on, the xenophobic attacks are nearly forgotten.

But the terror that gripped foreigners during those horrific days in May is more than just yesterday's news headline for artists and activists of the Artist Proof Studio in Newtown and the Sonke Gender Justice Network in Braamfontein.

The two organisations have used World Human Rights Day - December 10 -and the 16 Days of Activism of No Violence against Women and Children campaign to highlight, through art, the struggle against violence in our society.

Twelve artists worked on the storyboard mural outside the Johannesburg Art Gallery (JAG) in Joubert Park.

It tells the story of one of them, who fell victim to the rampaging xenophobic mobs earlier this year.

Rwandan John Taouss Tuyisabe arrived in South Africa in



2000. A Tutsi, he had managed to survive the genocide of 1994, but was forced to leave the country of his birth as things deteriorated in the years after the Hutu rage.

His sister had moved to Uganda, but he was not welcome there either.

And so he ended up in Nelspruit, Mpumalanga.

Remembering his terror during the xenophobic attacks, he says: "In one night they wiped away everything."

Taouss Tuyisabe is the man in the mural, hopelessly crying into his hands; the man torn by barbed wire; the man running from the burning townships. He is a symbolic victim, but he's also a symbolic survivor - and one who has chosen to stay.

The last panel in the mostly black and white mural is a picture of overcoming.

South Africa is depicted as a solid tree decked with colourful leaves representing the many flags that fly across the continent.

"I did lose my faith in South Africa, but when I see this mural I also see that there are South Africans who are one with me are here to support me," he says.

"It is like I'm starting fresh again in South Africa after eight years."

The mural is located at the transport gateway of the city among taxi ranks, bus terminuses and the railway station. This is also the gateway to the City of Gold - the point of disembarkation for the thousands of migrants who come here in search of jobs and money.

"We want people to see this mural outside JAG and to understand the story of the people who suffered and still suffer.



“The voices of the violated can be heard through this mural,” says Thami Nkosi of the Sonke Gender Justice Network.

Nkosi is familiar with violence in all its forms - even the ravages of HIV and Aids.

“I lost my father to HIV complications in 1997, and growing up I watched political violence become what was normal in the townships.

“And I’ve watched gender-based violence take hold even during the xenophobic attacks and in society in general,” he says. But it needn’t be this way.

The Sonke Gender Justice Network works with men in particular to explore non-violent responses to problem solving.

Its “One Man Can” campaign is a national call to men to start being more responsible about their actions

and behaviour - and to take a stand against violence, whichever form it takes.

Artist Proof Studio artist and training facilitator Molefe Thwala extends this sense of responsibility to every person who lives in this city.

“We have always encouraged students to use their art for social consciousness. After all, a picture can say a thousand words,” he says.

Even corporates need to act with courage. Murals and other artworks that depict stories such as Taouss Tuyisabe’s can be regarded as bad for a company’s image.

“We battled to find a space to paint because many of the corporates felt that this message that we wanted to portray was too political.

“It was only when JAG came on board that this idea



of telling John’s story through a mural came together,”  
Thwala says.

But whichever way you spin it, violence is a reality in  
South Africa. And it’s a reality a group of artists believe is  
long overdue for change.





# SOMETIMES I DON'T FEEL SAFE: Sonke's One Man Can Campaign uses PhotoVoice to Ensure that Children's Needs are Heard

## South Africa

*Kristin Pallitza*



*"I didn't know that girls can play soccer. I thought it was a sport only for boys," says Thulile Khanyile.*

After the 14-year-old participated in a photography and writing project facilitated by NGO Sonke Gender Justice, her perception on gender roles changed, and she helped to start a girl's soccer team at her high school in Nkandla, a rural area in the heart of Zululand.

"I wanted to show that even girls can play. When we started the girls' team, a lot of people thought it was not right because a girl must focus on her school work and help at home with the cooking, cleaning and washing. But we showed them that we can play soccer and also succeed in school," she says.



With support from United Nations children's fund UNICEF, Sonke launched its PhotoVoice project in June to make children's voices heard through photography and writing. The first four-day workshop took place with 20 children at Mphathesitha High School in Nkandla and created a space for boys and girls to talk about their experiences, hopes and dreams and to mobilise adults, especially men, to help them meet their needs.

Children between the ages of 12 and 18 spoke about how they see themselves in their communities, their perceptions of adults, their understandings of gender and HIV/AIDS and their experiences with service delivery, with school and sometimes with illness, abuse and hunger.

"We want to build confidence and self-esteem by teaching new skills," says Nyanda Khanyile, Sonke PhotoVoice project manager. "Many children in rural communities experience social ills but they don't know how to express themselves." The discussions also taught children communication skills. "I am now more self-confident. I now know how to address a crowd," one boy said.

After the initial conversations, participants were trained in photography skills, writing and story development and ultimately transferred their stories into photography and writing.

To illustrate her new understanding of gender roles, Thulile took a photo of the girls' soccer team and wrote underneath the image: "Sport does not discriminate people's gender. Many people believe that soccer is played by males but females can play too." The photo and text have been printed on a poster and are part of a travelling exhibition.

The children were also encouraged to think about what assistance they would need to reach their dreams and who they would like to play a role in doing so – Thulile, for example, not only spoke about her wish to play soccer but made a plan to involve her school principal in setting up a girls' team.

Gender equality was a new concept to all participating children who grew up with the understanding that men and women have their own, separate roles to play in society. "In rural communities boys are encouraged to



be superior, strong and sexually active, so at first, neither boys nor girls understood what gender equality is," says Nyanda Khanyile. "They think it's about giving privileges to girls."

Now, some of the boys who participated in the project walk through the streets of their village, proudly announcing "I am a gender equitable", he says.

"I learned many things," says 15-year-old Thulane Shange. "I used to think boys and girls can't do the same things. I thought girls have to clean, cook and do chores around the house, and boys have to fetch firewood and herd cattle." He says he now understands that women can also be heads of households and should be given the same rights and responsibilities as men.

Thulane took a photo of a water tap and wrote: *"At our school we have one tap but we have many learners. Girls must have the tap and boys must have there tap [sic]. Because when the boy wants to drink and there is a girl at the tap he just push the girl [sic]."*

Apart from gender, children raised a wide range of issues through their PhotoVoice work, including the power dynamics of virginity testing, lack of sanitation, hunger, child-headed households, crime and HIV. One boy complained about the dusty roads he has to travel every day that cause him chest infections and asthma. Another boy spoke about the need for public transport because it takes him an hour to walk to school, sunshine or rain.

Other children asked for running water and electricity, because each day after school, they have to collect firewood and walk down to the river to fetch water. "If I had less chores to do, I would have more time to do my homework and study for school," one girl said.

Khanyile says he was particularly impressed by the fact that, when thinking about hopes and dreams, the children identified issues that could benefit the community as a whole, not only them: "I was amazed that the children chose far-reaching issues that affect everybody in their communities and their childhood development. None of them spoke about personal gain."



As part of the project, each child had to prepare a photo journal in which they wrote their motivation for taking a particular picture, their reflections on that picture and the technical information for each photograph they were planning to take. One girl spoke in her journal about the need for electricity and noted down ways of approaching the local councillor so that everyone in the community would get connected to the grid.

Another participant, 16-year-old Khayeletu Zondi, raised concerns around child safety and high levels of crime in his community and took a photo of signs outside of his school that prohibit firearms and other weapons. Next to the photo he wrote: "If am [sic] inside the school I feel safe because there are things that are not allowed to be inside. So we are all protected from bad things from out side [sic]."

Khayeletu knows his school is a safe environment for children, but he says he often feels vulnerable when walking the streets: "Sometimes I don't feel safe because there are people that get drunk and get violent."

A key focus of the project was the roles men play in

children's lives, including whether men -their fathers, uncles, teachers, religious and traditional leaders and government officials - are involved in caring and supporting them, particularly in the context of gender-based violence and HIV/AIDS.

It became apparent that most children have distanced relationships with their fathers, many of whom, due to high unemployment rates in the area, work in cities far away from Nkandla – Durban, Pietermaritzburg or Johannesburg – and return home only a few times a year.

"Fathers are largely absent in the children's lives and are seen as fearful figures who earn the money and lay the law," explains Nyanda Khanyile. "Children have a closer relationship to their mothers and gogos who care for them, feed them and teach them values."

In their PhotoVoice stories, some children said they wished their fathers were more involved in their lives and play a role, other than financial, in taking care of them. Others pointed out positive, male role models they knew in their community.



16-year-old Nompumelelo Masikane, for example, took a photo of the chairman of her school, whom she looks up to. Underneath the picture, she writes: "He always encourages the youth to think about their future. [...] He inspires me to focus on my school work and forget about useless things like drinking alcohol and dating."

Nompumelelo's mother, Nonhlanhla Masikane, says she has observed a remarkable positive change in her daughter's behaviour since she participated in the PhotoVoice project: "I am noticing great change. She is now the one who is teaching me. She told me how to protect myself from HIV transmission and that men and women are actually the same. The rest is social classification."

At the end of the project, Sonke exhibited the children's PhotoVoice posters in the Nkandla community hall. More than 600 people came to see the works, including representatives from both municipal and traditional leadership.

To engage community members emotionally and intellectually, exhibition guests were asked to write

personal commitments on pieces of paper, stating how they will contribute to improving the lives of children in response to the issues raised. They also noted down questions, comments and suggestions on postcards addressed to the local municipality to make policy makers aware of children's needs.

"We want to encourage ownership and participation and persuade adults to respond with action to children's voices," explains Khanyile.

Nkandla municipality strategic planning and implementation manager, Mbongiseni Ndledla, says the municipality supports the PhotoVoice project as part of a broader strategy of caring for and nurturing children: "We realised that if we don't invest in our children, we don't have a future. So we decided to make children a central part of municipal development planning."

Ndledla promises the children's requests will be considered in the municipality's Integrated Development Plans (IDPs) and thereby directly influence local policy-making. "Normally, the leadership only consults adults during annual imbizos [traditional

gatherings] and children's needs are sometimes overlooked. Through interacting directly with children, IDPs will be informed by the children and not only talk about them," he says.

"The Nkandla municipality is very vocal around child protection, gender issues and male involvement," says Khanyile. "The close cooperation between local political and traditional leadership has helped tremendously to make the project a success."

More exhibits will be held in Nkandla in both schools and municipal offices. Sonke also plans to show the works in provincial and national government offices and departments as well as at national and international conferences including the Commission on the Status of Women in New York in 2009.

To make the project sustainable and reach as many children in and around Nkandla as possible, the workshop participants have been trained as peer educators. "To pass on some of the learning and skills, we invited the participants to become peer educators at their school, the neighbouring primary school, their community," says Khanyile. "All 20 of them agreed. They are proud of what they have learned."

