Making gender truly relational...

### Engaging men in transforming gender inequalities, reducing violence and preventing HIV

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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 these affirmations are not new. From global conferences, international agreements, national level policies and programmes assisting women in developing countries, lots has been tried to improve the situation of the world's women. Some of these efforts 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 and sexual 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.

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.

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

If our goal is to achieve gender equality and to build just and democratic societies that reflect and reinforce healthy and respectful relationships, then, we argue, we will accomplish this faster and more effectively, if we recognise that both women and men have an investment in transforming gender relations. It is in our interests to move beyond gender binaries and to act on the evidence that shows that men and boys can be mobilised to support gender transformation – in solidarity with women, but also based on their own desire for healthier and happier lives.

#### **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 key health and human rights 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 million2. 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 condoning 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 and 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.3

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'4 in Africa. Indeed, if we take into account that Africa is the world's youngest continent, with the largest proportion of its population under the age of 24 years 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 and 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. A more recent study reports that 27% of men acknowledge to have raped a woman, many of them more than once. In South Africa, because women have so little faith in the criminal justice system, 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%.5 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 HIV transmission.

Similarly, in Namibia, 36% of women interviewed reported physical violence and 20% reported experiencing physical or sexual violence during the past 12 months.6 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.7 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.8

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.9 But there is still a culture of silence around violence against women; and Ghana and Sierra Leone are the exceptions in the region to have (only very recently) passed Domestic Violence Acts prohibiting domestic violence.10 In Nigeria, where intimate partner violence is one of the 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.11 The practice of female genital mutilation (FGM) is still prevalent: in Nigeria, 19% of young women undergo FGM12, 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.13

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.14

### 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 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.15

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'.16 A recent representative sample of South African men found that 28% disclosed to have ever raped a woman – nearly 75% of these by the age of twenty and many multiple times. Nearly half reported to have ever perpetrated domestic violence, with one in six assaulting a woman in the last twelve months. Men who perpetrate violence against women are more likely than their non-violent peers to drink heavily, to have multiple partners, and to be HIV infected.17 This violence decreases women's ability to determine whether or not and how sex takes place and is the reason for the higher HIV infection rates amongst women who have experienced gender-based violence.

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 victimised 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 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 wellbeing. 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'.18 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.

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 years 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.19 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 as 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 women20. In Zimbabwe, 55 men out of every 100,000 men in Zimbabwe 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 on 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.21 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.

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.

Programmes and policies to increase men's support for gender equality

I and many of my colleagues at Sonke Gender Justice Network have worked for many years to engage men and boys to end domestic and sexual violence, reduce the spread and impact of HIV and AIDS and advance gender transformation. We are convinced this work makes a real difference and improves the quality of life not only for women but also for men.

Gender work with men and boys receives widespread but quite superficial support and its value is often still quite contested. In a world where there is not nearly enough support for women's rights work, it is not surprising that some women's rights advocates are ambivalent about resources going to organisations that work with men and boys—especially at a time when there are no agreed upon principles and parameters related to dialogue and accountability with women's rights movements.

However, as priorities are set for UNDP at the regional and country level, I want to make the case that work with men and boys can be effective in bringing about improved health outcomes for women and girls, greater gender equality and it can dramatically improve men's health. In doing this, it also contributes in very real ways to development and democracy. I am going to do this by sharing my experiences working with men from post-conflict settings, laying out the evidence base showing that interventions bring about important changes, drawing attention to the international commitments obliging national governments and the UN system to implement gender work with men and boys and to suggesting ways to deepen the impact of this work.

### **Drawing inspiration from post-conflict settings**

David Tamba and Pascal Akimana both narrowly survived war in their home countries of Sierra Leone and Burundi respectively. Both were forced to flee their homes and spent years moving from refugee camp to refugee camp, David in Liberia and Guinea, Pascal in the DRC, Kenya and Tanzania. At the age of twelve, Pascal was forced to witness the rape of his sister. David was unable to prevent rebel forces from abducting and raping his pregnant wife. Each gave serious thought to joining rebel forces to exact revenge but chose not to, in part because of the depression and trauma they both struggled with as a result of the violence they had witnessed and suffered.

