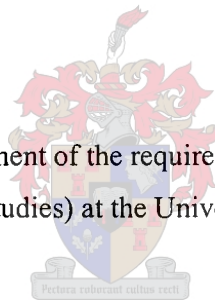


**A Promising Opportunity in HIV/AIDS Intervention? The Men as  
Partners Programme and its Lessons for a Wider Gender  
Interpretation in HIV/AIDS Intervention in Southern Africa**

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Declaration

I, Mirjam van Vliet, hereby declare that the work contained in this thesis is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

Date: 08.02.2007.....

## Abstract

The HIV/AIDS epidemic in Southern Africa continues to outpace the response to it and, as such, forces a re-evaluation of the nature of the imminent health crisis. The nature of the epidemic in this region reveals that it is fundamentally about the role of gender norms and values in forming male and female attitudes toward sexual behaviour that place both men's and women's sexual and reproductive health at risk. In addition, there is a seeming deficiency with regard to the notion of gender in HIV/AIDS intervention in that gender is a highly contested concept and has often been interpreted from a mainly feminist perspective. Both the contours of the HIV/AIDS epidemic in Southern Africa and the deficiencies in gender theory itself, suggest the need for a wider gender interpretation in HIV/AIDS intervention within this region.

Since the need for a wider gender interpretation is multi-layered and manifests itself on a theoretical and practical level, this study differentiates between theoretical and practical usages of gender in HIV/AIDS intervention as reflected in the academic discourse on gender and HIV/AIDS and the international institutional responses to the epidemic respectively. This distinction reveals that the academic discourse is predominantly feminist-centred and informs the conceptual approach toward gender within international organisations such as UNAIDS and the World Health Organisation (WHO) and their practical articulation of gender in the design of HIV/AIDS policies and intervention programmes. As a result, despite awareness of the need for an approach to HIV/AIDS intervention that is sensitive to gender dynamics, both fail to incorporate a satisfactory wider gender interpretation.

This study examines the Men as Partners Programme and its implementation in the Western Cape region in South Africa at tertiary level as a case study. The MAP program seems to suggest a promising opportunity in HIV/AIDS intervention in Southern Africa by promoting constructive positive male involvement in HIV/AIDS policies and intervention programmes. This study is exploratory, qualitative and ethnographic and includes face-to-face semi-structured interviews and a self-administered questionnaire.

The MAP case study reveals an awareness of the need for a more balanced gender perspective in HIV/AIDS intervention. Nevertheless, MAP is not informed by a gender-sensitive discourse and has not incorporated a satisfactory wider gender interpretation in its HIV/AIDS policies and intervention programmes.

This study moves beyond the case study of MAP at tertiary level and discusses the main lessons that the initiative yields for a wider gender interpretation in HIV/AIDS intervention in Southern Africa. These lessons are positive in the sense that MAP demonstrates that men can and should be involved, alongside women, in HIV/AIDS intervention. However, on a less positive note, MAP also demonstrates the obstacles that emerge from such involvement. The findings of this study reveal general trends and patterns that provide insight in the limitations and necessary improvements in HIV/AIDS intervention in Southern Africa to facilitate an approach that is sensitive to gender dynamics. Most importantly, it emphasizes the need for a multi-layered approach to a wider gender interpretation in HIV/AIDS intervention in Southern Africa that differentiates between theoretical and practical usages of gender.

On a final note, this study identifies potential pitfalls and proposes some relevant recommendations for future HIV/AIDS intervention.

## Opsomming

Die MIV/Vigs epidemie in Suider-Afrika groei teen 'n sneller tempo as enige respons daartoe. Dit noodsaak 'n herbesinning oor die aard van hierdie dreigende gesondheidskrisis. Die aard van die epidemie toon aan dat normes rondom geslag en die vorming van waardes en houdings – dié van mans sowel as vroue - jeens seksuele gedrag 'n fundamentele rol vertolk, en dat sulke houdings mans en vroue se reprodutiewe gesondheid op die spel plaas. Verder, daar blyk 'n gebrekkige plasing van die begrip van geslagtelikheid in meeste MIV/Vigs intervensieprogramme te wees. Dit is deels te wyte aan die wye betwisting van die begrip, 'geslagtelikheid,' wat tot op hede grotendeels vanuit 'n feministiese oogslag interpreteer was. Tog, die omtrek van die epidemie in Suider-Afrika, sowel as die gebreke in geslagtelikheidsteorie opsigself, doen die noodsaak van 'n breër vertolking van die rol van geslagtelikheid in MIV/Vigs intervensies, aan die hand.

Uit die aard van die saak bevat 'n breër interpretasie van geslagtelikheid vele lae, en openbaar op teoretiese en praktiese vlakke. As sulks onderskei hierdie studie tussen die teoretiese en praktiese gebruike van geslagtelikheid in MIV/Vigs intervensies, soos dit weerspieël word in die akademiese diskoers oor geslagtelikheid en MIV/Vigs én die institusionele response tot die epidemie op internasionale vlak. Op hierdie wyse word getoon dat die akademiese diskoers oorwegend feministies-gesentreerd is en dat dit die konseptuele benadering tot geslagtelikheid in internasionale organisasies soos UNAIDS en die Wêreld Gesondheidsorganisasies (WGO, oftewel die World Health Organisation (WHO)) onderlê, en die praktiese ontwerp van MIV/Vigs intervensieprogramme deur sulke organisasies beïnvloed. Gevolglik, ten spyte van die bewustheid van die belangrikheid van 'n benadering tot MIV/Vigs intervensies wat sensitief tot geslagsdinamika is, slaag albei organisasies nie daarin om 'n meer bevredigende en breër interpretasie van geslagtelikheid in hul programme in te werk nie.

Hierdie studie ontleed as gevallestudie die Men as Partners-program en hoe dit uitvoering vind in tersiêre instellings in die Wes-Kaap-streek. Dit wil voorkom asof die MAP-program 'n belowende geleentheid bied vir die bestryding van MIV/Vigs in Suider-Afrika deur opbouende en positiewe manlike betrokkenheid in MIV/Vigs-beleide en intervensieprogramme te bevorder.

Hierdie studie is verkennend, kwalitatief en etnografies van aard, en maak gebruik van aangesig-tot-aangesig, semi-gestruktureerde onderhoude en vraelyste. Die gevallestudie toon aan dat daar wel 'n skerp bewustelikheid oor die belangrikheid van 'n meer gebalanseerde geslagtelikheidsbenadering tot MIV/Vigs intervensies is. MAP word egter nie deur so 'n gebalanseerde benadering onderlê nie, en het nie daarin geslaag om 'n meer bevredigende en breër interpretasie van geslagtelikheid in sy MIV/Vigs-beleide en programme in te lyf nie.

Hierdie studie bespreek ook die belangrikste lesse wat uit die MAP-program geneem kan word vir die omvang en betekenis van 'n breër interpretasie van geslagtelikheid in MIV/Vigs intervensieprogramme in Suider-Afrika. Hierdie lesse moet in 'n positiewe lig gesien word, in dat MAP aantoon dat mans betrek kan word – ook in vennootskap met vroue – by die bestryding van MIV/Vigs. Maar, minder positief is die struikelblokke tot sulke betrokkenheid wat in hierdie studie uitgewys word. Die bevindinge in hierdie studie ontbloot breë tendense en patrone wat insig bied tot die beperkinge en verbeteringe wat nodig is om 'n meer geskikte en gebalanseerde geslagtelikheidsbenadering in Suider-Afrika teweeg te bring. As allerbelangrik, word klem geplaas op die behoefte aan 'n veelvlakkige benadering wat onderskeid tref tussen die teoretiese en praktiese behandeling van geslagtelikheid.

Laastens, identifiseer hierdie studie ook moontlike struikelblokke en maak aanbevelings oor die inhoud en omtrek van toekomstige MIV/Vigs intervensie-programme.

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## List of Acronyms and Abbreviations

ACE: AIDS Community Educators

AIDS: Acquired Immunodeficiency Syndrome

HAICU: HIV/AIDS Coordination – University of Cape Town

HIV: Human Immunodeficiency Virus

INGO: International non-governmental organisation

MAP: Men as Partners

NGO: Non-governmental organisation

PPASA: Planned Parenthood Association of South Africa

SHARP: The Student HIV/AIDS Resistance Programme

TAC: Treatment Action Campaign

UCT: University of Cape Town

US: University of Stellenbosch

UWC: University of the Western Cape

VCT: Voluntary HIV Counseling and Testing

# 1 Introduction

## 1.1 Background and Problem Statement

In the last decade the HIV/AIDS epidemic has gained priority across the globe as an imminent health crisis that needs immediate and vigorous attention. Despite this increasing attention, the epidemic has taken a foothold that it has not yet relinquished. In the last 25 years, HIV has spread across the globe infecting 65 million people and killing 25 million (UNAIDS, 2006:2,4). At present, the Southern African region, with South Africa in specific, is “teetering on the edge of a massive catastrophe of unimaginable proportions” (Peacock, 2004:5). To this day, the HIV/AIDS epidemic within this region continues to outpace the response to it. The HIV/AIDS epidemic in Southern Africa shows no signs of abating and, as such, forces a re-evaluation of the nature of the imminent health crisis.