As another form of creating sustainability, eight of the PhotoVoice participants were chosen to take part in a digital storytelling workshop in September to further chronicle their lives. Digital storytelling is a participatory media production process that allows children to create short videos about personal life experiences.

"All the children wanted to be part of this project and competed through their photos and writing to be chosen, but unfortunately we only had funds to select eight participants," explains Khanyile.

When planning their digital stories, the children first share experiences in a story circle, then write scripts, give each other feedback and record a voice-over narration. Later, they develop a storyboard and learn basic use of photo and video editing software.

"Similar to the PhotoVoice project, the stories are about growing up, what young people think are issues in their communities, what difficulties they have overcome and who have been mentors in their lives," explains Amy Hill, community projects director at the Centre for Digital Storytelling, which collaborates with Sonke on the project.

The digital stories will be used, in addition to the PhotoVoice posters, as educational media and as starting points for discussions in communities. They will be shown in the communities they were produced in and will also be distributed by media NGO Mindset to schools and public health facilities throughout the country. Sonke will also show the videos to policy makers, including officials of the provincial government in KwaZulu-Natal.

"Digital stories are a chance for children to have their voices heard," says Hill. "It is a tool to talk to their peers, parents, community members and politicians about issues that are important to them."

# PARTNERING TO ENGAGE MEN IN ELIMINATING GENDER- BASED VIOLENCE IN SOUTHERN NIGERIA

## Nigeria

*Steven Botkin*

### Introduction

In November 2006, staff members from Men's Resources International (MRI) travelled to Ebonyi State in Nigeria to provide 10 days of training and consultations for the development of the Ebonyi Men's Resource Center. The visit was hosted by DOVENET, a woman's safety and empowerment organisation. During the visit, MRI conducted a three-day training on "Engaging Men in Eliminating GBV", which was attended by 36 men and women from Nigeria, as well as delegates from the newly formed Zambia Men's Network and the Rwanda Men's Centre. As a result of this international partnership between MRI, a U.S. men's organisation and DOVENET, a Nigerian women's organisation, two new grassroots NGOs have formed with both women and men working in partnership for the prevention of gender-based violence and the promotion of "positive masculinity."

### Nigeria Men's Pledge

We, men of Nigeria, are publicly stating our commitment to ending violence against women. We understand the pain of women and men, and the costs to society, caused by this violence. For the health of our families and the future of our communities, we pledge to challenge gender-based violence in its many forms, and to support women's safety and empowerment. Together with women, we will advocate for legal protections, victim services, educational programs for violence prevention and gender equality. We will be role models of positive masculinity for our children in our words and actions. And we will invite other men of Nigeria to join us in signing this pledge.

## Nigerian Women's Pledge

We, women of Nigeria, call upon our fathers, brothers, husbands and sons to join us in ending gender-based violence in our families and communities. We understand the pain of women and men, and the costs to society, caused by this violence. We support men in their own journey of healing from violence, and welcome men as partners in creating healthy families and communities.

## Background

During the 2005 UN Commission on the Status of Women conference, Men's Resources International executive director, Dr. Steven Botkin, was a presenter at the Institute on Engaging Men and Boys. One of the conference delegates who attended his presentation was Ugo Nnachi of Nigeria, founder and director of Daughters of Virtue and Empowerment Initiative (DOVENET), and one of the few women chiefs in her state (Ebonyi). After returning to Nigeria, Chief Nnachi wrote to Steven:

*"The role of men in eliminating violence against women has often been neglected and I must confess that Men's Resources International has offered us a deeper insight into how men can intervene and partner with women in eliminating violence in our families and society.*

*As an organisation already working in the area of Women and Human Rights, we have identified men allies who are willing to join the crusade but who need to be trained in skills to*

*carry the process forward."*

Thus began a pioneering collaboration between MRI and DOVENET towards the launch of the Ebonyi Men's Resource Center – a network of men, allied with women, acting as role models in violence prevention and positive masculinity.

## About Men's Resources International

Founded in 2004, Men's Resources International (MRI) provides training and consulting to help local, regional and international organisations engage men and boys to become allies with women to prevent violence and promote healthy, compassionate, and responsible models of masculinity. MRI works with initiatives in all stages of development, using participatory, experiential education to promote personal growth, leadership development and organisational sustainability. MRI has provided training and technical assistance to programs in the United States, Canada and many African countries, including Liberia, Nigeria, Rwanda, Cote d'Ivoire, and Zambia.

## About DOVENET

Daughters of Virtue & Empowerment Initiative (DOVENET) was established in 2001 to strengthen and empower women and young people to become confident contributors in all areas and levels of Nigerian society. DOVENET's efforts are focused around the following areas:

- human rights, peace building, and conflict resolution
- networking and coalition building
- raining and capacity building for women, men and



young people in democracy and governance

- community development
- reproductive health, HIV/AIDS

### Formation of the Ebonyi Men’s Resource Center (EB-MRC)

Energised by MRI’s vision, Chief Nnachi began to envision a men’s initiative in Ebonyi State, Nigeria. With strategic support from MRI, she identified male allies who would be willing to promote campaigns to combat gender-based violence — a cause that was hitherto seen primarily as a women’s issue. In June of 2006, MRI sponsored one of these men, Patrick Amah, to represent DOVENET at the MRI Men’s Leadership Training in Zambia. Soon after, Ugo organised a meeting of more than 30 people — mostly men — to formulate plans to establish an Ebonyi Men’s Resource Center.

#### The emerging vision included the following goals for the organisation:

1. Organise a workshop on the theme: “Partnering with Men to End Violence Against Women.”
2. Construct and equip a Men’s Resource Centre.
3. Cultivate a group of gender sensitive men who will join in stopping violence against women and children and be prepared to work for a better community.
4. Initiate legislative reform to change societal behaviour and attitudes towards violence against women.
5. Identify and cultivate potential stakeholders: CBOs, women organisations, traditional rulers and community leaders.
6. Train men on practical behaviour changes to promote healthier families and communities.
7. Initiate an exchange programme between MRC- Nigeria and men’s projects in other parts of the world.
8. Work towards replicating the Centre in three (3) zones of the country.
9. Facilitate additional consultations with MRI (USA) staff members.



### The Training

Encouraged by the success of the June training in Zambia, DOVENET and the newly formed Ebonyi MRC steering committee invited Men’s Resources International to conduct a similar training in Nigeria. Inspired by the MRI’s vision, a small group of individuals in the United States provided funding to fully underwrite

all of the expense for MRI staff to travel to Nigeria and for DOVENET to organise the training.

In November of 2006, thirty-six members and supporters of the Ebonyi Men's Resource Center gathered in the small city of Abakaliki in southern Nigeria to participate in the MRI training, "Engaging Men In Eliminating Gender-Based Violence." The group of men and women participants included doctors, lawyers, nurses, social workers, police, traditional rulers, military, clergy, and other members of the community. Delegates from the Zambia Men's Network and the Rwanda Men's Centre (both recently formed with assistance from MRI) were sponsored to attend and provided an enthusiastic pan-African perspective.

### Responses from Training Participants

*"As a result of this training, I look at women and see them as partners."*

Patrick Amah

*"I was surprised to learn how serious the abuses are ... and I am more aware of the relationship of violence to HIV/AIDS and the role of men. ... This training is important because it promotes the formation of culturally rooted solutions."*

Stencilous Phiri of Zambia

*"This training was fantastic - please invite other groups of people! It has exposed the depth of violence against women. I am determined to educate members of my council to prevent gender violence, and to visit schools to educate and empower students."*

Inya Agha Patience, Police Officer

*"This training is important because it is the first of its kind in Ebonyi State and in Nigeria. I have learned about compassion, listening, understanding, and support...and how this can resolve violence in a community. I believe this movement will continue to grow in strength."*

Captain Beatrice Ngozi Okoroafor, Nigerian Army

*"I have learned a new approach to relationships that is compassionate, empathic, and symbiotic. I will work with EB-MRC as vanguards of men fighting gender-based violence."*

Chief Anthony Uguru

*"The training was practical and down to earth, and touched on real social problems. I was surprised to learn that violence can be emotional, and that some traditional 'rights of men' are actually violence against women. I will use my knowledge and position to sensitize my community about gender-based violence, to counsel victims, and to influence community leaders to outlaw gender-based violence."*

Ewa Agha Ewa, Esq., Barrister and Solicitor

### The Practicum: Ebonyi Women's Day Celebration

The day after the MRI training, participants had the opportunity to practice some of the skills they had learned. For the first time ever, a delegation of men



joined the 3,000 women parading at the 7th annual Ebonyi Women’s Day Celebration (November 10). Highly visible with a banner stating “Ebonyi Men’s Resource Center Congratulates Ebonyi Women” and in matching t-shirts proclaiming “Courage=Compassion”, they were applauded by the governor’s wife and many other dignitaries.

### Consultations

Just as important as the formal training were the many meetings and informal consultations that took place throughout MRI’s stay in Nigeria. Over 50 men and women, in addition to the training participants, were directly touched by MRI’s message about men’s role in eliminating gender-based violence, promoting positive masculinity, and working for family and community health.

These activities included meeting with male and female

community leaders in Ugo’s village, meeting with a Senator and representative from Ebonyi State, attending church services, and meetings with the Executive Chairmen of the State Basic Education Board, the Independent Electoral Commission, and the Executive Secretary of the Women’s Development Center. Informal evening meetings with the delegates from Zambia, Rwanda and Nigeria provided valuable opportunities for mentoring, coaching and mutual support.

### MRI Hosts Chief Nnachi for US Study and Speaking Tour

Ugo returned to the U.S. in 2007 to attend the United Nations’ Commission on the Status of Women conference in New York City. Men’s Resources International arranged to host Chief Nnachi in Western Massachusetts after the conference to facilitate networking and learning opportunities and foster



connections between organisations and individuals in Massachusetts and Nigeria.

Ugo was enthusiastic about the opportunity and articulated the value in the following statement:

*“The visit will spark information sharing and ongoing communication with international organisations that are interested in our work. It will provide opportunities to learn best practices in implementing programmes and fund-raising techniques to ensure sustainability. It will create opportunities to publicise the Ebonyi Men’s Resource Center Project and help to distribute and publicise the three-year strategic plan in order to facilitate possible collaboration in implementation. It will also help me carry out a study tour of Men’s Initiatives in Massachusetts for possible improvement of our work in Nigeria. The tour will not only build my capacity, but what I take back will improve the running of DOVENET and Ebonyi Men’s Resource Center. It is my hope that you will*

*continue to support initiatives that seek to protect the rights of women to create, peaceful societies.”*

During her stay in Western Massachusetts, Ugo spoke at a welcome reception at MRI’s offices in Springfield, Massachusetts, meeting with city government representatives, local citizens, activists, and business people. She attended church services, spoke at a reception at a Springfield community centre, and gave presentations at Springfield College, the University of Massachusetts and Smith College. She visited Stop It Now!, an NGO dedicated to preventing child sexual abuse, and spent time at the Men’s Resource Center for Change, a pioneering organisation that has served as a model for men’s centres around the world.