Whilst living in a refugee camp, David was approached by a UNHCR protection officer, Lynn Ngugi, who convinced him to participate in camp activities aimed at preventing endemic sexual violence. Now, a decade later, David is the director of the Men's Association of Sierra Leone where he coordinates activities intended to increase men's support for Sierra Leone's three new gender equality laws. He also coordinates Sierra Leone's fledgling MenEngage country network.

After years of moving steadily southwards from Burundi, Pascal was invited to join a Men as Partners workshop at a clinic in Johannesburg's inner city. He was initially resistant to the ideas of gender equality discussed there but returned for subsequent workshops because they gave him a forum to discuss his trauma. He now works for Men's Resources International and is an emerging leader in the field of gender equality work with men and boys.

David and Pascal's stories complicate the more conventional discourse about men and violence against women in conflict settings which typically depicts men only as part of the problem—as perpetrators, probable perpetrators or indifferent bystanders. David and Pascal's stories remind us that men are often deeply affected by violence against the women in their lives—their mothers, sisters, partners, wives—and often feel profoundly ashamed about their inability to prevent violence they experienced or suffered, or sometimes were forced to perpetrate. They remind us also that this shame can often fuel

further violence. Perhaps most significantly, their lives and the lives of many other men like them bear testimony to the importance of developing initiatives that attempt to support men to act on their convictions that violence against women is wrong and that they have a role to play in stopping it and in supporting gender equality and women's leadership.

# An emerging evidence base

Pascal and David's stories are inspiring. They are by no means unique. As new programs engaging men and boys have been implemented, a broad body of effective evidence-based programming has emerged and confirmed that men and boys are willing to change their attitudes and practices and, sometimes, to take a stand for greater gender equality.

A recent review of 57 male involvement programmes published by the World Health Organisation found evidence that at least a quarter were effective in transforming harmful gender attitudes and behaviour, and many of the others were regarded as promising.<sup>i</sup>

Similarly, the Medical Research Council's evaluation of the Stepping Stones intervention implemented in the Eastern Cape showed the latter led to significant changes in men's attitudes and practices including significant reductions in intimate partner violence and other practices that are high risk for HIV transmission. II, III

In Brazil, Instituto Promundo's intervention with young men on promoting healthy relationships and HIV/STI prevention, showed significant shifts in gender norms at six months and twelve months. Young men with more equitable norms were between four and eight times less likely to report STI symptoms with additional improvements at 12 months post intervention. In the contract of the

These studies confirm that men can change their gender related attitudes and relations in relatively short periods of time.

# Policy commitments to involve men and boys

Alongside evidence that work with men and boys makes a difference, there are also many international commitments calling on governments and UN agencies to take action to engage men and boys for gender equality. These include: the 2001 and 2006 UN General Assembly Special Session on HIV/AIDS, the 2004 and 2009 UN CSWs, and the 2009 UNAIDS Action Framework on Women, Girls, Gender Equality and HIV and the 2009 UNAIDS Operational Plan for Action Framework.

The language of the more recent of these commitments is noteworthy for its recognition of the role men and boys can play in bringing about gender equality and health equity. The 2009 CSW, for instance, recognizes "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", and calls for action to "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..."

These international commitments both require policy makers in signatory countries to develop policies and programmes and provide civil society with leverage to demand implementation.

### **Civil society initiatives**

Alongside policy commitments, across the world, in almost every region and country there are civil society groups working with men and boys—to end violence, promote sexual and reproductive health, encourage greater involvement in parenting, reduce the spread and impact of HIV and AIDS or address the legacy of armed conflict and war.

There are many examples. In Africa, the Rwandan Men's Resource Center fosters new models of non-violent manhood in the wake of their country's devastating genocide. In Sierra Leone, the Men's Association for Gender Equality educates men about women's newly gained rights to property, inheritance and divorce. In Kenya, Men for Gender Equality Now use theatre and community mobilization to insist that the criminal justice system holds perpetrators of violence accountable. In South Africa, the Soul City Institute produces carefully researched television series viewed by millions of South Africans that promote changes in men's sexual practices. The organization I represent, Sonke Gender Justice Network, is currently using South Africa's Equality Court to charge the leader of the African National Congress Youth League with hate speech and discrimination after he made comments we believe reinforce rape myths.