The contours of the HIV/AIDS epidemic in the Southern African region affirm that “gender role norms are among the strongest underlying social factors that influence sexual behaviour” (Barker and Ricardo, 2005:vii) and thus HIV transmission. While in common usage gender usually refers to the cultural differences between men and women, as a theoretical construct it refers to social relations. As Connell points out “gender is the structure of social relations that centres on the reproductive arena, and the set of practices (governed by this structure) that bring reproductive distinctions between bodies into social processes” (Connell, 2002:8-10).

Gender norms place both men and women at high risk of HIV infection. Men are encouraged to “equate a range of risky behaviours (e.g. the use of violence, the pursuit of multiple sexual partners and the domination of women) with being manly, and to view health-seeking behaviours as a sign of weakness” (Peacock, 2004:13). Women, on the other hand, are denied power and access to key productive resources and are assumed to be “ignorant and passive about sex which greatly constrains their ability to negotiate safer sex or access appropriate service” (WHO, 2003:5).

The way that the epidemic takes shape reveals that it is fundamentally about the role of gender norms and values in forming male and female attitudes toward sexual behaviour that place both men and women’s sexual and reproductive health at risk.

Secondly, “AIDS is not gendered everywhere in the same way” (Bujra, 2002:210). Contrary to the early mode of transmission in Europe, America and Australia, HIV transmission is predominantly heterosexual in the Southern African region (Bujra 2002), affecting both men and women and their underlying power relations.

Thirdly, although men are central to the course of the HIV/AIDS epidemic, they are largely ignored in HIV/AIDS intervention (UNAIDS, 2001B:1,2). When men are mentioned it is either within the ‘women as victim, men as problem’ discourse or in men *in relation to* women. Men *as men* appear to be missing from this picture (Cornwall, 2000). Acknowledging the role of men in driving the spread of HIV entails at the same time “recognition that gender equity seems only possible if men support and promote it” (Peacock, 2004:14). In order for change to take place, both men and women need to take responsibility for their actions and empower one another to take a stand in the fight against HIV/AIDS (White, 1997:15).

In addition, not all men and women are the same. Apart from multiple gender identities, men and women’s behaviours should not exclusively be seen in terms of their masculine and feminine identity respectively. Rather, gender should be placed within the “broader discussion of the values and practices that shape power relations not only between men and women, but also among men and among women” (Greig, Kimmel and Lang, 2000:5). As a result, femininities and masculinities should not be seen in isolation from factors such as age, wealth, class, race, ethnicity and “socialization (the way in which each society influences an individual’s attitudes)” (UNAIDS, 2001B:1) and their interplay should be emphasized rather than ignored within the specific dynamics of the HIV/AIDS epidemic in the Southern African region.

The above suggests that addressing the HIV/AIDS epidemic in the Southern African region requires not just the implementation of gender as an analytical tool but of a wider gender interpretation that acknowledges that both men and women need to be included in HIV/AIDS intervention. However, the presumed applicability of gender to HIV/AIDS intervention has proved to be problematic. There is a seeming deficiency with regard to gender in HIV/AIDS policies and intervention programmes. Connell suggests that “the underlying reason is the character of gender itself, historically changing and politically fraught” (Connell, 1995:3).

Gender has seemed to be elusive and difficult to define and it appears to be difficult to “translate complex approaches to gender into practice” (Cleaver, 2002:5). In addition, “gender terms are contested because the right to account for gender is claimed by conflicting discourses and systems of knowledge” (Connell, 1995:3).

On a theoretical/conceptual level, a wider gender interpretation in HIV/AIDS intervention in Southern Africa entails a move away from the almost exclusive dominance of feminism with regard to gender on reproductive health and HIV/AIDS intervention in particular. The most prominent usage of the concept of gender is by feminists. In many instances gender has become a mere synonym for women. As such, ‘women’ have been replaced by gender to increase scholarly credibility as it is generally assumed that gender is a more neutral and objective term than ‘women’ (Scott, 1995:16).

Because of the deficiency of studies such as feminism with regard to gender in HIV/AIDS intervention, there is a lack of systematic research on the “complexities of gender identities and expectations as relating to men as well as to women” (Cornwall, 2000). The result is that there is a predominant focus on women and feminist theories within the gender debate and no extensive research has been done on the potential role of men and masculinities in the HIV/AIDS epidemic. Although the International Conference on Population and Development (ICPD) in Cairo in 1994 was “pivotal in demanding that men’s role in society needed to be revisited” (Clift, 1997), theory failed to produce a “coherent science of masculinity” (Connell 1995:67; Connell 2000). There is an absence of clear information about men’s attitudes toward sex and sexuality. In addition, much existing information about men’s behaviour and beliefs comes not from men themselves, but from women. In order to engage men effectively in HIV/AIDS intervention, emphasis should be placed on men’s own perspectives and interests regarding issues such as gender and sexual behaviour (Rivers and Aggleton, 1999). One of the reasons why men have tended to be overlooked in HIV/AIDS intervention can be traced back to the history of reproductive health programming. “Most reproductive health services are run by women and mainly cater for women” (UNAIDS, 2001B:6).

The question that arises is whether there is anything inherently theoretically wrong with looking at men and masculinities from a feminist perspective. Does a feminist perspective allow us to look at men *as men* (not just men *in relation to* women) and has it enhanced our knowledge of men and their behaviours and beliefs with regard to HIV/AIDS?

The specific gender dynamics of the HIV/AIDS epidemic in the Southern African region reveal that it is fundamentally about the relationship between men and women and their underlying norms and values concerning sex, sexuality and sexual behaviour. As such, this thesis suggests that on a theoretical level, HIV/AIDS intervention ought to be informed by a discourse that is sensitive to gender dynamics.

On a pragmatic/practical level a wider gender interpretation in HIV/AIDS intervention in Southern Africa entails that men and women need to speak to each other about HIV/AIDS and gender-related issues and how it has affected them respectively. In this sense, involving men in HIV/AIDS intervention must go beyond targeting men's behaviour. Rather, the focus should be on the dialogue between men and women (Greig, Kimmel and Lang, 2000:16) and the impact of gender norms and values on their attitudes toward sexual behaviour.

As the need for a wider gender interpretation in HIV/AIDS intervention in Southern Africa is multi-layered, it is important in the context of this study to differentiate between theoretical and practical usages of gender in HIV/AIDS intervention. The theoretical usages of gender are reflected in the academic discourse on gender and HIV/AIDS. The academic discourse contains the theoretical bodies of feminism, the men and masculinities discourse and the discourse on gender and development. The practical usages of gender refer to the conceptual approach toward gender within international organisations and its practical articulation in the responses of main international organisations to the epidemic. This distinction is important in order to find out whether the academic discourse informs the conceptual approach toward gender within international organisations and what this seems to suggest of how gender is translated into HIV/AIDS policies and intervention programmes. More importantly, in the context of this study, this distinction is important in order to establish whether or not, the academic discourse on gender and HIV/AIDS and the international institutional responses to the epidemic are informed by a wider gender interpretation that is sensitive to the gender dynamics of the HIV/AIDS epidemic in Southern Africa.

One initiative that suggests a promising opportunity in HIV/AIDS intervention in Southern Africa is the Men as Partners programme. The MAP programme is "spurred by the recognition that men's attitudes and behaviours can either impede or promote sexual and reproductive health" (Peacock, 2004:2), and encourages positive male involvement in HIV/AIDS policies and intervention programmes.

This initiative takes place within the margins of the gender debate as “the needs of men and their roles in the epidemic are poorly understood and given relatively little attention in HIV/AIDS programming” (UNAIDS, 2001B:6).

Outlined in 1996 by EngenderHealth, an international non-governmental organisation, the Men as Partners programme works around the globe to “assist stakeholders in global health to constructively involve men in reproductive health and family planning” (White, Greene and Murphy, 2004:21). In 1998 EngenderHealth assisted the Planned Parenthood Association of South Africa (PPASA) to implement the Men as Partners programme in South Africa. The MAP programme was implemented in eight of South Africa’s nine provinces and collaborated mostly with civil society organisations such as the national non-governmental organisation (NGO) Hope Worldwide. MAP’s network was expanded in 2004 when another initiative was undertaken to implement MAP at tertiary level in the Western Cape region. These tertiary institutions are:

- The University of the Western Cape (UWC)
- The University of Stellenbosch (US)
- The University of Cape Town (UCT)
- The Cape Peninsula University of Technology - Bellville and Cape Town campuses

The rationale behind MAP’s implementation within civil society organisations and tertiary institutions in South Africa was to get a firm grip on various levels of society. The Western Cape region provided a firm base for the implementation of MAP at tertiary level as it built on a strong existing MAP network within the community. As such, the Western Cape region serves as an experimental case study as to “how best to reach and recruit participants and adapting the MAP curriculum” (Siegfried, 2005:16) at tertiary level. With additional funding in the future there is a strong possibility that the MAP programme can be extended to other tertiary institutions around South Africa, and possibly even around the globe.