### **Ebonyi Men’s Resource Center Sends Delegates to Rwanda Training**

In the Fall of 2007, two delegates from the Ebonyi Men’s Resource Center were sponsored by MRI to attend the MRI training for the newly formed Rwanda Men’s Resource Centre. This experience reinforced their understanding of and skills for engaging men as partners with women for preventing gender-



based violence, and strengthened the pan-African connections for this movement.

### Ebonyi Men's Resource Center Activities

Building on the momentum of the MRI trainings and the U.S. study tour, the Ebonyi Men's Resource Center has embarked on a number of programs and projects, including:

- Establishing community groups in the villages of Eburnwana-Edda and Afikpo
- Forming "Youths Against Violence" clubs in Ebonyi state University and the College of Education Ikwo.
- Organising a workshop for faith-based groups on the relationship between GBV and HIV/AIDS. The training involved leaders from the Moslem, Traditionalist and Christian communities.
- Partnering with DOVENET to identify about 20 disadvantaged women and grant micro credit facilities to assist their families.
- Distributing the printed materials "Celebrating Fathers" to churches on father's day recognising the roles, responsibilities and opportunities fathers

have in the family and society.

- Conducting paid advocacy visits to the Command Cantonment, Nigerian Army Abakaliki, and the Central Police Station to promote the elimination of gender-based violence.
- Arranging to receive reports of gender-based violence directly from police so that EB-MRC can track cases and offer counselling to victims and perpetrators.
- Providing educational materials and resources to students on GBV and gender issues.
- Encouraging attitudinal change in families and groups by speaking out against GBV when witnessed.
- Being recognised by various organisations such as The Global Funds for Women and IFESH, Nigeria.
- Offering mentoring and bi-monthly counselling sessions for youth.
- Collecting over 2500 signatures in support of ending GBV.
- Training over 70 community members in two local government areas of Ebonyi State on community involvement in violence prevention.

## Formation of the Grassroots Development and Empowerment Foundation

A second local NGO addressing issues of gender-based violence, the GRADE (Grassroots Development and Empowerment) Foundation, was also launched as a result of the MRI training and consultations. Ebonyi Men's Resource Center founding member, and participant in the MRI trainings in both Zambia and Nigeria, Patrick Amah, formed GRADE "to help close a gap in the development, education and empowerment of women and young people in the underserved rural communities."

## The Partnership Approach: Lessons Learned

The complementary strengths in the partnership between Men's Resources International and DOVENET provided an effective foundation for the work of engaging men in the prevention of gender-based violence. MRI brought to the relationship expertise in the field of engaging men, training and consulting skills, and funding for training and technical assistance. DOVENET brought its expertise in women's safety and empowerment, credibility as a local women's advocacy organisation, and ability to engage and recruit diverse community leaders.

This organisational relationship modelled how men can support women's leadership and how women and men can be allies in preventing violence and promoting positive masculinity. Including both men and women in the training reinforced this relational partnership approach, developing cross-gender dialogue skills that allowed everyone to learn from and with each other.

The primary challenges in this partnership reflect the intersecting limitations of both organisations. In particular, neither has been successful in identifying financial resources for follow-up training, programme implementation or evaluation research. Communication and technical assistance via email and telephone is not sufficient for the early stages of programme development, especially in rural areas where access to technology is limited.

Nevertheless, the Ebonyi Men's Resource Center, has established itself as an important resource in southern Nigeria. Further partnership with Men's Resources International and other regional and global networks will help fulfil the potential of this pioneering organisation.

# Examples of change: strategies for gender transformation and social justice

Building  
Networks and  
Alliances



# MEN TURNED TO WOMEN AND ASKED FOR FORGIVENESS: Creating the Rwanda Men's Resource Centre (RWAMREC)

## Rwanda

*Daniel Coyne, Steven Botkin and Fidèle  
Rutayisire*

In June of 2006, a small stack of brochures about Men's Resources International (MRI) was brought to Rwanda by an American activist, and given to members of ProFemme, the Rwandan national network of women's organisations. One of the brochures found its way to a passionate and articulate human rights activist in Rwanda named Fidèle Rutayisire.

Fidèle was deeply troubled by local issues of gender-based violence and persistent gender inequalities. He saw that Rwanda was struggling from centuries of violence and oppression, cultural legacies of patriarchy, and extreme, pervasive poverty. Yet, inspired by the concept of a men's resource centre and the success of MRI's recent training with a men's group in Zambia, Fidèle contacted MRI via email:

*"I really appreciate your great work and I am ready to work with you in order to achieve your noble mission. I am a human rights activist, Rwandan by nationality and I want to join you. The purpose of this communication is to request you whether I can represent you in Rwanda."*

Through email and phone correspondence, MRI helped Fidèle clarify his vision and suggested steps that he could take to establish a centre for engaging Rwandan men as allies with women in violence prevention, healthy masculinity and gender equality. By August of 2006, a Rwanda Men's Resource Centre steering committee had been formed, and in October the organisation (RWAMREC) was formally established and endorsed by ProFemme. MRI offered technical support in crafting founding documents, and encouragement by creating and hosting web pages, publishing news





items, and introducing RWAMREC to a network of international pro-feminist men's and women's groups.

## OUR VALUES

- We believe in the equality of men and women, boys and girls.
- We believe men are naturally loving, caring, compassionate and sensitive to gender issues.
- We believe that there are non-violent, non-abusive, and non-controlling means of solving problems and conflicts in societies.
- We believe that individuals, relationships, families, institutions, and the community at large need to change with • respect to gender roles and responsibilities.
- We have to support and reflect the values of gender equality, diversity, non-violence, healthy connectedness.
- Being a better man means being a non-violent man.
- Men can practice compassion and non-violence.

This was the beginning of a strong collaborative relationship between RWAMREC and MRI.

Recognising the passion and commitment of Fidèle, and the tremendous potential in this newly formed organisation, MRI sponsored Fidèle to attend training on “Engaging Men in Eliminating Gender-Based Violence” in Nigeria as a delegate from Rwanda. The thirty-six men and women attending the training in Nigeria included doctors, lawyers, nurses, social workers, police, a traditional ruler, military, clergy, and other members of the community. The enthusiastic participation of Fidèle and a delegate from the Zambia Men’s Network (formed with assistance from MRI) lent a pan-African perspective and a feeling of international community.

Fidèle saw that a similar training session in Rwanda could propel his organisation and its mission forward. In his report on the Nigerian training experience, Fidèle wrote:

*“There is a need of organising this type of training in Rwanda. A Rwandan training with MRI would strengthen the Rwanda Men’s Resource Centre, which is a young organisation that needs a capacity reinforcement. By training leadership, our members, and other key people from different organisations, especially women’s organisations, we will be able to affect significant change by continuing to spread the message at grass roots level.”*

Planning soon got underway to bring MRI’s training to Rwanda.

In the fall of 2007, funded completely by individual donors to Men’s Resources International, MRI trainers Steven Botkin and James Arana, and associate trainer Adin Thayer, spent two weeks in Kigali where they conducted leadership training and consultations on engaging men in eliminating gender-based violence.

The main training was attended by nearly 40 Rwandan men and women, including all of the founding members of the Rwanda Men’s Resource Centre, representatives from ProFemme, community members and government officials, as well as delegates from Zambia and Nigeria.

Additionally, with support from Dean’s Beans Organic Coffee Company, four representatives from “up-country” coffee cooperatives travelled to Kigali to participate.

The training goals included the following:

- Understand how trauma and male socialisation are root causes in the cycle of men’s violence.
- Learn skills in empowering dialogue between women and men.
- Learn how men can engage as partners with women for violence prevention, gender equality and positive masculinity.
- Expand resources and skills for teaching others about gender-based violence, gender equality and positive masculinity.
- Develop insight, healing and empowerment for personal and collective experiences with men and violence.
- Develop action plans for engaging men within existing and newly forming community initiatives.

At the conclusion of the training, MRI executive director



Steven Botkin wrote:

*“There is no doubt that the lives of the 40 participants have been changed. Once again, men learning how to listen to women is a transformative experience for both the men and the women. Once again, breaking the silence about the profound impact of violence on our lives offers an experience of healing and empowerment. And, once again, both women and men are eager to embrace a positive vision of men as partners with women in creating healthy families and communities. The idea of building a society of unity and reconciliation is a particularly relevant theme right now in Rwanda. Our observations about what is*

*happening in the country are evidence that they have the individual and collective will to make this happen.”*

Under Fidèle’s leadership, RWAMREC continued to expand both its membership and activities in the months following the training. In December 2007 (and again in 2008) RWAMREC undertook an ambitious collaboration with CARE International to lead a series of workshops, seminars and radio programs for the 16 Days of Activism.

In January 2008, RWAMREC launched a global petition to end gender-based violence in Kenya. Upon receiving the first communication about this passionate and independent call to action, MRI was able to support RWAMREC’s initiative by finding a free online platform to host the petition, and collect and deliver signatures. MRI publicised the campaign broadly to its own supporters



and international networks.

The petition ultimately collected over 350 signatures from around the world and delivered them to the representatives from the Kenyan government. The following is an excerpt from the pledge:

Today, Kenya is experiencing an unprecedented wave of sexual violence that has been directed at thousands of Kenyan women, girls and a number of men and boys.

We recognise that men and male leaders have an important role to play in stopping gender-based violence, and acting as role models for other men.

Today, we are joining our voices to denounce gender-based violence in Kenya and to publicly commit ourselves to working in active solidarity with women and NGOs struggling to end the ongoing gender-based violence in the conflict that has gripped Kenya.

As men, we call upon other men and male leaders

to publicly speak out, and to join in this global call to protect Kenyan women and children, to demand that the government act to protect citizens against sexual assaults, and to stop sexual attacks that are linked to police and armed militias.

During the time following the initial training in Rwanda, MRI's relationship with Dean Cycon of Dean's Beans Organic Coffee Company continued to develop and strengthen. In addition to roasting and distributing organic, fair trade coffee, Dean's Beans supports community-based development in the coffee farming communities where they purchase coffee beans. Encouraged by the enthusiastic participation and receptiveness of the four representatives from the rural coffee farms at the September 2007 training, Dean was inspired to bring the training experience directly to the COOPAC Coffee Cooperative in Gisenyi, a rural area in the mountainous region of Rwanda on the border with the Democratic Republic of Congo. Dean decided not only to sponsor the training, but to attend and take part as well.

