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Capacity-building for mainstreaming a gender perspective into national policies and programmes to support the equal sharing of responsibilities between women and men, including care-giving in the context of HIV/AIDS

Written statement*

Submitted by

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

Introduction[i]

In South Africa and countries across the world there is a growing awareness of the need to work with men to address the gender inequalities exacerbating the spread and impact of HIV and AIDS. Gender roles and relations are increasingly recognized as one of the fundamental forces driving the rapid spread of HIV and exacerbating the impact of AIDS. Across the region, existing gender norms all too often condone men's violence against women, grant men the power to initiate and dictate the terms of sex, and make it extremely difficult for women to protect themselves from either HIV or violence. As a result, the HIV/AIDS epidemic disproportionately affects women's lives both in terms of rates of infection and the burden of care and support they carry for those with AIDS-related illnesses.[ii] However, studies show that rigid gender roles also harm men's health in significant ways. In South Africa it is estimated that men get tested for HIV at a fifth of the rate that women do, [iii] get treated at half the rate women do[iv]-[v] and access treatment significantly later than women with more compromised immune systems and at greater cost to the health care system.[vi]

The Problem

Men with more traditional attitudes toward gender roles are also likely to use condoms less consistently,[vii] and are also likely to drink more heavily with increased risk for unprotected casual sex.[viii]-[ix] In part men's poor use of health services reveals the effects of male socialisation, in which health seeking behaviours can be taken to be a sign of weakness. However they also reflect the fact that many reproductive health services do not address men's HIV, STI and other sexual and reproductive health needs. Most Voluntary Counselling and Testing (VCT) services, for instance, are offered in ante-natal clinics which often are not welcoming or equipped to deal with men.[x] Similarly, many ante-natal clinics do not attempt to reach male partners with VCT services[xi].

Interventions

Since the International Conference on Population and Development put out a call for organisations to work with men for gender equality, many male involvement initiatives have been implemented across the world. Since then a growing body of evidence indicates that work with men can make a real difference in improving men's and women's health and increasing gender equality.[xii,xiii, xiv xv] However, most work with men has been local in scale and limited in scope. To be effective at the societal level, work with men will need to be scaled up. Policy approaches are a central means to this goal.

In response to a request from the National Department of Health to assist in developing national policies on men, gender and health, Sonke Gender Justice convened a men's *imbizo* on September 5th and 6th 2007 in Johannesburg. The meeting brought together 300 men from all nine of South Africa's provinces to explore their experiences with and attitudes towards gender equality and health-including health services. Based on these, the men then generated recommendations for the National Department of Health on issues related to men's use of STI, VCT and antiretroviral therapy (ART) services, men's involvement in preventing mother-to-child transmission (PMTCT), men's roles and responsibilities related to the care economy, and men's involvement in preventing domestic and sexual violence and fostering gender equality The meeting report can be found at: http://www.genderjustice.org.za/resources/4.html.

The meeting was designed to inform other concurrent policy initiatives Sonke is coordinating including a key stakeholder meeting held later in September 2007 to gain additional buy-in

for the development of national guidelines on men, gender and health as well as for a WHO policy brief currently in draft form. In this sense the DFID funded men's *imbizo* was of very significant value both in terms of gaining wide buy-in but also for the information it provided about men's experiences with the health system and their recommendations for how to improve men's access to critical HIV services.

In a paper '*Men and the Care Economy in the Context of HIV and AIDS: Structure, political will and gender equality'* delivered at a DAW Expert Group Meeting in October 2008, Peacock and Weston make the following point, *"AIDS is a long and debilitating illness that renders patients unable to fend for themselves and often unable to cope with the mental stress of knowing that death, in the absence of treatment, is inevitable. Caring for those with the virus therefore involves both physical care – feeding, cleaning and providing medicine to cure opportunistic infections – and emotional support. Many of those caring for AIDS patients find that it is a full-time occupation, which imposes great stresses on the carer's body, mind and finances*." This is true for many situations but is more acute in low income countries.

In the same paper they make the following observations;

- In low and middle-income countries, nearly 10 million are in immediate need of treatment yet only 3 million are receiving it. This leaves 7 million people sick with AIDS and in need of intensive and long-term care.
- Women and girls carry the burden of caring for people sick with AIDS
- Health and education services are not adequately available to provide the necessary support in responding to the challenge posed by the disease.

The Causes: Trade, AID Debt and Political Inaction

This situation is fueled by unfavourable trade regime for low income countries. Many of these countries are depended on aid and are reeling from a heavy debt burden. The net effect of these developments is that the countries have limited means to respond adequately to the challenge posed by HIV and AIDS.

1. Evisceration of public sector spending and cost recovery strategies for water, electricity, education, health and social welfare services.
2. Whereas in the UK there are 222 doctors per 100,000, in Lesotho there are just five; Malawi and Mozambique have only two. The World Health Organisation's minimum standard is 20.
3. Lesotho has 62 nurses per 100,000 compared to 1,170 in the UK. WHO's minimum standard for nurses is 228.

Poor and wrong-headed implementation of HIV prevention, treatment and care strategies allowed the epidemic to accelerate. In the case of South Africa, this meant:

- Inaction on prevention and treatment through the 1990's up until mid 2000's.
- Inaction especially on provision of PMTCT.
- Ideologically driven prevention strategies bordering on denialism.
- Poor attention to the needs of care-givers reflecting gender biases of men in positions of power.
- Insufficient civil society activism.

Potential Solutions:

1. **Slowing the spread of AIDS**

To turn this situation around it is crucial that the following strategies be embarked upon;

- Implement prevention strategies that work: comprehensive sexuality education, male and female condoms, PMTCT, male circumcision, partner reduction, education for girls, economic strategies for women, and gender transformative work with men.
- Ensuring widespread provision of ART including through treatment and rights literacy.
- Reducing viral load through provision of highly active antiretroviral therapy (HAART).