The Men as Partners programme seems to have been rather successful in a relatively short period in its fight against HIV/AIDS and violence against women in South Africa. “Evident in research findings and in the words of MAP educators and activists, the MAP approach has demonstrated significant success in shifting men’s attitudes about gender equity and violence against women” (Peacock, 2002:44).



This leaves us to wonder about the role of men “as potential partners capable of playing a positive role in the health and well being of their partners, families and communities” (Peacock, 2002:43). At the same time it forces us to have a closer look at the MAP approach. What are the discourses within the MAP programme? What are its aims and obstacles? How has MAP been implemented at tertiary level in the Western Cape? What are the implications of this? What does it tell us? How does MAP rhyme with the feminist-centred approach in the gender debate? How does it relate to the academic discourse on gender and HIV/AIDS and the international institutional responses to the epidemic and, finally, what does MAP propose toward an improvement in the HIV/AIDS epidemic in the Southern African region in this regard?

The Men as Partners programme seems to provide an opportunity within HIV/AIDS intervention as it appears to create space for a more balanced and nuanced gender perspective. At no point does this study dismiss the importance and role of women in the epidemic itself and within HIV/AIDS policies and intervention programmes, their high vulnerability to HIV/AIDS both for physiological and social reasons, or of the feminist discourse on gender and HIV/AIDS. This study does not seek to replace women by men in HIV/AIDS intervention, but seeks to explore a new opportunity within HIV/AIDS intervention in the form of MAP and the lessons it yields for a wider gender interpretation in HIV/AIDS policies and intervention programmes in Southern Africa.

Thus, the following research question can be formulated:

*What is the content and aims of the Men as Partners programme and what lessons does this initiative yield for a wider gender interpretation in HIV/AIDS intervention in Southern Africa?*

### **The place of this study within the field of International Relations**

Gender has been a relatively new and highly debated topic within the field of International Relations (IR) (Carver, 2003; Zalewski 2003; Carpenter 2003). Within IR, focus has mainly fallen on the conceptualization and theoretical aspect of gender. Authors have discussed and disagreed on the value of incorporating gender into IR whether from a feminist or non-feminist point of view (Carpenter, 2003). Although IR has greatly contributed to our theoretical knowledge and conceptualization of gender, it has, at the same time, contributed to the deficiencies in gender theory itself.

In addition, IR lacks a practical articulation of gender within an international and local context. More importantly, IR has not been able to disseminate and channel this theoretical knowledge of gender into practical, contemporary and imminent topics, such as the HIV/AIDS pandemic. The inability of IR to find a connection with contemporary topics has become problematic. As the HIV/AIDS pandemic continues to outpace the response to it, vigorous attention needs to be paid to the practical articulation of gender within international HIV/AIDS policies and intervention programmes but also to the trickle-down effects of such policies on a local level.

This study contends the need for a multi-layered approach to a wider gender interpretation in HIV/AIDS intervention in Southern Africa by differentiating between theoretical and practical usages of gender and by shifting between an international and local focus. It would be shortsighted to assume that for this reason this research takes place outside the field of IR. On the contrary, this study makes use of the current discourses on gender within IR, distinguishing between a feminist and non-feminist discourse (the discourse on gender and development and the men and masculinities discourse). In addition, this study deals with the international context, by discussing and analyzing international institutional responses to the HIV/AIDS epidemic. This study does distinguish itself from 'traditional' IR by allowing a focus on the trickle-down effects of international HIV/AIDS policy on a local level and the lessons of local programmes for international HIV/AIDS policy.

## **1.2 Literature Review**

This section summarises the theoretical bodies of feminism, the men and masculinities discourse and the discourse on gender and development, and presents some of their deficiencies with regard to a wider gender interpretation in HIV/AIDS intervention. In various bodies of literature these discourses provide critical theoretical insights in gender theory and are mentioned either directly or indirectly in the literature on the HIV/AIDS epidemic. The men and masculinities discourse and the discourse on gender and development do not represent entirely separate discourses that stand on their own. Rather, they reinforce the feminist-centred approach in the gender debate.

### *1.2.1 Feminism*

Feminism is a rather expansive discourse and has many disciplinary influences and covers a wide range of fields of study. Feminism is both a form of advocacy and a practice, but it also managed to develop into a social scientific discourse. The main aim of feminism is to contest women's oppression and to improve their position. In this sense, the content of the feminist discourse is led by an emancipatory agenda.

Not all feminists share the same view on gender and women's cause. Each school of feminist thought examines in different ways "how gender relations are constructed, how they can be transformed and how women can be liberated" (Steans, 1998:15). Rosemary Tong has outlined a useful classification which divides feminism into liberal feminism, radical feminism, Marxist feminism, socialist feminism, psychoanalytical feminism, existentialist feminism, postmodern feminism, multicultural and global feminism and ecofeminism (Tong, 1998).

Despite these variations, feminism as a whole views gender as a way of exposing, addressing and ending women's subordination (Carpenter, 2002) with the ultimate goal of achieving gender equality. As such, the HIV/AIDS epidemic is seen by feminism as an outcome of gender inequality.

The feminist discourse on gender and HIV/AIDS emphasizes the feminization of the epidemic and the high vulnerability of women to HIV for both physiological and social reasons rather than the relationship between men and women and their underlying norms and values concerning sex, sexuality and sexual behaviour. Jones argues that, "feminists have got gender wrong, because they have failed to frame it inclusively, and that a hyperreductionist approach, focusing on men, will put things right" (Jones, 1996:429). Despite Jones' valuable attempt toward a theorization of gender, he works under "the false premise that 'sex' as 'males and females' is an adequate view of gender" (Carver, 2002:91) and therefore fails to grasp both the 'performative' aspect of and the power relations entrenched within the concept of gender. Secondly, the feminist discourse on gender and HIV/AIDS treats gender and feminism as synonyms, so that "taking gender seriously involves explicitly developing a feminist voice" (Hoffman, 2001:31). Little effort is made to draw in other perspectives (Carpenter, 2002:154). Thirdly, the feminist discourse makes use of gender when actually focusing on women. While women are seen as gender beings, men as gendered subjects seldom appear.

As such, the feminist discourse on the HIV/AIDS epidemic presupposes that gender is something that relates more to women than to men. In addition to this, rather than a challenging of certain gender stereotypes, the feminist discourse on gender and HIV/AIDS reveals a perpetuation of such stereotypes. Women are mostly seen as victims, while men are portrayed as perpetrators. As a result, men *as men* are missing from the feminist discourse on gender and HIV/AIDS and the relationship between men and women and their underlying norms and values concerning sex, sexuality and sexual behaviour are left out of its emancipatory agenda.

As such, the implications for a wider gender interpretation in HIV/AIDS intervention in Southern Africa are clear. By focusing almost exclusively on women and ignoring men as gendered beings, feminism does not connect to the specific gender dynamics of the HIV/AIDS epidemic in the Southern African region and subsequently fails to incorporate a more gender-sensitive approach to HIV/AIDS intervention.

Despite its limitations, at no point does this study dismiss the influence and value of feminist theory on gender. It acknowledges the contribution of feminism to gender theory as it challenges the “male/female and sex/gender dichotomies and the local/global and universal/particular dichotomies” (Carver, 2002:222). Rather than excluding feminism from gender theory it should “build on what feminists have accomplished by raising gender as an important issue in the first place” (Carver, 2002:91). In short, on a theoretical level, feminism should be informed by a discourse that is sensitive to gender dynamics since the HIV/AIDS epidemic in Southern Africa is primarily a heterosexual disease and is transmitted through individual sexual relations.

### ***1.2.2 Men and Masculinities Discourse***

The men and masculinities discourse is both a social scientific discourse and a social justice movement. The men and masculinities discourse emerged in response to second wave-feminism and the gay liberation movement during the 1960s. As such, it can be described as mainly pro-feminist (Flood, 2002). The term pro-feminist refers to the feminist-centred approach toward the study of men and masculinities. Pro-feminists contend that feminist thinking has been a major influence on understanding men and masculinities (Haywood and Mac and Ghail, 2003:147; Connell 2001) and express concerns about the unequal distribution and exercise of power.

Pro-feminists do not label themselves as feminists as the term pro-feminism refers to men only, and feminism is seen as “a movement and a body of ideas developed primarily by, for and about women” (Flood, 2002).