Having now participated in multiple trainings with MRI and having independently led workshops and activities with RWAMREC as well, Fidèle agreed to take an active role in both coordinating and leading the COOPAC training, with RWAMREC officially co-hosting the event.

On September 17, 2008, MRI trainers Steven Botkin and James Arana met up with Fidèle and Dean Cycon in Kigali and travelled together to Gisenyi. Steven Botkin wrote the following in a blog entry from Rwanda:

Training participants, farmers and community leaders of COOPAC arrived Thursday morning from all around the region, along with representatives from several Rwandan NGOs involved in domestic violence prevention. As a bamboo pole was passed for each person's introduction, the men and women were already talking passionately about their commitment to ending family violence. The activities and discussions over the next three days deepened and solidified their understanding.

The honesty and sophistication of the dialogue about the realities of violence in their lives was impressive. Men acknowledged and took responsibility for their personal and collective forms of violence against women and children, and women spoke out about the many ways they had been abused. Together they began to construct a new vision of men and women as partners, and how they would work together as agents of change in their communities.

The closing ceremony was witnessed by a large group of community members, where training participants spoke to their friends and neighbours about what they had learned and how they are changing, and provided positive role-models of women and men standing and

speaking in partnership and equality.

Dean Cycon published this reflection on the Dean's Beans website:

At the end of the trainings, we held a big community gathering, full of traditional dancing and singing. Over two hundred community members witnessed the farmer participants stand up and tell what they had learned about gender violence in their lives. They saw men turn to women in a very public place and ask for forgiveness. They saw the women forgive. It was powerful modelling for the community, and many people in the crowd shouted encouragement to the participants, as if some deep pressure was being released. The men and women all vowed to take what they had learned back to their communities around the mountains, and COOPAC promised to create a Gender Committee to continue the work. We also said that we would take the work to other coops around Rwanda, and that some of the men and women could come and share their experiences with other farm communities, reinforcing my belief that cooperatives can be a powerful vehicle for social and economic development.

Following the success of these trainings, RWAMREC was selected to be part of a four country study (Rwanda, Brazil, India and Chile) of the implementation and impacts of male engagement programs funded by the United Nations Trust Fund, managed by the Global MenEngage secretariat with technical assistance from the International Center for Research on Women and MRI. RWAMREC is now adapting the MRI training, replicating it with other coffee cooperatives, planning follow-up activities and participating in a multi-country research project.



In June 2008 RWAMREC convened a national consultation meeting, with support from the United Nations Development Program, the Global MenEngage Alliance and MRI, where organisations interested in engaging men formed a Rwanda MenEngage network. This network, with 60 member organisations, developed an action plan, and elected RWAMREC as the first secretariat.

The Rwanda Men's Resource Centre continues to develop innovative programmes (such as their mentorship programme for male secondary school children), lead awareness and advocacy initiatives, and now sits on the Africa Regional MenEngage steering committee. And these experiences help us all understand the strategies and skills for organising and partnership.

In a very short time, the Rwanda Men's Resource Centre, with Fidel's leadership and support from MRI, MenEngage and other international organisations, has become a leading organisation nationally and an international role model in the field of engaging men and boys in violence prevention, promoting positive masculinity and gender equality.

# BOPHELO PELE MALE CIRCUMCISION CENTRE, ORANGE FARM

## South Africa

*Laura Pascoe*

In March 2007, WHO and UNAIDS recommended that male circumcision be promoted as part of a comprehensive HIV prevention package, particularly in countries with high rates of HIV and a low prevalence of male circumcision.

Results from three randomised controlled trials in Kenya, Uganda, and South Africa, beginning in 2002, confirmed findings from other epidemiological studies conducted since the mid 1980s on the protective effect of male circumcision. This evidence demonstrated that following circumcision, the incidence of HIV infection in men was reduced by 50-60%.

Three years after the trials were publicised however, few countries have taken male circumcision to scale in a way that might lead to the kinds of epidemiological benefits high prevalence countries need so desperately. This is the case despite the substantive data from these rigorous studies, and daunting rates of HIV infection that climb towards 25-30% in some countries.

While some countries have not taken heed of the WHO/UNAIDS formal endorsement for male circumcision, others have responded by designing, developing and implementing nationwide policies and rollout programs. Others are still in development or drafting stages.

Kenya, Botswana and Uganda have already adopted national policy guidelines and launched national strategies. Zambia has incorporated male circumcision into its national HIV prevention strategy and Swaziland has developed national policy guidelines. A partnership between Zambia and Swaziland, the Male Circumcision Partnership, has been created. Somewhere in the middle, neither ignoring the call to action nor incorporating circumcision wholesale into national prevention strategies, is South Africa. Although South

## “Following circumcision, the incidence of HIV infection in men was reduced by 50-60%.”

Africa has developed an initial draft policy, it lacks the formal structure to implement male circumcision.

In the same South African clinic where the initial randomised controlled trial was conducted, male circumcision continues to be offered as a part of comprehensive HIV prevention package, free of charge, by a private initiative. The Bophelo Pele Male Circumcision Centre in Orange Farm, located in a semi-urban area close to the city of Johannesburg, has been a site of progress and innovation in the provision of effective male circumcision services. Since the beginning of 2008, over 12,000 circumcisions have been performed at the clinic.

Using a variety of publicity and campaigning techniques, the Bophelo Pele clinic attracts people from all walks of life to their information sessions, where they educate their audience not only about male circumcision but also about condom use, sexually transmitted infections and other issues relating to sexual health and HIV prevention. From there eligible and interested men go through a process which includes individual counselling, voluntary testing and counselling for HIV and a physical check up before they are circumcised. Men are asked to return a few days after the circumcision to ensure that everything is normal and that the healing is going well, and follow up services are available should anything go wrong, although this is uncommon.

The clinic optimises its use of professional staff by having an open room layout where professional staff rotate between several patients in the same room. They also transfer many duties to the lesser-trained nurses. In order to circumvent potential resistance by local traditional circumcision providers, workshops have

been offered to these providers. These have been well received, and suggest that traditional providers see the clinic's services as a valuable opportunity to ensure safe practices around male circumcision.

Despite the success of the male circumcision implementation in Orange Farm, there are still challenges to be faced if this is to be scaled up to a nationwide rollout. Inadequate facilities and a lack of human resource capacity plagues many countries despite their best intentions for nationwide rollout of male circumcision, and more needs to be invested in male circumcision technology transfer, training and capacity building.

Scientifically supported methods to reduce HIV infection are a critical tool in effective public health interventions. However, perceiving circumcision from a purely public health perspective can be problematic. Male circumcision is a sensitive topic and one immersed in varying cultural, religious and traditional values and practices. Attempts to include widespread male circumcision into public health policies need to be cognisant of the myriad of traditional and religious factors that may create obstacles to adherence to such policies. Conflict with local customs and traditional practices can often prove problematic, and efforts must be made towards advocating the application of health standards in a traditional setting.

Another ongoing concern that surfaces in debates is that of risk compensation. This is the fear that men may engage in higher-risk sexual activities after circumcision then they would if uncircumcised. What if male circumcision actually creates a backlash against HIV prevention efforts? There is still insufficient evidence to show whether male circumcision prevents HIV infection



## “Male circumcision does not appear to reduce the risk for women who have intercourse with HIV-infected man.”

of women, or amongst men who have sex with men. A recent study conducted in Uganda suggests that male circumcision, by itself, does not prevent transmission of HIV from an infected male to his female partner. In other words, male circumcision does not appear to reduce the risk for women who have intercourse with HIV-infected man. Nevertheless, it is important to include male circumcision in a broadly encompassing HIV prevention package. The WHO recommendation makes this very clear: “The gender implication of male circumcision as an HIV prevention must be addressed. Policy makers and programme managers should maximise the opportunity that male circumcision programmes afford for education and behaviour change communication, promoting shared sexual decision-making and gender equality.”

Offering us valuable insight into the private clinic that continues to offer male circumcision, social scientist and project manager Dirk Taljaard joined us for an interview from the Bophelo Pele Male Circumcision Centre in Orange Farm, South Africa.

### How much does it cost to provide each circumcision?

It depends on how big the clinic is. Here in Orange Farm, we are able to do over 100 circumcisions each day, which ends up costing about R300 per person. In other settings where the numbers are more like 50 per day, it evens out to about R400-500 per person. But I wouldn't imagine the cost would get higher than R500 per person. This covers the expenses for the entire process, from outreach through counselling, to surgery and follow-up. You have to keep in mind that because we are out here on our own, we are responsible for getting information to the community regarding male

circumcision and so there is a fairly large outreach component involved with our services. This includes a phone-in radio show, door-to-door campaigning, information sessions and pamphlets.

### How did you decide on the best forms of publicity and community outreach?

We are partnered with the Society for Family Health [SFH], Population Services International's [PSI] affiliate in South Africa. They have a lot of experience to offer including counselling and testing services, and they also act as the lead communications partner for the project. They helped us answer questions such as “What do we need to do to get the message out?” “What forms of media are appropriate to discuss issues related to male circumcision?” We weren't sure, for example, if talking about these issues on the radio would go over very well. But the phone-in radio programme has been really useful to help answer some of the practical questions such as why we only circumcise men age 15 and older. We also get a lot of questions about pain. “How painful is it going to be?” Most of the guys will come out and tell us that it wasn't as painful as they thought it would be. But I'd have to say that all the different aspects of our outreach have been really important, and brought in a lot of people who are interested and want to know more about what we do.

### Can you run us through the process that a man would go through in order to get circumcised at Orange Farm?

What usually happens is that he'll get interested from seeing or hearing something through our publicity/ community outreach. At this point he is invited to come to an information session, which is led by a lay

## “We will still circumcise even if he is HIV positive, as long as the CD4 count is higher than 200.”

counsellor, who has been extensively trained through SFH. These information sessions are open to anyone; grandmothers, children, fathers are welcome. Everyone has to start here, and the session includes not just information on male circumcision but also on HIV prevention and sexual health. This is what we call the recruitment point.

The next step is individual counselling. At this point we are only dealing with eligible men (men aged 15 and older). At this meeting we re-emphasise the information we covered in the initial information session, and try to ascertain what he does to put himself at risk. These counselling sessions last about 30-40 minutes. I think these are really useful—often this is the first time a man will have talked about these issues, and most are quite eager to open up and learn more about their sexual health. After this he has the option to go for VCT [voluntary counselling and testing]. About 30-40% agree to test.

After this, he'll do the written consent. If he's between 15-18 years he'll need parental consent; 18 years and older he can sign his own consent forms. Following this process, he then waits three days before he comes back to us for the surgery.