2. **Reducing the burden of care**

To achieve this it is vital that states and donors;

- Provide a mix of cash transfers and public services—free provision of electricity, water, day care and primary and secondary education, health services including psychosocial support in schools and community centres.
  - Economies of scale.
  - Good public sector employment.
- Donors to fund more care work.
- Additional aid for health systems capacity sorely needed with attention to debates about cuts to AIDS funding.

3. **Activism and Advocacy**

- Efforts to reduce the impact of structural adjustment type policies and to strengthen political will require strengthened civil society activism.
- Useful models exist—organizations such as ACT UP, GLOBAL HEALTH GAP, TAC, ITPC.
- Requires additional training and technical assistance to build skills for activist approaches.

4. **Engaging men and boys.**

"Can men change?" is a question we hear too often. Given the pervasive impact of patriarchy in many societies it is understandable to see people who are skeptical. But in the cause of our work as we engage men we find that there is generally openness to change.

There is ample evidence that men and boys can change – and that change can be brought about by interventions in relatively short periods of time.

- 27 percent of fathers in the U.S. present in childbirth in the 1970s, compared to 85 percent in the 1990s.
- Stepping Stones, Programme H, Family Violence Prevention Fund all reporting significant shifts in attitudes and practices.
- Promundo/WHO study confirmed the effectiveness of gender transformative initiatives.

To illustrate the point, a few examples from South Africa drawn from the work that Sonke is involved in:

- ***Reuben Mokae***: an AIDS activist who was involved with in work with men in South Africa stated "*Last October my wife passed on due to AIDS. It has been one of the most difficult times for my three boys and me. Now, though, life is starting to get back to normal. We often talk about her with the boys as a healing process. Sometimes we cry together holding hands when we do this*". Reuben has since passed on but had spent valuable time with his children. This is not usual in a society where child minding is seen exclusively as a women's job. Reuben represents a growing trend of men who are breaking with this stereotype and take up the responsibility of looking after their children.

- **Hlokomela case study:** Sonke has been working with Farm workers in the area of Hoedspruit in Limpopo, South Africa. The work involved working with Supervisors in the Farm in an area where gender-based violence and HIV prevalence was very high. Very few men participated in the CVT programmes in the area. Majority of the 'Nompilo's Home Based Care Workers were women. Today after just over two years of engagement with this community there are more male Home Based Care Workers and higher uptake of VCT. Police report fewer incidences of domestic gender based violence.

- **Nkandla case study:** Sonke through support from UNICEF has been working with boys and Men in Nkandla on a project we call 'Responsible fatherhood' for the last two years. We are now seeing more fathers availing themselves for their children and taking a keen interest in the lives of the children. Significant in this area is that the Mayor who has since become the champion of children's rights and protection insists that all development plans proposed for the Council must of necessity include interests of children and women. Nothing gets included in the local Integrated Development programme unless it can clearly be linked to positive impact on the lives of women and children in the area. This is significant in that through engaging with men in the area, the work is now impacting directly on policy and spending mandates in the local government.

- **Steven Ngobeni**: "The moment I decided to get married I told myself I wanted to be an example of change in my community. One thing I became very strong with was when they said she must go to the veld (bush) and fetch firewood. Just because she is the wife it is what she is expected to do! But even when I made the means to get the firewood, there were still problems because it is not the firewood that they want. They want to see this woman go into the veld and fetch that firewood and come back with the firewood on her head. It is a very challenging situation. Some people are saying horrible things against me and my wife (but), I have to take a stand so the society can see that change is inevitable." The quote from Steven demonstrate how a man living in an environment governed by Traditional system of leadership is prepared to challenge it and face the consequences for that decision all in the quest for gender equality.

What principles should inform work with men?

1. Acknowledge and support men's positive contributions
2. Avoid simplistic gender stereotyping
3. Affirm women's rights
4. Avoid paternalistic framing of "protecting women"
5. Policies and programs must be sensitive to diversities among men.
6. Address the social and structural determinants of health
7. Make the connection between homophobia and rigid models of masculinity

Conclusion

There can be no doubt as to the fact that men can and are willing to change in the quest for gender equality. It is true that currently the burden of care in many communities remains disproportionately on the shoulders of women and girls. It is our view that this has to change and can change. It requires focused work with men. It is also key that we review government policies to ensure that there are appropriate transfers from the fiscus to support care work. With the huge numbers of people affected by HIV and AIDS especially in the sub-Saharan Africa the burden is just too much to be left in the hands of communities. The state has to come in and support the efforts. This will go a long way towards changing the situation for the better. Michel Sidibé UNAIDS Executive Director affirms this assertion in a recent letter to partners where he states, "*As we call for a US$ 25 billion dollar investment, I am also calling for greater accountability of governments, businesses, the UN and activists to make the money work better for people. All programmes should be cost effective, strive to eliminate inefficiencies in service delivery and reduce unit costs. Better aligned and coordinated donor support will also increase the impact of investments*."

RW Connell (2003) asserts, "If we want large numbers of men to support and implement gender equality policy, it will be necessary for that policy to speak, in concrete and positive ways, to their concerns, interests, hopes and problems. The political task is to do this without weakening the drive for justice for women and girls that animates current gender equality policy."[xvi]

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[i] This text was prepared by Bafana Khumalo and Dean Peacock, Co-Directors of Sonke Gender Justice Network, South Africa

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xi See, for instance the One Man Can Fact sheet for additional information on the relationship between men, gender and health in Southern Africa at www.genderjustice.org/onemancan.

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