The men and masculinities discourse started off as nearly absent from mainstream academic research, failing to produce “a coherent science of masculinity” (Connell, 1995:67; Connell 2000). In the last decade the men and masculinities discourse gained increasing popular and academic interest due to a paradigm shift (Morrell, 1998). Three key concepts define the men and masculinities discourse. Firstly, the men and masculinities discourse conceptualizes masculinity as a gender identity constructed socially, historically and politically, rather than a ‘natural’ given (Connell, 1995). Secondly, it emphasizes the relational nature of masculinity by looking at notions of multiple masculinities and hegemonic masculinity (Connell, 1995; Connell, 2000; Connell 2001). Finally as such, the men and masculinities discourse underscores the belief that men can and do change.

Within the men and masculinities discourse on gender and HIV/AIDS there is awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention in Southern Africa. First of all, the acknowledgement of multiple masculinities entails a move away from essentialist views of men and masculinity (Bujra, 2002:209). A warning should be placed, though, on the discourse of masculinities as it could potentially deconstruct the term ‘masculinity’ too far and “ignore or underplay masculinist power relations and the overall privileges of men” (Hooper, 2001:57). Secondly, the fact that multiple masculinities exist, acknowledges at the same time their ability to change over time. In fact, “men can and often do have a personal investment in challenging the current gender order” (Peacock, Khumalo and McNab, forthcoming). Apart from the fact that men are not isolated individuals, men may wish to avoid the toxic effects of the gender order or support change due to its relevance to the well-being of the community they live in (Connell, 2005:1812-1814). As such, the men and masculinities discourse on gender and HIV/AIDS provides an opening for a more gender-sensitive approach to HIV/AIDS intervention in Southern Africa.

Despite these contributions to a more gender-sensitive approach to HIV/AIDS intervention, the men and masculinities discourse still lacks a satisfactory incorporation of a wider gender interpretation in HIV/AIDS intervention in Southern Africa.

First of all, the men and masculinities discourse on gender and HIV/AIDS emphasizes women's high risk of HIV infection due to their oppression rather than the risk that both men and women run of HIV infection. This pro-feminist stance reinforces rather than challenges the 'women as victim, men as problem' discourse. Secondly, despite the acknowledgment of men as gendered beings there is "an absence of clear information about men's attitudes toward sex and sexuality. Much existing information about men's behaviour and beliefs comes not from men themselves, but from women" (Rivers and Aggleton, 1999). Although the men and masculinities discourse stresses male involvement in HIV/AIDS intervention, it does not specify "quite how that involvement is cast and quite how men are represented. Attempts to involve men in HIV/AIDS intervention may continue to miss them, precisely because of the ways in which their interests and concerns are represented" (Cornwall, 2000).

In short, the men and masculinities discourse needs to move beyond its pro-feminist stance on men and masculinities and needs to be informed by a gender-sensitive discourse that acknowledges that how individuals interact sexually is influenced by gender norms and values.

### *1.2.3 Gender and Development (GAD) Discourse*

Approaches to gender and development are both expansive and hybrid and contain different focal points. Two key concepts define the GAD discourse. At the heart of the gender and development discourse is the recognition of gender as a developmental issue. This comes from the realization that the development process affects men and women differently (Momsen, 2004:1). The second aspect of the GAD discourse is an understanding of the flexible nature of gender roles and identities.

There have been various approaches to gender and development such as the Welfare approach, the Women in Development (WID) approach, Gender and Development (GAD), Women and Development (WAD), the efficiency approach, the empowerment approach, Gender and the Environment (GED) and Mainstreaming gender equality (Momsen, 2004:12-15). Regardless of these different approaches, "by the end of the twentieth century all approaches to development involving a focus on women have been amalgamated into a GAD (gender and development) approach" (Momsen, 2004:12; Young 1997). The GAD discourse is mainly prompted by "feminist political commitment" (Cleaver, 2002:6) and focuses on issues such as promoting gender equality in the fight against HIV/AIDS.

Recent feminist research has sought to reconceptualize the GAD discourse by incorporating men and masculinities more explicitly within its discourse (McIlwaine and Datta, 2003:371). It has highlighted the existence of multiple masculinities, the belief that men can and do change, the crisis in masculinity, problems around women-only approaches and the need for partnerships, especially gender partnerships. As such, the presence of these theoretical claims within the GAD discourse on gender and HIV/AIDS provides an opening for a more gender-sensitive approach to HIV/AIDS intervention in Southern Africa.

Despite these promising advances within the GAD discourse, it fails to grasp the gender sensitivities in HIV/AIDS intervention in Southern Africa. One of the deficiencies within the gender and development debate with regard to a wider gender interpretation in HIV/AIDS intervention is its “gender-blind nature and its failure to consider both women’s and men’s needs and viewpoints” (Momsen, 2004:224). The gender and development debate acknowledges that there is no clear strategy or approach toward a more balanced gender perspective in the context of the HIV/AIDS epidemic in the Southern African region (Momsen, 2004:104). Related to the previous, is the fact that the main focus within the GAD discourse on gender and HIV/AIDS remains to be on women and men as gendered beings appear to be missing (Cornwall 2000; Cleaver 2002). Whenever men are mentioned it is either *in relation to* women or they are considered as obstacles to women’s development (Cleaver, 2002:1). In this sense, men are seen as only beneficial to women’s development when giving up power. As a result, men and masculinities remain to provoke ambivalence within the GAD discourse on gender and HIV/AIDS in terms of fear of distracting attention away from women’s inequalities and undermining efforts to help women (Momsen, 2004:12; Cleaver, 2002:5).

To summarize, despite promising advances within the GAD discourse, it lacks a satisfactory incorporation of a wider gender interpretation in HIV/AIDS intervention in Southern Africa. Rather than focusing almost exclusively on women, the GAD discourse on gender and HIV/AIDS should acknowledge men as validated gendered beings and work toward a discourse that is sensitive to the gender dynamics of the HIV/AIDS epidemic in Southern Africa.

### **1.3 Purpose of Study**

This study explores the content and aims of the Men as Partners programme and the lessons that this initiative yields for a wider gender interpretation in HIV/AIDS intervention in Southern Africa. Both the contours of the HIV/AIDS epidemic in the Southern African region and deficiencies with regard to the notion of gender in HIV/AIDS policies and intervention programmes, suggest the need for the implementation of a wider gender interpretation in HIV/AIDS intervention in this region.

The main characteristics of the HIV/AIDS epidemic in the Southern African region reveal that (a) it is fundamentally about the relationship between women and men and their underlying norms and values concerning sex and sexual behaviour; (b) HIV transmission is predominantly heterosexual; (c) “men are central to the course of the epidemic, but remain peripheral to the response to HIV” (UNAIDS, 2001B:1) and; (d) the interaction of gender with factors such as class, race and ethnicity underline the complex dynamics of the epidemic within the region. Moreover, by moving away from the dominance of the feminist discourse within gender theory, a wider gender interpretation “would help refine much of the loose and inconsistent terminology pertaining to gender as a concept” (Carpenter, 2002:163) and will substantially broaden the horizon of the debate.

In addition, this study situates the MAP programme in the prevailing academic discourse on gender and HIV/AIDS and in the international institutional responses to the epidemic and examines its implementation at tertiary level in the Western Cape region, South Africa, as a case study. Finally, this study moves beyond MAP as a case study and discusses the main lessons that this initiative yields and distinguishes general patterns and trends that provide insight in the limitations and necessary improvements in HIV/AIDS intervention in Southern Africa to facilitate an approach that is sensitive to gender dynamics.

### **1.4 Theoretical Points of Departure**

There are not many expansive theories that underline the need for a wider gender interpretation in HIV/AIDS intervention, but there are various bodies of literature that have produced theoretical points of view on the matter.



The key theoretical claim made here is the need for a wider gender interpretation in HIV/AIDS intervention in Southern Africa that moves away from the predominant focus on women and the feminist discourse on gender and HIV/AIDS. This entails that the potential role of men and masculinities in the HIV/AIDS epidemic needs to be revisited and incorporated in a gender-sensitive approach to HIV/AIDS intervention that acknowledges that both men and women are part of the solution.

#### *1.4.1 Multiple Masculinities*

Masculinity should be seen as a gender identity constructed socially, historically and politically, rather than a natural given. Men are gendered beings and therefore we need to speak of masculinities instead of masculinity (Connell, 1995). Adopting a wider gender interpretation in HIV/AIDS intervention has to “move away from simplistic caricatures to seeing men as gendered beings whose subjectivity and material being are mutually constituted” (Doyle, 2002:206).

Moreover, multiple masculinities entail that “not all men benefit equally from the institutions of patriarchy and some forms of masculinity are culturally elevated above others in certain times and places” (Connell, 1987). The concept of hegemonic masculinity is “most valuable in showing that it is not men per se, but certain ways of being and behaving that are associated with dominance and power” (Cornwall, 1997:11). Rather than blaming men’s behaviour, one should blame the behaviour behind it and its associations with power and privilege.