Three days later he'll come back to the clinic, and as long as he's in good health, he'll be ready for surgery. We use a local anaesthetic and the forceps-guided method, and it takes about 25 minutes to complete the procedure. Afterwards we give him enough Paracetamol for 24-36 hours, although most only use it for 12 hours or less, and we take him home. After 2-3 days we have him come back just to make sure that everything is normal and healing well. We insist that he abstain from sex for six weeks after the surgery. Research

shows us that after about four weeks most people are healed, but at six weeks we can be absolutely sure everyone will be healed. In focus groups we've held we've also found that most partners are quite keen to encourage abstinence for the full six weeks.

If there is an infection we will go to fetch him, everyday, until the infection is cleared and everything is normal. We also have an emergency reaction unit, so that if you have been to surgery today and tonight you go home and start bleeding, somebody will come to assist you and, if needs be, take you to a facility where they can help you. But only about 2% have any kind of problem, and most of these problems are not serious. We've never had anyone with permanent damage. Since the beginning of 2008, we've done just over 12,000 circumcisions.

### **So only 30-40% of the men agree to do VCT; does that mean you'll circumcise regardless of their HIV status?**

Yes, we will still circumcise even if he is HIV positive, as long as the CD4 count is higher than 200. The reason for this is that we don't want to discriminate against men who are HIV positive. Even though it is no longer an HIV preventative method, it can still protect him against a number of STIs, and also give us the opportunity to educate him on condom use and his sexual health.

### **Who are the clinical staff at Orange Farm? How many are there and what level of training do they have? What lessons can we take from this when thinking about a nationwide roll outs?**

In South Africa we are guided by the rules and regulations for this type of practice. There are three different levels of nurses—professional nurses, enrolled nurses, and auxiliary nurses. Auxiliary nurses only do in-service training, enrolled nurses have some technical or college training, and professional nurses are graduates. We've got all three types of nurses, but most of our nurses are auxiliary nurses. We've got about 17 nurses and 3 medical doctors. But this has really been an operational research project to see at what level one needs to be trained to be able to do this. At this stage we are of the opinion that male circumcision itself is not a complicated procedure and we can train professional and enrolled nurses to do it. As it stands now, the nurse has to work under the direct supervision of a doctor. But I think that if the training is done well, you only really need a doctor around if something goes wrong. In 90% of cases, the surgery is quite simple, and if you spent time training the nurses, the nurses will be able to do it. So I think in terms of a roll out, we will have to train nurses, even if they are still overseen by a doctor. You can have ten operating nurses and one overseeing doctor. If its going to be feasible in the public sector at all, we're going to have to use nurses; we simply don't have enough surgeons.

The other thing is that I think we're going to have to involve the private sector, and I was happy to see in some drafts of the upcoming policy that the private sector is mentioned. There is already some precedence for the public and private sector working together in prevention and health care in South Africa, so I think that will help as well. This is going to be particularly helpful in township settings where there are qualified individuals who are able to do circumcision surgeries in their offices. You don't need a big surgery facility; it is a small surgery that can be done in a doctor's room.

**Although there are no studies that show evidence of risk compensation—engaging in higher risk sexual activities than one would if uncircumcised— there is a lot of anxiety around its potential with male circumcision. What steps can we take to ensure this doesn't become a valid concern?**

I think that with any kind of intervention around prevention there tend to be issues around risk compensation. Even if we discover a good vaccine, we're going to have the same problems. We've already seen this among high risk groups in the States when ARVs became readily available. This is not something unique to male circumcision. We believe that the counselling part is really important and we have to make sure that circumcision comes as part of a package of sexual health education and HIV prevention. But I don't really see risk compensation as a huge threat. On a national basis, the message we have to put out there is that, to protect yourself you have to reduce the number of partners, use condoms, and be circumcised. We don't see it as a stand-alone at all; we have to add it to what we are already doing.

But we do find the information sessions are quite busy, and we find that men are interested. I think its important to keep in mind that it is quite a personal thing; to have elective surgery, particularly on that part of a man's body, so I think it's very important for them to be able to sit down and discuss their own situations.

**With a procedure as deeply embedded in tradition and cultural**

**practices as male circumcision is for many, have you run up against resistance from the traditional circumcision providers? What kinds of training do you offer them if they are interested?**

We do have workshops with the traditional circumcisers. There are a lot of organisations covering the larger region and we have spoken to them on a number of occasions. They are, in the area where we are, quite keen to work with us. They see themselves as being able to do the initiation part and we do the cutting part, the follow up and so on. That's the legitimate guys, of course; the illegitimate guys we don't want to have anything to do with. But the good guys do not really have a problem working with us, and in fact they see this as a good opportunity for them to make sure that what they are doing is safe.

But as far as cooperation in general is concerned, I think sometimes the resistance from the traditional circumcisers is exaggerated. Because whenever we've met them on the ground, and spoken to the traditional leaders, we've never had real resistance from them.

**If someone wanted to replicate the work at Orange Farm, what other recommendations would you make?**

I think we've developed a very useful model in our clinic. We realised quickly that the traditional model of one room, one person at a time, means that your medical staff spend most of their time waiting - waiting for the patient to be prepared, then waiting for the patient to be finished up and the room cleaned and prepared for the next patient. So we devised a setup where we have

one large room, like a small ER, with multiple beds and curtains to separate them, and the doctor can move from one patient to the next. The patients are all at different stages of the process, so you can keep your clinical staff moving from one patient to the next all the time. This allows more opportunity for the lesser-trained staff, such as auxiliary nurses, to play a greater role in moving a patient through the process. This allows one doctor to perform 10 circumcisions in one hour. In terms of cost effectiveness and highly trained staff that you need, it is a very workable model.

# Examples of change: strategies for gender transformation and social justice

Policy and  
Advocacy  
Work



# SHE IS NOT GIVEN TO YOU TO BEAT HER LIKE A DRUM: The role of a civil society organisation engaging men in the progress of gender equality in post-conflict Sierra Leone: a case study on the Three Gender Acts

## Sierra Leone

*Tate Lowrey*

At the end of the 1990s, David Tamba found himself in a devastating yet not uncommon situation. A bloody and prolonged civil war in his home country of Sierra Leone forced him to flee to a neighbouring country for protection; but what he encountered along the way was anything but safety. When he and his wife and children arrived at a refugee camp in Guinea, they were attacked by militia who tried to rape his 8-month pregnant wife, causing a miscarriage. The family was beaten and looted of its last possessions.

He was tormented by questions without answers, questions that enraged him: "What had we done to deserve this? Why could I not stop it?" He needed a place to direct his anger, and it was all too easy to give in to the temptation to join the rebels. "I just wanted to shoot people, to empty a gun," David admitted in an interview in Cape Town. Auspiciously, before he could join the war, Lynn Ngugi, a UNHCR protection officer working in his refugee camp sought his assistance in finding a young girl who had been abducted in the camp. He assisted and succeeded in finding the missing girl. This experience and ongoing support from Lynn Ngugi led to David becoming active in the camp in efforts to engage men in preventing violence against women.

This harrowing personal experience contributed to David's emergence as a gender activist in Sierra Leone. He became certain he could transform his encounter with violence into a life commitment to educate other

men about the devastation caused by violence. He began “reaching out to other men to stop the chain of violence, instead of going out and fuelling the fire even more. From revenge, so to say, to prevention. I started talking to men about the many ills of this entire thing, started explaining what leads to rape and how we can intervene to stop it. How we can better protect our communities.”

The scale of the problem David is tackling is massive. From 1991 to 2002 Sierra Leone was ravaged by civil war, political conflict and violence that took the lives of tens of thousands and left millions displaced. This unrest damaged an already unstable infrastructure, degrading the human spirit and mocking human rights. Of the 2 million people estimated to have been displaced, 80% were women and children. In the wake of the conflict villages were destroyed, agriculture was devastated leaving massive food shortages, and the rape of women became a common practice. Schools were ruined and children were withdrawn from education. Many were abducted and forced to become child soldiers.

Against this backdrop, David founded an organisation called Men’s Association for Gender Equality (MAGE) to engage men to challenge gender inequality in Sierra Leone. David describes the work MAGE does as a “two attack approach”. In the rural district where they are based, they provide support to vulnerable women by providing safe places for them, including a shelter for women who have been abused or abandoned. On a larger scale, they use grassroots initiatives to address the social causes that make women vulnerable, from discriminatory cultural beliefs that favour men to power imbalances in gender relations. Integral to the mission of MAGE is addressing wider structural forces and

relations and ensuring implementation and change at the local level.

Working with policies offers an opportunity to modify these wider structural influences. Government policy provides a national strategy by means of which to shape more just versions of femininities and masculinities. Government policy sends out explicit messages about changing social norms and behaviour, and provides legal redress for injustices committed. The period following the civil war in Sierra Leone provided a unique opportunity to craft new policies addressing the injustices affecting the country including gender injustice. There was political will, and government and international support to facilitate this process.

Sierra Leone is governed by customary and Muslim law as well as by formal law. Many aspects of customary law discriminate against women and girls, according them lower status than men. Under customary law, women are considered subordinates, and are likened to minors. Women have been excluded from legal and political processes as they were viewed as not being decision makers or were assumed to lack necessary skills. Cultural and religious practices, such as female circumcision, prevail, with about 90% of women in the country circumcised.

Violence against women occurs at alarming rates across the country. Customary law allowed a man to beat his wife as long as the beating was “proportional” to the wrong she had committed. Women had no right to inherit property; those who lost their husbands also lost rights to their land and were expelled from their homes. A common practice known as ‘wife inheriting’ saw newly widowed women married to the brothers or nephews of their deceased husbands. Marriages did not fall under state authority, and there was no assurance of

## “It’s crucial and paramount for men to protect their wives, their sisters and their daughters.”

appropriate support in the event of a divorce: men could leave their wives whenever they pleased, leaving them with nothing. In many cases, abandoned women were forced to pay back their dowries to their husbands’ families. Those women who wished to leave their husbands were likewise required to return their dowries. Child marriages were common.

In 2007, MAGE joined the movement to challenge deeply-held beliefs about gender roles and sexual and gender-based violence at the national level. They united with a coalition of civil society organisations, known as the Task Force, to lobby for three new laws known as “The Gender Acts”. These were the Domestic Violence Act, the Devolution of Estates Act and the Registration of Customary Marriage and Divorce Act. The Acts were expected to provide protection for woman and address men’s behaviour toward women. The new gender laws represented an opportunity for the burgeoning legal infrastructure to set new standards for how men are to treat women.