In Asia, work is currently taking place in India, Pakistan, Bangladesh, Cambodia, Thailand, Nepal and Mongolia, to name just a few. Men's Action to Stop Violence Against Women, a grassroots initiative has dozens of chapters across the state of Uttar Pradesh supports women's rights organizations to demand full implementation of India's new Domestic Violence Law. Breakthrough's innovative Push the Button Campaign has inspired large numbers of men and boys to intervene to stop domestic violence. And just last week Sachin Tendulkar and other high profile cricket players from the world's largest sporting league lent their names to the "Coaching Boys into Men" anti-violence campaign developed by the Family Violence Prevention Fund and the International Center for Research on Women.

Impressive work with men is also evident across Latin America: Salud y Genero in Mexico, Puntos de Encuentros in Nicaragua, Instituto Promundo and Papai in Brazil and Cultura y Salud in Chile, amongst many others.

In North America and Europe, hundreds of batterer intervention programmes cooperate with local police and probation departments to achieve victim safety and perpetrator accountability while grassroots organizations like A Call to Men, Men Can Stop Rape and the Swedish Men's Association for Gender Equality conduct public education campaigns to promote relationships based on equality and mutual respect.

### Moving beyond small scale interventions

The work of civil society organisations is inspiring and the emerging evidence base both compelling and exciting. However, men's violence against women remains pervasive in many parts of the world. Why, if so many initiatives are in place across the world to involve men and boys in achieving gender equality, have we not had greater success? The truth is that much of the work being done is carried out exclusively by civil society organizations and is usually small in scale and limited in impact and sustainability, reaching only a few hundred or thousand men a year.

If work with men is to make a real difference, if it is to slow and halt the domestic and sexual violence still devastating the lives of millions of women in communities across the world, far more needs to be done to engage men and boys as proponents of change.

I would like to propose a few ideas for how we might increase the scale, impact and sustainability of gender transformation work with men and boys.

These include: developing clear principles for gender work with men and boys, using policy approaches to take gender work with men to scale; strengthening civil society capacity to hold governments to their commitments; forging closer working relationships with women's rights organisations and developing shared principles, parameters and priorities.

### Develop clear principles for work with men and boys<sup>v</sup>

#### **Key Principles:**

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 be 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.25

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.

### A final note: the promise of a gender relational perspective:

The work of the Sonke Gender Justice Network 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 from women and men, from the individual to the collective. For example, in recent interviews with men and women involved in economic empowerment programmes in Rwanda, 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 a 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 (e.g., sheep, goats, pigs, and 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. 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. We seek to move from individual and programme-level change to collective, structural change. We hope to inspire and inform the large scale change at the policy level that must take place if we are to achieve the true promise of gender justice.

#### Footnotes:

- 1. The authors thank Laura Pascoe, Orly Stern and Tapiwa Manyati who conducted invaluable research for with this piece.
- 2. UNAIDS Fact Sheet on Sub-Saharan Africa. [http://data.unaids.org/Publications/Fact-Sheets04/FS\_SubSaharanAfrica\_Nov05\_en.pdf]
- 3. Barker, G. & Ricardo, C. 2005. 'Young Men and the Construction of Masculinity in Sub-Saharan Africa: Implications for HIV/AIDS, conflict, and violence'. Social Development Papers: Conflict and Reconstruction, Paper No. 26, June 2005.
- 4. Ibid.
- 5. Mathews, S. et al. (2004). 'Every six hours a woman is killed by her intimate partner': A National Study of Female Homicide in South Africa. Gender and Health Research Group, Medical Research Council, Tygerberg, 7505.
- 6. World Health Organisation. 2005. *Multi-Country Study on Women's Health and Domestic Violence Against Women*. WHO.
- 7. Physicians for Human Rights. 2007. *Epidemic of Inequality: Women's Rights and HIV/AIDS in Botswana & Swaziland. An Evidence-Based Report on the Effects of Gender Inequity, Stigma and Discrimination*. Cambridge: Physicians for Human Rights.
- 8. WHO. 2005. Multi-Country Study on Women's Health and Domestic Violence against Women.
- 9. Amnesty International. 2006. [http://web.amnesty.org/library/index/engafr440042005]
- 10. Boas, H. 2004. Lessons from Ghana: The challenges of a legal response to domestic violence in Africa.
- 11. Amnesty International. 2006. [http://web.amnesty.org/library/index/engafr440042005]
- 12. UNICEF. 2005. Female Genital Mutilation/Cutting: A statistical exploration. [www.unicef.org/publications/index 29994.html]
- 13. United Nations. Violence against children in West and Central Africa. Geneva: Switzerland.
- 14. Section 12 of the Constitution of South Africa, Act 108 of 1996.
- 15. Kalichman, S.C. et al. 2007. 'Sexual assault, sexual risks and gender attitudes in a community sample of South African men'. In: *AIDS Care*, Jan. 2007, Vol. 19,1, pp20-27.
- 16. Donald, A. & Peacock, D. 2006. 'Understanding men's perceptions of their own and government's response to violence against women. Findings from a survey of 945 men in the greater Johannesburg