#### *1.4.2 Men Can and Do Change*

The fact that multiple masculinities exist underscores their ability to change over time. In fact, “men can and often do have a personal investment in challenging the current gender order” (Peacock, Khumalo and McNab, forthcoming). Apart from the fact that men are not isolated individuals, men may wish to avoid the toxic effects of the gender order or support change due to its relevance to the well-being of the community they live in (Connell, 2005:1812-1814). Rather than viewing men solely as perpetrators, men are also “victims of how they themselves were socialized 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” (Richter and Morrell, 2006:284). As such, men also deal with gendered vulnerabilities which disadvantage them.

“In many societies young men are at greatest risk of suicide due to mental health problems, while notions linking masculinity to virility may render men more at risk from HIV infection” (Cleaver 2002:2-3). As such, the fact that men are able and willing to change, calls for a wider gender interpretation in HIV/AIDS intervention in Southern Africa.

#### ***1.4.3 Masculinity in Crisis***

Another argument for the need for a wider gender interpretation in HIV/AIDS policies and intervention programmes touches upon the crisis in masculinity. The lack of alternative, positive male role models prevents men from trying to come to terms with the changed social and economic environment. In order to prevent the epidemic from spiralling out of proportion, emphasis should be placed on men and alternative, positive role models.

#### ***1.4.4 Problems around Women-only Approaches***

Women-only approaches in HIV/AIDS intervention have their problems as it “can give rise to the emergence or aggravation of hostilities between women and men at the grassroots and to the blocking or sabotage of moves to enhance women’s lives and livelihoods” (Chant and Gutmann, 2002:275). In addition, by excluding men from HIV/AIDS policies and intervention programmes women might end up with “greater workloads and responsibility than they can actually take on” (Chant and Gutmann, 2002:275). As such, failing to include men in HIV/AIDS intervention, will counter (initial) benefits for women.

#### ***1.4.5 Widening the Gender Perspective – A need for Partnerships***

The HIV/AIDS epidemic in the Southern African region reveals the risk that gender norms and values place on both men’s and women’s health and safety and thus emphasize the need for “strategic gender partnerships” (Cleaver, 2002:4) in HIV/AIDS intervention. In order to create positive changes, both men and women need to be included in HIV/AIDS policies and intervention programmes. Incorporating men as well as women will make HIV/AIDS interventions more relevant to people’s daily lives, and thereby enhance their chances of success. Men need to take responsibility for the spread of HIV and women’s high vulnerability to HIV infection for physiological and social reasons, while men at the same time need to explore for themselves why it is they hurt. Rather than allowing women to tell men what not and what to do, men need to find out for themselves what it is they can contribute in the fight against HIV/AIDS.

Therefore, there is a need for a wider gender interpretation, a need to look at men differently in HIV/AIDS policies and intervention programmes in the Southern African region. As pointed out by Rivers and Aggleton (1999):

“Involving men more fully in HIV prevention work is essential if rates of HIV transmission are to be reduced. While such a move may not be universally popular, it seems necessary if we are to ensure that men take on greater responsibility for their own sexual and reproductive health, and that of their partners and families” (Rivers and Aggleton, 1999:18).

### **1.5 Methodology**

This study is exploratory, qualitative and ethnographic. This study utilises a number of different data collection techniques. These include document review, review of secondary material, face-to-face semi-structured interviews and a self-administered questionnaire through email. Two face-to-face semi-structured interviews were conducted at the University of Stellenbosch (US) on the 19<sup>th</sup> and 20<sup>th</sup> of July 2006 with Jaco Brink, Director MAP at the US and Chris Petty, former director MAP US respectively. Prior to each interview, an interview schedule was drawn up consisting of seven main questions (Appendix A). Certain issues were pursued further when addressed by the interviewees.

As Neuman points out, the interview is a short-term, secondary social interaction between the interviewer and interviewee with the explicit purpose of one person to obtain specific information from the other (Neuman, 2000:274). In addition, Cannell and Kayn mention that “the interview is a social interaction in which the behaviour of both interviewer and respondent stems from their attitudes, motives, expectations, and perceptions” (Neuman, 2000:277).

The self-administered questionnaire consisted of a brief paragraph long outline followed by seven questions similar to the ones asked during the face-to-face semi-structured interviews (Appendix B). Out of the three respondents, only one, Rodney Fortuin, MAP’s five institutions coordinator responded to the questionnaire. Due to time restraints, Lucina Augustine, Peer Programme Coordinator at The University of Cape Town’s HIV/AIDS Unit (HAICU) and Joachim Jacobs, in charge of the peer education programme at UWC did not seem to be able to respond to the questionnaire within the given time frame.

Therefore, informal discussions were held with both during MAP regional meetings and additional contact was conducted by email with Rodney Fortuin and Dean Peacock, (former) South Africa Country Programme Manager for EngenderHealth and involved in the Treatment Action Campaign (TAC), in order to get a better understanding of the implementation of MAP at UCT and UWC.

Due to limited resources and time restraints, this thesis will only incorporate a small scale analysis on the implementation of MAP at the University of Stellenbosch, the University of Cape Town and the University of the Western Cape. Diverse in their background, socio-political history and institutional culture, these three tertiary institutions provide a fair and dynamic insight on the general tertiary 'atmosphere' in the Western Cape. Rather than seeing this as a shortcoming, I believe an in-depth analysis on the main accomplishments, limitations and way forward of the MAP programme at tertiary level in the Western Cape will be of more value than a general description of all five tertiary institutions.

### **1.6 Delimitations and Limitations**

Despite the contributions of various theoretical bodies to gender theory, this study focuses on feminism, the men and masculinities discourse and the discourse on gender and development. These discourse have provided (and are still providing) critical theoretical insights in gender theory. The men and masculinities discourse and the discourse on gender and development do not represent entirely separate discourses that stand on their own. Rather, they reinforce the feminist-centred approach in the gender debate.

At both local and international level, there are attempts to encourage positive male involvement in HIV/AIDS policies and intervention programmes. However, the Men as Partners programme appears to be the only programme that incorporates several issues such as gender, domestic violence and HIV/AIDS, offering a "holistic approach to reproductive health and life skills. In addition, few if any programmes are targeted directly at changing the behaviour and attitudes of men" (Kruger, 2000:5). As such, the Men as Partners programme can be considered as a model programme for positive male involvement in the fight against HIV/AIDS.

The Men as Partners programme has been implemented at tertiary level in the Western Cape as this region builds on a strong existing MAP network within the community. As such, the Western Cape region serves as an experimental case study as to “how best to reach and recruit participants and adapting the MAP curriculum” (Siegfried, 2005:16) at tertiary level. Although the Men as Partners programme is implemented in five tertiary institutions in the Western Cape, this study includes a small scale analysis on the implementation of MAP at three rather than all five institutions for reasons specified in the methodology. These are the University of Stellenbosch, the University of Cape Town and the University of the Western Cape.

It is important to note that the Western Cape region is not representative of the rest of South Africa and Southern Africa. The findings of this study are in many ways bound to this specific region. However, the findings of this study do generate broader lessons and reveal general patterns and trends with regard to working toward a more gender-sensitive approach to HIV/AIDS intervention in Southern Africa. As such, with regard to the wider generalisability, this study moves beyond MAP’s implementation at tertiary level in the Western Cape region as a case study and discusses its relevance in the context of a wider gender interpretation in HIV/AIDS intervention in Southern Africa.

### **1.7 Thesis Outline**

The introductory, first, chapter has set the context and parameters of the problem being studied, defined the research question and detailed the method of study that was employed in the remainder of the dissertation. It has conceptualised the multi-layered nature of the need for a wider gender interpretation in HIV/AIDS intervention in Southern Africa. The nature of the epidemic within this region reveals the impact of gender norms and values on the sexual and reproductive health of both men and women and thus calls for a more balanced gender perspective in HIV/AIDS intervention. In addition, the seeming deficiencies in feminism, the men and masculinities discourse and the discourse on gender and development call for a wider gender interpretation in HIV/AIDS intervention in Southern Africa.

The second chapter starts off with an overview of the HIV/AIDS epidemic both globally and within the Southern Africa region. It discusses the theoretical and practical usages of gender in HIV/AIDS intervention as reflected in the academic discourse on gender and HIV/AIDS and the international institutional responses to the epidemic respectively. This distinction is relevant in the context of this study because despite awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention in Southern Africa, both in the academic discourse and in the international institutional responses to the epidemic, a satisfactory incorporation of a wider gender interpretation in HIV/AIDS policies and intervention programmes is still lacking.

The third chapter situates the MAP programme in the debate on gender and HIV/AIDS and discusses its relation to the academic discourse on gender and HIV/AIDS and the international institutional responses to the epidemic. It provides a rationale for implementing MAP in South Africa and examines the content and aims of the programme. Moreover, it analyses MAP's implementation at tertiary level in the Western Cape region in South Africa as a case study and examines whether the programme at tertiary level has adopted a wider gender interpretation in HIV/AIDS intervention.