### The Three Gender Acts

The **Domestic Violence Act** established both a new offence of domestic violence and the legal mechanisms that people could use to protect themselves from domestic violence. It was the first formal law in Sierra Leone to address domestic abuse in such a manner. A special unit within the Sierra Leone Police named the Family Support Unit was created in 2001 to handle incidents relating to the family. Most cases reported to the unit involved domestic violence and the unit made limited progress because it had no legal framework within which to operate effectively. Without backing from the law, the units could not do much more than telephone the victim’s husband and beg him to allow

the wife to return home. Now that domestic violence is a criminal offence, the police and Family Support Units have increased authority to take action against domestic violence. Importantly, marital rape has become an offence under the Act. The Act also requires the government to provide temporary safe homes for victims of domestic violence as well as restraining orders for men to stay away from the home if necessary.

The **Devolution of Estates Act** substantially changes the economic position of women. Before the passage of this Act, women had no right to inherit from their husbands’ estates. If a woman’s husband died, his family could lay claim to all her property. Widows could be ejected from their homes with their children - or be required to marry their deceased husband’s brother if they wanted to stay on. This Act ends the widespread practice of wife inheritance and entitles surviving spouses of either sex to stay in the family home until death. It is a criminal offence to expel a spouse from her home. Husbands and wives can now inherit property from each other equally. Additionally, male and female children also inherit equally when a parent dies without a will.

The **Registration of Customary Marriage and Divorce Act** stipulates that children cannot marry below the age of 18. It also requires that both parties must consent for a marriage to be lawful. Notably, it requires that marriages be registered which is a provision many women of Sierra Leone consider to be of utmost significance to prevent men from abandoning them. It also entitles women to acquire and dispose of property in their own right. Dowries do not have to be returned in the event of divorce or separation. The Act also enables women to apply for child maintenance if a father refuses to take responsibility for his child.



Implementation of the Acts in Sierra Leone, where obstacles are present around every corner, remains integral to the work of MAGE. Basic infrastructure is lacking, travel is difficult, and there is never enough money or resources. Rigid community attitudes toward gender equality also have to be confronted.

To ensure that these laws are actually implemented, MAGE uses a number of strategies. David says: "I [go] to villages to explain to all who [want] to hear the possibility of a citizen's arrest in case of any kind of sexual violence. And to bring the message across to both men and women, that it's crucial and paramount for men to protect their wives, their sisters and their daughters. The war is over. What we now need is an end to the violence at home."

Since a lack of education about gender equality and the benefits it brings to men, women and society at large is a major obstacle to effective implementation, MAGE concentrates much of its effort on educating men about gender equality, what the laws entail, and the need to obey the new laws. They have used various creative tactics to popularise the Gender Acts across the country. For example, they perform drama and role-plays that portray the message that crimes around sexual and gender-based violence are punishable under Sierra Leonean law. They plan to take advantage of established communication technologies such as community radio stations to play jingles and songs in favour of the Gender Acts. Also, they want to use radio talk shows to interview key actors and peer groups from the community in order to spark public discussion. They have emphasised the importance of civic education by starting school gender clubs to discuss the Acts and the roles and responsibilities of boys in protecting girls.

MAGE has set up partnerships between Family Support

Units (FSU), Sierra Leone Police, and line ministries. They run refresher workshops with FSU to strengthen police capacity to respond to violence and use the Acts to resolve conflict. They help clarify the roles and responsibilities of law enforcement bodies as outlined in the Acts.

MAGE continues to set up partnerships with like-minded organisations and agencies that deliver services to women and girls. They are dedicated to these partnerships that increase the impetus to implement the new laws. They joined with thousands of women and their male supporters by marching in the capital Freetown for the international campaign of 16 Days of Activism against Gender Violence. They campaigned to guarantee that registration fees for customary marriages, which have yet to be set, would be affordable for the poor.

MAGE states that their "programme will continue to endeavour to create the change necessary for men, women, youth and children to enjoy equitable, healthy, civic, democratic rights and opportunities and will work with all key actors to ensure that the rights of women and children, especially girls, like that of men, are respected and protected in law and practice, as provided for in the three Gender Bills...now passed into law in Sierra Leone."

# THE EQUALITY COURTS AS A TOOL FOR GENDER TRANSFORMATION

## South Africa

*Emily N. Kehn*

In March 2009, Sonke Gender Justice Network filed a complaint at the Equality Court in Johannesburg against the ANC Youth League Leader, Julius Malema. The complaint was lodged in response to remarks he made to university students concerning Jacob Zuma's rape accuser claiming that she likely enjoyed herself during the incident. Sonke's Equality Court case alleges hate speech, unfair discrimination and harassment of women, and is only the second high profile gender equality case to be taken to the Equality Courts since their inception in 2003 (DOJCD Annual Report 2007-2008:51) This case study provides an analysis of the Equality Courts as a new legal forum for gender transformation work by examining the history and theoretical foundations for the courts, the procedures for utilising the courts, the problems and challenges faced when using the courts, and documenting Sonke's own experiences in lodging its case.

In January 2009, the African National Congress' outspoken and well-known youth leader, Julius Malema, addressed 150 Cape Peninsula University of Technology students. Already controversial for making inflammatory remarks in which he said he would be willing to "kill for Zuma," Malema suggested that the woman who accused Zuma of rape had a "nice time" with him because "when a woman 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." His words were met with cheers by the student supporters.

However, many others were outraged. Human rights and gender equality organisations such as Sonke Gender Justice Network (Sonke) were worried about the impact such words would have in a country with



alarmingly high levels of rape, where pervasive rape myths result in rape survivors often being blamed for rape and retraumatised in the country's police stations and courts. Sonke's Senior Programme Advisor, Mbuyiselo Botha, explained, "Malema's words send a very dangerous message to the country at large. South Africa has one of the highest incidents of rape in the world. If people making statements such as these aren't made accountable, then they detract from the gains we've made toward gender equality."

Recent research reveals a dire picture of violence against women and sexual assault in South Africa. A survey in the Eastern Cape and KwaZulu-Natal provinces by Professor Rachel Jewkes of the Medical Research Council and colleagues from the University of KwaZulu-Natal revealed that 1 in 4 men surveyed admitted to having raped a woman (Jewkes et al. 2009) The study also found that men who are physically violent towards women are twice as likely to be HIV-positive,

and are less likely to use condoms. Any woman who has been raped by a man over the age of 25 has a 1 in 4 chance of her attacker being HIV-positive. These alarming figures, Jewkes posits, are linked to ideas about masculinity based on gender hierarchy, and to a sense of entitlement to sex evident amongst many men.

The situation is exacerbated by misconceptions regarding sexual violence. A survey of 250,000 school aged youth indicated that males were more likely than females to believe that "sexual violence does not include touching; sexual violence does not include forcing sex with someone you know; girls have no right to refuse sex with their boyfriends; girls mean yes when they say no; girls like sexually violent guys; girls who are raped ask for it; and girls enjoy being raped" (Peacock et al., 2008).

With this social context in mind, Sonke began seeking avenues of redress. Mbuyiselo Botha explained,

"[Malema] is of high profile and influential, so he should be careful and sensible because young people look up to him." As an organisation that supports men and boys to take action to achieve gender equality, Sonke saw this as an opportunity to prompt discussion about men's roles and responsibilities in both colluding with and challenging the pervasive rape culture.

Research on gender activism in South Africa indicates that to date, "organisations working with men have only occasionally used rights-based activism and have focused almost exclusively on community education." Because of this over-reliance on workshops and community education strategies, "much remains to be done to make work with men truly transformational." Sonke felt the effort to hold Malema accountable provided an important opportunity to experiment with rights-based advocacy as a gender transformation strategy.

Sonke contacted the relevant institutions mandated by the Constitution to serve as human rights watchdogs, in this instance, the Commission on Gender Equality and the South African Human Rights Commission, before turning to the Equality Courts. The case has provided an opportunity to test the Equality Courts as a new tool for engaging men in the advancement of gender transformative work.

Co-Director of Sonke, Dean Peacock, elaborated: "advocacy offers the possibility of generating enough controversy and media coverage to engage millions of people across the entire country in meaningful conversations. [The case against Malema] also offers the possibility that it might fundamentally shape the ways in which leaders think about how they address gender transformation, and in particular, how they address rape."

## What are the available grievance mechanisms for violations of the right to equality?

Equality complaints can be brought through both civil and criminal courts, depending on the nature of the matter. In relation to criminal claims that include equality violations, if the National Prosecuting Authority does not choose to prosecute, it is also possible for citizens to independently institute proceedings in a private prosecution (Criminal Procedure Act 51 1977, Section 7). For equality claims within the labour sector, the Employment Equity Act, No. 55 of 1998 applies. The Labour Courts will hear claims under this Act, and can award compensation and direct employers to prevent the same discrimination from occurring again in the future.

Chapter 9 of the Constitution establishes institutions that provide redress for equality grievances – the South African Human Rights Commission (SAHRC) and the Commission on Gender Equality (CGE). The SAHRC is mandated to promote a culture of human rights, to promote the protection, development and attainment of human rights, and to monitor and assess the observance of human rights in the Republic (Human Rights Commission Act 54 1994) The CGE is mandated with the task of exposing gender discrimination in laws, policies and practices and with investigating any gender related issues and endeavouring to resolve them (Commission on Gender Equality Act 39 1996, Section 11(1)) Both the SAHRC and CGE receive complaints from community members, determine the appropriate processes to be followed and make independent findings. Processes include negotiation, mediation, investigations, public hearings, and the lodging of civil proceedings. Lastly, there are the Equality Courts, which



began operating in 2003, and provide an alternative avenue for civil equality claims.

In order to make all of the various legal avenues accessible to indigent citizens, the Legal Aid Board was established to provide legal representation at state expense. Unfortunately due to resource constraints, the Legal Aid Board is currently prioritising legal assistance in criminal cases and is therefore often unable to provide the envisioned free representation in civil or Equality Court claims (Business Day, September 6, 2007)

### History and Background of the Equality Courts

The Equality Courts are informal civil courts situated within designated Magistrate Courts and all High Courts. The Equality Courts were created by the Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000 (PEPUDA). PEPUDA is legislation created in terms of the Constitution in order to expand and give effect to Section 9 of

the Constitution, the equality clause<sup>6</sup>. Item 23(1) of Schedule 6 of the Constitution required the passing of PEPUDA within three years of commencement of the Constitution.

### Section 9 states:

1. Everyone is equal before the law and has the right to equal protection and benefit of the law.
2. Equality includes the full and equal enjoyment of all rights and freedoms. To promote the achievement of equality, legislative and other measures designed to protect or advance persons, or categories of persons, disadvantaged by unfair discrimination may be taken.
3. The state may not unfairly discriminate

<sup>6</sup> \*Indirect discrimination is demonstrated in the US case of Griggs v Duke Power Co, where a company's hiring requirements required a high school diploma, which was not directly discriminatory. However, there was an indirectly discriminatory effect because it kept black people out of a job because disproportionately few were able to meet this requirement. Griggs v Duke Power Co 401 US 424 (1971).