- area'. Sonke Gender Justice Network; December 11, 2006; and PlusNews Special: 'Closing the gap: Gender-Based Violence in South Africa: Men slowly turning away from gender-based violence'. [http://www.plusnews.org/webspecials/PNGBV/6643.asp]
- 17. Jewkes R. et al. 2009. *Understanding men's health and use of violence: interface of rape and HIV in South Africa*. Technical Report. Medical Research Council, Pretoria.
- 18. Noar, S.M. & Morokoff, P.J. 2001. 'The Relationship between Masculinity Ideology, Condom Attitudes, and Condom Use Stage of Change: A structural equation modelling approach'. In: *International Journal of Men's Health*, 1(1).
- 19. WHO Global Burden of Disease 2004 Update. [http://www.who.int/topics/global burden of disease/en/]
- 20. Peacock, D. McNab, E. & Khumalo, B. 2006. 'Reflections on the gender equality work with men in South Africa at Nairobi +21' In: Agenda, 2006(69), Special Edition on Nairobi +21.
- 21. Mphi, M. 1994. Female alcoholism problems in Lesotho'. In: Addiction, 89, pp945-949.
- 22. World Health Organization. 2007. *Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from programme interventions*. Geneva: WHO. 23. *Ibid*.
- 24. Ambe, D. et al. 2007. South African Country Report: Progress on commitments made at the 2004 United Nations Commission on the Status of Women on implementing recommendations aimed at involving men and boys in achieving gender equality.
- 25. Some of this discussion was first published in Flood M. 2007. Involving Men in Gender Practice and Policy. Critical Half, Special issue: Engaging Men in Women's Issues: Inclusive approaches to gender and development. 2007a;5(1), Winter.

[http://doctorswithoutborders.org/publications/reports/2007/healthcare\_worker\_report\_05-2007.pdf]

<sup>&</sup>lt;sup>1</sup> World Health Organization (2007). Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions. Geneva

<sup>&</sup>quot;Jewkes R, Wood K, Duvvury N. 'I woke up after I joined Stepping Stones': meanings of a HIV behavioural intervention in rural South African young people's lives. Social Science & Medicine (submitted)

<sup>&</sup>quot;Jewkes R, Nduna M, Levin J, Jama N, Dunkle K, Koss M, Puren A, Duvvury N. Impact of Stepping Stones on HIV, HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *British Medical Journal* (submitted)

Pulerwitz J, Barker G, Segundo M (2004). "Promoting Healthy Relationships and HIV/STI Prevention for Young Men: Positive Findings from an Intervention Study in Brazil. Horizons Research Update." Washington, DC: Population Council.

<sup>&</sup>lt;sup>v</sup> This discussion of principles for engaging men and boys draws from Flood, M. Peacock, D. Barker, G. Stern, O. and Greig, A. (2010) "Policy approaches to involving men and boys in achieving gender equality and health equity" prepared by Sonke Gender Justice Network for the Department of Gender Women and Health, World Health Organization.