The fourth chapter moves beyond the case study of MAP at tertiary level in the Western Cape region. It discusses the main lessons that the MAP initiative yields for a wider gender interpretation in HIV/AIDS intervention in Southern Africa. It identifies what MAP proposes toward an improvement in the HIV/AIDS epidemic in Southern Africa and analyses the main obstacles that MAP faces. Moreover, it distinguishes general patterns and trends and their implications for working toward an approach to HIV/AIDS intervention in Southern Africa that is sensitive to gender dynamics.

The final, fifth chapter draws conclusions and discusses the emerging issues within the debate on gender and HIV/AIDS. It places the lessons that the MAP initiative yields for a wider gender interpretation in HIV/AIDS intervention in Southern Africa in a broader context and identifies potential pitfalls and proposes recommendations for future HIV/AIDS intervention.

## **2 Theoretical versus Practical: Academic Discourse and the International Institutional Responses to the HIV/AIDS Epidemic**

### **2.1 Introduction**

Despite a stabilization of the HIV/AIDS epidemic on a global level, it shows no sign of consolidating in the Southern African region. In the context of this study the epidemic is seen as more than just a global health issue and consequently calls for a re-evaluation of the causes of high HIV prevalence within Southern Africa with explicit reference to the specific gender dynamics of the epidemic in the region. Since the HIV/AIDS epidemic in Southern Africa is primarily a heterosexual disease and is transmitted through individual sexual relations, HIV/AIDS intervention ought to be informed by a discourse that is sensitive to gender dynamics. As such section 2.2 offers an overview of the HIV/AIDS epidemic both globally and within Southern Africa and emphasizes the need for a gender-sensitive approach toward HIV/AIDS intervention within this region.

The presumed applicability of gender to HIV/AIDS intervention has proved to be problematic. There is a seeming deficiency with regard to the notion of gender in HIV/AIDS policies and intervention programmes. Gender is a highly contested concept and no clear understanding (in some cases even a misunderstanding) exists. Adding to this conceptual confusion is the fact that gender and HIV/AIDS have often been interpreted from a predominant feminist view. As such, from a theoretical/conceptual level, a wider gender interpretation in HIV/AIDS intervention in Southern Africa entails a move away from the almost exclusive dominance of feminism with regard to gender on reproductive health care in general and HIV/AIDS intervention in particular. On a pragmatic/practical level a wider gender interpretation in HIV/AIDS intervention in Southern Africa entails that men and women need to speak to each other about HIV/AIDS and how it has affected them respectively.

In order to substantiate the previous statements with regard to the multi-layered nature of a wider gender interpretation, this chapter discusses the theoretical and practical usages of gender in HIV/AIDS intervention. Section 2.3 focuses on the theoretical usages of gender as reflected in the academic discourse on gender and HIV/AIDS.

The academic discourse contains the theoretical bodies of feminism, the men and masculinities discourse and the discourse on gender and development and their claims with regard to gender and HIV/AIDS.

Section 2.4 focuses on the practical usages of gender as reflected in the international institutional responses to the HIV/AIDS epidemic. This refers to the conceptual approach toward gender within international organisations and the practical articulation of gender in their responses to the epidemic. It examines whether the academic discourse on gender and HIV/AIDS informs the responses of main international organisations – multilateral, bilateral and non-governmental organisations (NGOs) – to the epidemic at the global level. In other words, this section discusses whether main international organisations evidence a feminist-centred, men and masculinities - or GAD discourse on gender and HIV/AIDS and how this conceptual understanding of gender is translated, by international organisations, into the design of HIV/AIDS policies and intervention programmes.

This distinction between the theoretical and practical usages of gender is relevant in the context of this study as it shows that despite awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention in Southern Africa, both the academic discourse and the international institutional responses to the epidemic do not attend to this need by failing to incorporate a satisfactory wider gender interpretation in HIV/AIDS policies and intervention programmes.

In short, the main focus of this chapter is to point out the specific gender dynamics of the HIV/AIDS epidemic in the Southern African region, and that the academic discourse and the international institutional responses to the HIV/AIDS epidemic ought to be informed by a more gender-sensitive approach to HIV/AIDS intervention in the region.



## **2.2 Overview of the HIV/AIDS Epidemic: Global and the Southern Africa region**

The extent of the global HIV/AIDS epidemic is revealed in the following excerpt from UNAIDS (2006).

“An estimated 38.6 million people worldwide were living with HIV at the end of 2005. An estimated 4.1 million became newly infected with HIV and an estimated 2.8 million lost their lives to AIDS. Overall, the HIV incidence rate (the proportion of people who have become infected with HIV) is believed to have peaked in the late 1990s and to have stabilized subsequently, notwithstanding increasing incidence in several countries. Changes in incidence along with rising AIDS mortality have caused global HIV prevalence (the proportion of people living with HIV) to level off. However, the numbers of people living with HIV have continued to rise, due to population growth and, more recently, the life-prolonging effects of antiretroviral therapy” (UNAIDS, 2006:8).

The impact of the HIV/AIDS epidemic is felt on a global level. However, the epidemic does not impact everywhere in the same way. The African continent, with the Southern African region in specific, is by far the hardest hit by this epidemic. In contrast to the stabilizing global HIV prevalence rate, “HIV prevalence continues to rise in Southern Africa” (Whiteside, 2004:1). Various causes have contributed to the high HIV prevalence in Southern Africa. First of all, biological factors such as the existence of undiagnosed and untreated sexual transmitted diseases (STDs) and the low rate of male circumcision have contributed to a higher HIV/AIDS rate in this part of the world. Secondly, socio-cultural factors such as migration and polygamy have heightened the HIV infection rate in Southern Africa (Poku and Whiteside, 2004: xx-xxi). Finally, Whiteside (2004) argues that the existence of other crises such as poverty and food shortages have spiralled HIV prevalence in this region (Whiteside, 2004:1).

However, in the context of this study an analysis of the high HIV prevalence in Southern Africa needs to look at the HIV/AIDS epidemic as also a gender issue. The way the epidemic takes shape reveals that it “is not gendered everywhere in the same way” (Bujra, 2002:210). The predominantly homosexual transmission found in Europe, America and Australia is in stark contrast with the predominantly heterosexual HIV transmission in Africa. In terms of gender, the HIV/AIDS epidemic in Southern Africa tends to be overlooked and often misunderstood. The fact that the epidemic in this region is mainly transmitted through heterosexual transmission does not entail that all women are victims and all men are perpetrators in the face of HIV infection.

On the contrary, gender norms place both men and women at risk of HIV infection and, as such, move beyond any simplistic assumption with regard to the debate on gender and HIV/AIDS. Despite the fact that men play a central role in the course of the epidemic, both positive and negative, they remain peripheral to the response to it. As a result, HIV/AIDS intervention in Southern Africa lacks a gender balanced approach.

It needs mentioning as well that apart from gender, factors such as age, wealth, class and socialization influence the specific dynamics of the HIV/AIDS epidemic in the Southern African region. In addition, Whiteside's (2004) point that "AIDS is a crisis that comes both on top of and contributes to existing crises" (Whiteside, 2004:1) is not irrelevant either. Although both are important statements, they fall outside of the parameters of this study. This study focuses on the role of gender norms and values in forming male and female attitudes toward sexual behaviour that place men and women's sexual and reproductive health at risk and ultimately contributes to an increasing risk of HIV infection in Southern Africa. As such, HIV/AIDS intervention in Southern Africa needs to incorporate a sensitive approach to gender.

## **2.3 Academic Discourse**

The academic discourse, as reflected in predominant theoretical literature that focuses on gender and HIV/AIDS, contains the theoretical bodies of feminism, the men and masculinities discourse and the discourse on gender and development. Despite the awareness of the need for a more balanced gender approach to HIV/AIDS intervention in Southern Africa, all three theoretical bodies lack a discourse that is sensitive to gender dynamics.

### ***2.3.1 Feminism***

As a hybrid and expansive discourse feminism has shed different lights on gender and HIV/AIDS creating a diverse discourse which, at times, appears difficult to unravel. Just as there is no stability in the concept of gender, the concept of feminism is unstable and varies in time and context (Mbilinyi, 1992:43).

Feminism can be divided in different schools of feminist thought. As outlined by Tong, the classification of feminism in different schools of thought is useful when addressing the "varieties of approaches and concepts within each broad category" (Mbilinyi, 1992:43).

Due to the limited scope of this study, this section outlines some of the main concepts and ideas found within the feminist discourse on gender and HIV/AIDS and examines its applicability and relevance to the HIV/AIDS epidemic in the Southern African region.

Despite the gains made by feminism in western societies, it struggled to connect to the specific gender dynamics of the HIV/AIDS epidemic in Southern Africa. As a result, the feminist discourse on gender and HIV/AIDS in many ways lacks a satisfactory incorporation of a wider gender interpretation in HIV/AIDS policies and intervention programmes in Southern Africa. The result is a number of deficiencies within the feminist discourse on gender and HIV/AIDS with regard to a more balanced gender perspective in HIV/AIDS intervention in the Southern African region.