## “Equality lies at the very heart of the Constitution.”

directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.

**4. No person may unfairly discriminate directly or indirectly against anyone on one or more grounds in terms of subsection (3). National legislation must be enacted to prevent or prohibit unfair discrimination.**

**5. Discrimination on one or more of the grounds listed in subsection (3) is unfair unless it is established that the discrimination is fair.**

Equality “lies at the very heart of the Constitution,” (National Coalition for Gay and Lesbian Equality v Minister of Home Affairs 1999) and is a foundational value. The Constitution requires substantive equality, rather than mere formal equality, demanding equality of outcomes and not just the same treatment of individuals. This requires that the state go beyond merely sanctioning acts of discrimination and instead take proactive measures to transform society and thereby achieve actual equality. Section 9(2), above, allows affirmative action, allowing the state to take measures to protect and advance those who have been disadvantaged by unfair discrimination.

Sello Chiloane (2009), Director of the Equality Courts, said that the purpose of PEPUDA is “to eradicate the legacy of inequality South Africans experience from over 350 years of colonialism, apartheid, and patriarchy;” The legislation places positive duties on the state to prohibit unfair discrimination, to ensure substantive equality and to provide remedies for victims of unfair

discrimination (Promotion of Equality and Prevention of Unfair Discrimination Act 4 2000). PEPUDA “positions the Equality Courts as a key mechanism in achieving this aim” (Bohler-Muller & Narnia 2006: 383).

PEPUDA opted for civil remedies as opposed to criminalising discrimination, hate speech, and harassment because of the ongoing process of truth and reconciliation at the time PEPUDA was being drafted. Sello Chiloane explains that the civil approach was taken to help facilitate a less adversarial and punitive dialogue because the “drafters wanted a more meditative, less accusatory system.” (Sello Chiloane, Director of the Equality Courts, interview on June 12, 2009).

Equality Court proceedings are to be guided by a principle of expedient and informal processing of cases in which participation is accessible and facilitated for both parties (PEPUDA Regulations Section 10(7)).

## The equality courts preside over unfair discrimination, hate speech, and harassment claims.

### Unfair Discrimination

Listed grounds on which it is prohibited to discriminate in terms of PEPUDA and the Constitution are the following. Discrimination on one of these grounds is presumed to be unfair discrimination (*PEPUDA Section 6-9*):

1. Race
2. Gender or Sex
3. Pregnancy
4. Marital Status
5. Ethnic or social origin
6. Colour
7. Sexual Orientation
8. Age
9. Disability
10. Religion
11. Conscience
12. Belief
13. Culture
14. Language
15. Birth

One can also bring claims for discrimination on grounds that are not specifically listed in the Constitution or PEPUDA. For claims brought on

unlisted grounds, the complainant must prove that the specific ground causes or perpetuates a disadvantage inherent in the system, undermines human dignity, or adversely affects the equal enjoyment of rights and freedoms. So long as one of these conditions can be proven, the discrimination is presumed unfair. Examples of grounds not listed in PEPUDA and the Constitution are:

1. HIV/AIDS status
2. Socio-economic status
3. Nationality
4. Family responsibility and family status.

### Hate Speech

No person may publish, propagate, advocate or communicate words based on one or more of the prohibited grounds against any person that could reasonably be construed to demonstrate a clear intention to be hurtful, harmful, incite harm, promote or propagate hatred (*PEPUDA Section 10*).

### Harassment

No one may subject any person to harassment. Harassment is unwanted conduct which is persistent, serious, and demeans, humiliates, or creates a hostile or intimidating environment, or is calculated to induce submission by actual or threatened adverse consequences, and is related to sex, gender or sexual orientation, or a person's membership or presumed membership of a group (*DOJCD Brochure, "Equality for All: Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000"*).

The Equality Courts complement the Constitutional Court, by providing an alternative, more accessible and more easily navigated venue for equality claims. The reasoning applied in the Equality Courts must follow the reasoning established by the Constitutional Court in the existing equality jurisprudence. The Constitutional Court has said that in order to prove a breach of the right to equality, one must show that there has been discrimination, that the discrimination is unfair, and that it is not a justified limitation of the right (in terms of the Section 36 limitations clause)<sup>7</sup>.

PEPUDA, however, requires that complaints in the Equality Courts be crafted using the Act, rather than relying directly on Section 9 of the Constitution. This is because the Act offers a substantially eased evidentiary burden than the Constitutional standard explained above. PEPUDA only requires complainants to make a prima facie, or basic, showing of discrimination.

The Equality Court offers other important procedural advantages to complainants and was designed to be more flexible and informal in its proceedings. This can be seen in several aspects of their design that intend to enable cases to be processed without legal representation, with minimal cost, and within a quick time frame.

## Some key features of the Equality Courts are outlined below:

### 1. Free to file (PEPUDA Regulations Section 12(1))

### 2. Designed for Unrepresented Litigants

- a. “[F]airness, the right to equality and the interests of justice should, as far as possible, prevail over mere technicalities.” (PEPUDA Regulations Section 10(7))
- b. Equality Court clerks must provide assistance to illiterate, disabled, or unrepresented litigants. (PEPUDA Regulations Section 5(e))
- c. If a complainant is unrepresented, the regulations require the clerk to step in and fulfil the role of a pseudo-paralegal. (PEPUDA Regulations Section 5(f))

### 3. Complainants’ evidentiary burdens are substantially eased

- a. A prima facie or basic showing of discrimination is all the complainant must show (De Waal et al, 2001 p226)
- b. The burden of proof then shifts, requiring the respondent to prove the discrimination did not take place, or that it was not unfair (PEPUDA Section 13.).

### 4. Hearings must be expeditious and informal a. This sets an inquisitorial and meditative as opposed to formal and adversarial tone.

### 5. Each party is responsible for their own costs.

- a. This is opposed to the loser paying the winners’ fees.

<sup>7</sup>More specifically, the limitations analysis requires a showing that the unfair discrimination was the result of a law of general application for reasons that can be considered reasonable and justifiable in an open and democratic society based on human dignity, equality and freedom. De Waal, Johan, et al, (2001) The Bill of Rights Handbook, 4th Edition, Lansdowne: Juta & Co., Ltd., p204.





This lowers the financial risks for indigent complainants (though presiding officers can depart from this default.).

South African law follows the principle of *stare decisis*, which means that courts adhere to the precedent of earlier cases. This principle is applied within a hierarchically structured court system, where the Magistrate Courts are the courts of first instance and are bound by the decisions of High Courts. Magistrate Court decisions can only be used as persuasive reasoning by the High Courts. Equality Court decisions also adhere to these rules of precedent (Magistrate James Khuleni, Cape Town, Interview July 1, 2009).

The Equality Courts are also empowered to order remedies outside of the normal range of civil remedies that courts can order, giving magistrates and judges the ability to hand down creative and transformative solutions (Bohler-Muller p387), examples of which are highlighted in the Jody Kollapen and Umlazi T-Section cases described below. Some of the remedies listed in PEPUDA are unconditional apologies, orders for costs,

special measures to address the offence in question, interim and declaratory orders, and payment of damages (explicit remedies are listed in PEPUDA Section 21(2)). The presiding officer is further empowered to combine remedies or to make any other “appropriate” orders, in order to ensure effective relief to a successful complainant (PEPUDA Section 21(2)).

Equality Court judges and magistrates have handed down a few creative solutions in the past leading to concrete social transformation. An example was the first high profile Equality Court case heard in 2004, Jody Kollapen v. Du Preez, which was filed in Pretoria by then SAHRC Chairman, Jody Kollapen (SAHRC, Parliamentary Equality Review Process, October 16, 2006). Kollapen alleged unfair discrimination when barbershop workers turned him away, claiming they did not know how to cut “ethnic” hair. The Equality Court ordered the shop owner to unconditionally apologise, to train his staff to be able to cut hair of people of all races, and to pay monthly instalments of R500 to charities of Kollapen’s choice. Kollapen reflected that the case was important

“Rape myths are the false beliefs that there is a ‘typical’ rape victim who behaves in a predictable manner, or that deep down women enjoy forcible sex.”

in “[sending] out a strong message that inequality, discrimination and racism do not pay. In fact, it costs a lot of money.” (News 24.com, March 29, 2005)

The Equality Court system has also been used successfully for gender equality in another high profile case, *Z. Mpanza v. Sibusiso Cele*, also referred to as the Umlazi T-Section case. In 2008, Ndunas (informal male leaders) in Umlazi, a township outside of Durban, issued an edict that prohibited women from wearing trousers in the community (News 24.com, 9 April 2008). The Ndunas argued it was not traditional for women to wear trousers, and that doing so contributed to moral degeneration and incidences of rape. Shortly thereafter, a resident of Umlazi, Zandile Mpanza, was chased by a mob of men who assaulted her, stripped her pants off, and made her walk home partially naked for violating the “code” prohibiting women from wearing pants. She was not the only woman who had been subjected to violence and harassment for wearing pants in violation of the supposed code. With legal representation provided by the CGE, Mpanza took her complaint against the men who instituted the ban to the Umlazi Equality Court. The magistrate overseeing the case ruled in favour of Mpanza, and ordered the removal and prohibition of the ban on women wearing pants because it unfairly discriminated against women under PEPUDA. The Umlazi police were ordered to convene a community meeting to notify T-Section residents of the court order, and to notify the CGE on pending or reported cases involving the ban. Lastly, two of the respondents, Thulani and Sibusiso Cele were ordered to unconditionally apologise for implementing the ban (IOL, 9 April 2008). The four men who attacked Mpanza are currently facing criminal charges in the criminal courts for assault, malicious damage to property, intimidation, and indecent assault (Cape Times, 29 Feb

2008).

### Sonke’s Experience with the Equality Courts

On hearing Malema’s statement regarding Zuma’s rape accuser, the first place Sonke turned to for redress was the African National Congress (ANC). ANC officials declined to respond to Sonke’s complaint. Sonke then approached the CGE office in Johannesburg, which was unable to take on the complaint. However, they did send an admonishing letter to the ANC in response to another individual’s complaint about Malema’s comments.

Next, Sonke approached the SAHRC in Johannesburg, where a formal complaint was filed. While waiting for the complaint to be processed and a response to be delivered, Sonke approached the Equality Court in Johannesburg. Two months later, SAHRC sent Sonke a response informing them that it was declining to investigate the complaint since by that time, it was being heard by the Equality Court.