First of all, the feminist discourse on gender and HIV/AIDS emphasizes the feminisation of the epidemic and women's high vulnerability to HIV rather than the relationship between men and women and their underlying norms and values concerning sex, sexuality and sexual behaviour. Secondly, gender and feminism are often treated as mere synonyms. Thirdly, the feminist discourse on gender presupposes that gender is something that relates more to women than to men by using the terms gender and women interchangeably. Finally, the feminist discourse on gender and HIV/AIDS is reinforcing rather than challenging gender stereotypes.

What about the development of a 'Southern' feminism or feminisms, "as a reaction against the dominance of a monolithic white, middle-class Northern feminism" (McIlwaine and Datta, 2003:371) and its discourse on gender and HIV/AIDS? Has this discourse proven to incorporate the specific gender dynamics of the HIV/AIDS epidemic in Southern Africa, offering an opening for a more gender-sensitive approach to HIV/AIDS intervention in this region? Despite fruitful attempts to create a 'Southern' feminism or feminisms, in most instances it not only failed to connect to "the struggles of poor women in the South" (Peake and Trotz, 2002:336) but reinforced stereotypical thinking about 'African culture' and 'African women'. As such, 'Southern' feminism or feminisms missed a vital opportunity to complement the 'Western' feminist discourse on gender and HIV/AIDS by failing to comprehend the impact of gender norms and values on both men's and women's sexual and reproductive health.

Despite the value of feminism by raising the issue of gender in the first place, it lacks a satisfactory incorporation of a wider gender interpretation in HIV/AIDS intervention in the Southern African region. Rather than focusing almost exclusively on women and ignoring men as gendered beings, feminism needs to pay more attention to the specific gender dynamics of the HIV/AIDS epidemic in the Southern African region. Feminism ought to take advantage of the fact that “an increasing number of men have become sympathetic to feminism and have embraced feminist theory and action” (Kaufman, 1999:70). Subsequently, feminism needs to be informed by a discourse that is sensitive to gender dynamics as the HIV/AIDS epidemic in Southern Africa is primarily a heterosexual disease and is transmitted through individual sexual relations.

### ***2.3.2 Men and Masculinities Discourse***

Within the last decade, the men and masculinities discourse has become more prominent both in popular and academic terms. With regard to the latter, the discourse has gained a more renowned place within mainstream academic scholarship and has produced a significant growth in research on gender and HIV/AIDS (Morrell, 1998). Various theoretical stances are taken toward men and masculinity such as feminism, gay scholarship, Marxism and structuralism (Beynon, 2002:55). As outlined in the literature review in chapter one, the feminist-centred approach toward the study of men and masculinities has dominated the discourse on gender and HIV/AIDS and has been labelled as pro-feminist (Flood, 2002).

Moving toward a more “coherent science of masculinity” (Connell, 1995:67; Connell 2000), the men and masculinities discourse on gender and HIV/AIDS has provided new perspectives within the last decade on men and masculinity. First of all, the men and masculinities discourse conceptualizes masculinity as a gender identity constructed socially, historically and politically, rather than a ‘natural’ given. Secondly, it emphasizes the relational nature of masculinity by looking at notions of multiple masculinities and hegemonic masculinity. (Connell 1995; Connell, 2000; Connell 2001). Finally, the men and masculinities discourse underlines the belief that men can and do change. As such, the men and masculinities discourse on gender and HIV/AIDS accentuates the theoretical claims that multiple masculinities exist and the belief that men are capable of changing values, behaviours and actions and underscores the main theoretical assertion presented in this study, namely the need for a wider gender interpretation in HIV/AIDS intervention in Southern Africa.

Despite this awareness, it still lacks a satisfactory incorporation of a wider gender interpretation in HIV/AIDS intervention. The men and masculinities discourse on gender and HIV/AIDS has drawn on studies from Australia, Europe and North America with little attention to the specific gender dynamics of the Southern African region (Lindsay and Miescher, 2003:2). Subsequently, the HIV/AIDS epidemic in Southern Africa as a primarily heterosexual disease and transmitted through individual sexual relations is often underrepresented and even misrepresented in the men and masculinities discourse. First of all, the men and masculinities discourse on gender and HIV/AIDS emphasizes women's high risk of HIV infection due to their oppression rather than the risk that both men and women run of HIV infection. This pro-feminist stance reinforces rather than challenges the 'women as victim, men as problem' discourse. Secondly, there is "an absence of clear information about men's attitudes toward sex and sexuality" (Rivers and Aggleton, 1999) in the men and masculinities discourse on gender and HIV/AIDS. Rather than gaining information on men's norms and values concerning sex, sexuality and sexual behaviour from men themselves, most information comes from women. As a result, attempts to involve men in HIV/AIDS interventions continue to miss them.

Despite the valuable contributions made so far within the men and masculinities discourse on gender and HIV/AIDS, Chant and Gutmann (2002) point out that the discourse is still in its infancy. The men and masculinities discourse still offers little actual knowledge on men as gendered beings and their norms and values concerning sex, sexuality and sexual behaviour (Chant and Gutmann, 2002:279). The men and masculinities discourse needs to move beyond its pro-feminist stance and work toward an understanding that HIV/AIDS intervention needs to be informed by gender norms and values and their impact on the health and safety of men and women.

### ***2.3.3 Gender and Development (GAD) discourse***

Approaches to gender and development are hybrid and expansive and contain various focal points. By the end of the twentieth century, all approaches to gender and development were brought together under a gender and development (GAD) discourse (Momsen, 2004:12; Young, 1997). The GAD discourse highlights the existence of multiple masculinities, the belief that men can and do change, the crisis in masculinity, problems around women-only approaches and the need for partnerships, especially gender partnerships.

Despite promising advances within the GAD discourse on gender and HIV/AIDS, it has struggled to adopt a clear strategy or approach that is sensitive to gender dynamics. One of the deficiencies within the GAD discourse on gender and HIV/AIDS has been its “gender-blind nature” and its failure to focus on the impact that gender norms and values have on shaping male and female behaviours and attitudes toward their sexual interactions. Related to this is the fact that the focus within the GAD discourse on gender and HIV/AIDS remains to be on women and men as gendered beings appear to be missing (Cornwall 2000; Cleaver 2002). This reinforces rather than challenges the ‘women as victim, men as problem’ discourse. Missing men in the GAD discourse on gender and HIV/AIDS has had further implications that go far beyond not including men as objects of development. According to Cornwall “it leaves men stripped off social legitimacy to use their agency as men to turn their own sense of outrage against inequity or injustice into opportunities to work together with women who advocate change” (Cornwall, 2000:24). This is dangerous since the HIV/AIDS epidemic in the Southern African region is primarily a heterosexual disease that affects both men and women and their sexual relations.

To summarize, the GAD discourse on gender and HIV/AIDS fails to connect to the nature of the HIV/AIDS epidemic in Southern Africa and, as such, lacks a discourse that is sensitive to gender dynamics.

#### **2.4 The International Institutional Responses to the HIV/AIDS Epidemic**

The previous section outlined that, despite an awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention in Southern Africa, academic discourse on gender and HIV/AIDS is predominantly feminist-centred and therefore fails to incorporate a satisfactory wider gender interpretation in HIV/AIDS policies and intervention programmes. This section looks at the practical usages of gender reflected in the conceptual approach toward gender within international organisations and their practical articulation of gender in the design of HIV/AIDS policies and intervention programmes.

International organisations, both visibly and invisibly, reflect but also actively construct and sustain notions around gender (Whitworth, 1994: xvii) and norms and values concerning sex, sexuality and sexual behaviour. As such, this section examines what is being said but also what is not being said by international organisations on gender and HIV/AIDS.

This section starts off with an analysis of the XVI International AIDS Conference hosted at Toronto, Canada from 13-18 August 2006. As a 'conglomerate' of international organisations, the International AIDS Conference presents itself as a great opportunity to get insight in the general institutional response to the HIV/AIDS epidemic. In addition, specific case studies within the UN Family – UNAIDS, the World Health Organisation, the World Bank – and USAID and the International HIV/AIDS Alliance are presented. The findings of this small scale comparative analysis demonstrate that despite a growing awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention in Southern Africa, the international institutional responses to the epidemic, in general, still lack a satisfactory incorporation of a wider gender interpretation in HIV/AIDS policies and intervention programmes.

#### *2.4.1 The XVI International AIDS Conference*

The XVI International AIDS Conference was held at Toronto from the 13<sup>th</sup> until the 18<sup>th</sup> of August 2006. The conference is important in the context of this study as it figures as a 'conglomerate' of international organisations and acts as the most current leading international initiative that deals with HIV/AIDS at the global level. The conference theme 'Time to Deliver' discusses the need for global access to HIV prevention and treatment strategies to all and provides a fertile ground for debate on gender and HIV/AIDS and the need for a more gender-sensitive approach to HIV/AIDS intervention Southern Africa in particular.