In March 2009, Sonke filed a complaint at the Equality Court alleging that Malema’s statements constituted hate speech against women. The complaint sought an unconditional public apology from Malema and a R50,000 financial order to organisations providing assistance to abused women. This was done without the assistance of legal counsel, in line with the ideal that the courts be accessible without requiring legal representation. At the April 2009 hearing, Malema appeared with a legal representative. Sonke requested a delay in the hearing due to the unequal legal representation, and a new hearing date was set for June 5, 2009.

The SAHRC referred Sonke to Pro Bono-org, a non-profit organisation that links individuals or groups who cannot afford legal fees to legal service providers who will provide these services free of charge. Pro Bono-org helped Sonke secure the free services of lawyers from Bowman Gilfillan, one of the largest private firms in South Africa. The Bowman Gilfillan legal team modified the complaint, adding the claims of unfair discrimination against women and harassment of women.

The Tshwaranang Legal Advocacy Centre to End Violence Against Women (“Tshwaranang”) then joined Sonke’s case as *amicus curiae*, or friends of the court. Tshwaranang’s Senior Researcher and Policy Analyst, Lisa Vetten, provided testimony as an expert witness, warning of the danger of Malema’s words, which “contributed to the culture of silence and shame attached to being a victim and contributed to the normalisation of sexual violence.” Vetten also expressed concern at the perpetuation of rape myths. Rape myths are the false beliefs that there is a “typical” rape victim who behaves in a predictable manner, or that deep down women enjoy forcible sex. Malema’s comments, she argued, provide a “source of excuses for sexual violence and attitudes that tolerate and condone acts of sexual violence, which is likely to cause or exacerbate the underreporting of rape.”

On June 5, 2009, the hearing was again postponed until July 9, 2009 to allow Malema’s legal representative to prepare responses to the additional charges of unfair discrimination and harassment. Meanwhile, the Secretary General of the ANC, Gwede Mantashe, approached Sonke requesting an out of court settlement. Sonke declined to settle, frustrated by the ANC’s lack of responsiveness prior to the media

interest generated by the Equality Court case. Instead, Sonke chose to continue to seek an unconditional apology and financial order contributing to a women’s organisation.

The hearing took place as scheduled on the 9th and 10th of July, 2009. At the time of writing this study, the case still had not come to a conclusion. Mbuyiselo Botha and Lisa Vetten’s testimonies were heard at the hearing, but Malema had yet to do the same. The presiding officer of the case granted Malema’s legal representation’s request for a further postponement to formulate his arguments in relation to Vetten’s oral testimony. The hearing is scheduled to continue on August 31, 2009.

The case has garnered substantial media and public attention with frequent coverage in almost all of South Africa’s radio, television and print outlets. Large groups of demonstrators supporting Sonke’s cause waited outside the Magistrate Courts in Johannesburg and the High Court in Cape Town on the day of the July hearings. Likewise, ANC Youth League members rallied outside the Magistrate Court in Johannesburg, and sat in to observe the proceedings. In addition, the SAHRC sent a monitor to observe the hearing, and CGE representatives attended the demonstration in support of Sonke at the Magistrate Court in Cape Town.

### Should Sonke Have Led the Case Against Malema?

Sonke’s decision to seek accountability from Malema was made in consultation with women’s rights organisations and members of the One In Nine Campaign. The One in Nine Campaign was formed in 2006 at the start of the rape trial of Jacob Zuma, to express solidarity with Zuma’s accuser and with

## “The Malema case could encourage women a little more to realise that the Equality Courts are available.”

other women who speak out about rape and sexual violence<sup>8</sup>. Not all member organisations were in agreement about how to hold Malema accountable, though the campaign as a whole decided to pursue a complaint with the CGE. The results of this complaint are still pending and unclear.

The Women’s Legal Centre (WLC) thought that there were better avenues to follow than taking Malema to the Equality Courts because of the “limited prospects of success” that this case had at the court. WLC Attorney Cherith Sanger explained that their organisational scope is limited to impact litigation, pursued strategically to change legal precedents, and in their opinion, the original claim for hate speech was not a strong legal argument for the purposes of WLC’s work (Cherith Sanger, Attorney, Women’s Legal Centre, interview, July 1, 2009). However, Sanger added that due to the different mission of an advocacy organisation like Sonke, as opposed to a strategic legal service organisation like WLC, the considerations were different. Organisations such as Sonke “should take radical steps like [the Malema Equality Court] case,” Sanger said. The end goal is different – for an advocacy organisation the goal is to challenge and test the boundaries of existing grievance mechanisms and advocacy tools.

Another issue is the danger that a case such as the case against Malema might pose to freedom of speech. It is possible to argue that it is within Malema’s rights to make any comments he chooses to about any topic, as long as it is not intended to and does not incite imminent violence or hatred. However, Sonke decided that the case would create a beneficial national conversation about leadership, accountability and male

responsibilities to stop men’s violence against women. It was decided that these benefits outweighed the danger posed to freedom of speech. The case was a powerful move, as part of Sonke’s efforts to transform prevailing forms of masculinity, to seek public accountability from Malema as a prominent male figure.

### Potential impact of the Malema case

What will be the impact of Sonke’s case against Malema? Malema facing accountability at the Equality Courts has provided a useful vehicle for instigating national discussion on the dangers of rape myths, and the role that men, particularly men in leadership positions, have in perpetuating rape myths. Regardless of the outcome of the case, Richard Maluleke, the Equality Court Clerk in Johannesburg, has reported that more equality complaints have been filed with his court since Sonke’s case against Malema was publicised than ever before.

Maluleke is also of the opinion that the Malema case has shown that system is robust enough to withstand political pressures. “Malema wanted the proceedings to wait until the end of his ANC campaign,” Maluleke explained, “but the presiding officer refused to do so.”

While the increased number of complaints is a positive effect of the Malema case, Sonke has been the target of deliberate misrepresentation by Malema and his supporters. After the adjournment of the hearing on July 10, 2009, Malema addressed the gathering of his supporters, where he stated, “[he was] in court because the whites who are sponsoring this organisation, they want to make sure they embarrass the leadership of this movement.” (News Today, 10 July 2009). He also said in reference to Sonke’s staff present at the hearing, that “[t]he black faces you see in front, those are not

<sup>8</sup> The One in Nine Campaign aims to mobilise support for survivors of sexual violence; to educate and change attitudes about sexual violence and to monitor the criminal justice system and court processes in rape cases.

real faces, they represent the whites who are opposed to African leadership.” (Iafrica.com, 11 July 2009). With these statements, Malema aims to provide a distraction from the focus of the case, which is the danger of the proliferation of rape myths in a country with one of the highest rape rates in the world. In addition, Malema’s accusations are unfounded – Sonke’s male staff is 88.5% black and the female staff is 66.7% black. Funders are also diverse, such as the Office on the Status of Women within the Presidency, the Western Cape Office of the Premier, the Department of Health, the Commission for Gender Equality, the Open Society Initiative for Southern Africa, the Elton John AIDS Foundation, the United Nations Children’s Fund, the United Nations High Commissioner for Refugees and the World Health Organisation, amongst others.

In hindsight, to create an impact on legal precedent, it would have been strategic to file the Malema case at the High Court level, as the judgment would then be officially reported and would bind all Equality Courts at the Magistrate Court level. Another advantage of bringing the case to the High Court would have been to have a more experienced judge presiding over the case, which might help ensure compliance with the PEPUDA-envisaged inquisitorial and expedient process.

In consideration of the Equality Court’s usefulness in addressing substantive gender equality, the Malema case has the potential to be, as Professor Narnia Bohler-Muller of the Faculty of Law at the Nelson Mandela Metropolitan University, puts it: “an excellent test case.” “[The Malema case] could encourage women a little more to realise that [the Equality Courts] are available. It’s the high profile cases that draw attention and encourage people to utilise the courts... and [this case] might be good because peoples’ eyes will now

be on the courts as a venue for addressing gender discrimination.” With the Ministry of Justice considering the reopening of Sexual Offences Courts, it will also be necessary to ensure gender equality claims do not get hedged into being dealt with only through investigation and punishment of sexual offences. A broader view will need to be maintained in order to push societal transformation towards substantive gender equality.

The Equality Courts will need to continue to be tested with more cases such as the Umlazi T-Section case and the Malema case, to see whether the courts can be used effectively to remedy unfair discrimination based on gender. It will also be important to monitor how the Department of Justice and Constitutional Development addresses the challenges the Equality Courts are facing and to assist by spreading awareness and educating the public on the Courts’ purposes and procedures.

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Cherith Sanger, Attorney, Women’s Legal Centre, interview, July 1, 2009.

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# CONTRIBUTORS



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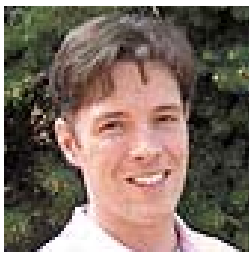


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**Steven D. Botkin**, is the executive director of Men's Resources International. Steven Botkin founded the Men's Resource Center (MRC) of Western Massachusetts in 1982 and received his doctoral degree in Social Justice Education from the University of Massachusetts several years later. For 20 years, as executive director, he guided the MRC from a grass-roots group of volunteers into a successful non-profit organisation, whose programmes have become a model for community-based men's groups around the world. In 2004, Steven founded Men's Resources International (MRI) to "mobilise networks of men as allies with women for violence prevention and positive masculinity." Through MRI, Dr.

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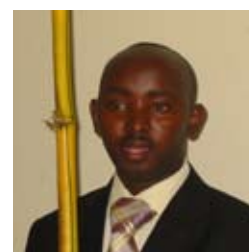
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AIDS, the American Journal of Public Health, the International Journal of Men's Health and the Journal of Men and Masculinities. In addition to his work at Sonke Gender Justice, he is co-founder and co-chair of the MenEngage Alliance and is a part-time member of the University of California at Los Angeles Program in Global Health and part-time member faculty at the London School of Hygiene and Tropical Medicine based at the Gender, Violence and Health Centre.



**Fidèle Rutayisire** is the Chairperson of the Rwanda Men's Resource Centre. A lawyer by profession, Fidèle is a passionate and articulate human rights activist in Rwanda. From 2000 he served as the Executive Director of a Human Right organisation in Rwanda (Association Rwandaise pour la defense des Droits de l'Homme, ARDHO). Then in late 2006, he founded the Rwanda Men's Resource Centre (RWAMREC) to mobilise Rwandan men to support women's leadership, to address issues of negative masculinity, gender inequality, promotion of healthy families, women's rights and prevention of gender-based violence, thus addressing all other related consequences including HIV/AIDS and other health, demography, poverty, and environmental issues. He is a gender sensitive man involved in many women's organisations in Rwanda. Fidèle is a Rwandan who initiated and rallied the world to sign

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**MenEngage**  
boys and men for gender equality