The conference conveyed an understanding and awareness of the need for a more gender sensitive approach to HIV/AIDS intervention. Sessions were held that discussed, either directly or indirectly, the topic of including and engaging men in the HIV/AIDS epidemic. As such, the conference underscored the main theoretical claim presented in this study, namely the need for a wider gender interpretation in HIV/AIDS intervention. Theoretical claims presented in the men and masculinities discourse and the discourse on gender and development, such as the existence of multiple masculinities and the belief that men can and do change, were addressed during the conference. With regard to the latter, various sessions affirmed that men want to participate in discussions on gender and HIV/AIDS and take responsibility and action to promote gender equality to counter HIV infection (AIDS 2006, Engaging Men in Gender Equity and HIV/AIDS). The conference expressed the success of HIV/AIDS policies and intervention programmes that included men.

However, in comparison to the general spirit of the conference, the issue of a more gender-sensitive approach to HIV/AIDS intervention faded. Topics that addressed men from the theoretical standpoint that they are needed in HIV/AIDS intervention were by far in the minority and contained conflicting and contradicting messages. Despite the conference's affirmation of the positive role of men in HIV/AIDS intervention, its marginalization of the topic of men on the HIV/AIDS agenda, reinforced rather than challenged the 'women as victim, men as problem' discourse.

The conference disclosed a predominant feminist discourse on gender and HIV/AIDS. Rather than focusing on the role of gender roles in jeopardizing the health and safety of both men and women, it emphasized the feminisation of the epidemic and women's high vulnerability to HIV. The conference embedded in the common held belief that "women had a much more difficult time, than men, negotiating their needs and health concerns in terms of public and private sphere" (AIDS 2006, *Women: Doing Better than Men?*). Secondly, the conference conveyed the message that gender is something that relates more to women than to men by making use of gender when actually focussing on women. Finally, the conference reinforced rather than challenged certain gender stereotypes. The main focus on women reinforced the feminine face of the epidemic and marginalized the issue of a more gender-sensitive approach to HIV/AIDS intervention on the HIV/AIDS agenda.

To summarize, the 2006 International AIDS Conference did not remain silent on the topic of men and HIV/AIDS but was informed predominantly by a feminist discourse on gender and HIV/AIDS. Consequently, the conference failed to incorporate a wider gender interpretation in HIV/AIDS policies and intervention programmes.

#### ***2.4.2 The United Nations Family***

The United Nations (UN) has international agency to influence policy-making on a global level. It has obtained the mandate to intervene in international affairs and as such is relied upon by the international community. The UN is committed to challenge global problems to humanity and executes an active global HIV/AIDS policy. Any discussion on the international institutional responses to the HIV/AIDS epidemic therefore calls for an analysis of the UN and its attempt to deal with HIV/AIDS at the global level.



As a multilateral organisation, more than 30 organisations are affiliated with the UN, known together as the UN family or the UN system. As a whole, the UN has witnessed a gradually growing awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention. As of late, a more differentiated approach to men has emerged that emphasizes that men need to be involved in HIV/AIDS intervention in order to successfully combat the HIV/AIDS epidemic (UN Economic and Social Council, 2003:10-11). As such, as a body, the UN underscores the main theoretical claim presented in this study, namely the need for a wider gender interpretation in HIV/AIDS intervention.

As a whole, the UN recognizes the theoretical claims made by both the men and masculinities discourse and the discourse on gender and development that men are gendered beings and that therefore multiple masculinities exist. Moreover, the UN underscores the belief that men are able to change their behaviour and replace it with more positive male role models (UN Division for the Advancement of Women, 2004; Lang and Prewitt 2001; UN Economic and Social Council, 2003).

Despite this growing awareness in gender-sensitivity, the United Nations' response to the epidemic does not underline this awareness. The UN conveys a mainly feminist-centred discourse to gender and HIV/AIDS. Discussions on HIV/AIDS within the UN still focus predominantly on women's vulnerability and emphasize the feminization of the epidemic. Consequently, the issue of including men in HIV/AIDS intervention becomes marginalized in the UN's attempt to deal with HIV/AIDS at the global level. But more importantly, by predominantly focussing on women and their vulnerability, the UN as a whole fails to connect to the specific gender dynamic of the HIV/AIDS epidemic in the Southern African region.

In order to substantiate the following assumptions, the next section analyses three case studies within the UN family, namely the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organisation (WHO) and the World Bank. The reason for choosing these organisations lies in that fact that all three are main international organisations that attempt to deal with HIV/AIDS at the global level. UNAIDS represents the main international initiative that attempts to deal with HIV/AIDS at a global level and has the potential and ability to steer the debate on and the fight against the epidemic.

The World Health Organisation (WHO) has obtained the mandate to lead the global health sector response to HIV/AIDS. Finally, the World Bank is one of the major funders of global HIV/AIDS policies and intervention programmes and consequently has a big influence on global HIV/AIDS policy-making.

#### *2.4.2.1 UNAIDS – The Joint United Nations Programme on HIV/AIDS*

UNAIDS, the Joint United Nations Programme on HIV/AIDS, represents the main international initiative that attempts to deal with HIV/AIDS at a global level. The prime reason for establishing UNAIDS was to provide a strong unified global response to HIV/AIDS. As the leading player in the global response to HIV/AIDS it has the potential and ability to steer the debate on and the fight against the epidemic. Co-sponsors include United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), United Nations World Food Programme (WFP), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Office on Drugs and Crime (UNODC), International Labour Organisation (ILO), United Nations Educational, Scientific and Cultural Organisation (UNESCO), World Health Organisation (WHO) and the World Bank.

Within UNAIDS, there is awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention. UNAIDS is aware that most work on gender and HIV/AIDS has almost exclusively focused on women and that the issue of including men in HIV/AIDS intervention is poorly understood and given relatively little attention (UNAIDS, 2001A:5; UNAIDS, 2001B:2, 6). Various UNAIDS documentations and initiatives “lend support to working with men” (UNAIDS, 2000) in HIV/AIDS intervention. UNAIDS acknowledges one of the main standpoints presented in this study, namely that gender norms place both men and women at risk of HIV infection (UNAIDS, 2005:18). UNAIDS recognizes the theoretical claims made by both the men and masculinities discourse and the discourse on gender and development that men are gendered beings and that therefore multiple masculinities exist. Moreover, UNAIDS underscores the belief that men are able to change their behaviour and replace it with more positive male role models.

In the context of the specific gender dynamics of the HIV/AIDS epidemic in the Southern African region, UNAIDS acknowledges that changes need to take place within the relationship between men and women to foster sexual and reproductive health for both (Peacock, 2004:2). Moreover, UNAIDS' focus on men as partners refers implicitly to the relationship between men and women (UNAIDS, 2001A:5).

Despite this growing awareness, UNAIDS fails to incorporate a more gender-sensitive analysis in HIV/AIDS policies and intervention programmes and focuses mainly on women and women's empowerment and ignores the impact of AIDS on men and their role in the epidemic (UNAIDS, 2006). As such, UNAIDS' response to the HIV/AIDS epidemic is mainly informed by a feminist-centred discourse on gender and HIV/AIDS. Its main focus is on the feminisation of the epidemic and women's high vulnerability to HIV rather than the relationship between men and women and their underlying norms and values concerning sex, sexuality and sexual behaviour. Consequently, gender still seems to refer mainly to women and reinforces rather than challenges certain gender stereotypes. Men as gendered beings appear to be either missing or marginalized within UNAIDS' approach to gender and HIV/AIDS. Moreover, UNAIDS places a strong emphasis on working with men at risk in HIV/AIDS intervention (UNAIDS 2001A; UNAIDS 2001B; UNAIDS 2006). Rather than focussing on men at special risk, as a way of legitimising their involvement in the global HIV/AIDS response, focus should be on incorporating men *as men* in all their diversity.

To summarize, UNAIDS' response to the HIV/AIDS epidemic is predominantly informed by a discourse that is not sensitive to gender dynamics and therefore fails to resonate a wider gender interpretation in HIV/AIDS policies and intervention programmes.

#### 2.4.2.2 *The World Health Organisation (WHO)*

The World Health Organisation is viewed as a leading authority on international health and has obtained the mandate to direct the global health sector response to HIV/AIDS. Providing a leading global health perspective, any discussion on the international institutional responses to the epidemic, calls for an analysis of WHO and its conceptual understanding of gender and the translation thereof in HIV/AIDS policies and intervention programmes.

The World Health Organisation underscores the importance and necessity of integrating gender in HIV/AIDS programmes (WHO, 2003:6). Within the WHO there is awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention and as such, it underscores the main theoretical claim presented in this study. The WHO has placed emphasis on the health implications of gender for men and women rather than debate whose needs are more urgent (WHO, 2000). WHO acknowledges one of the main standpoints presented in this study, namely that gender norms place both men and women at risk of HIV infection. Integrating gender in HIV/AIDS policies and intervention programmes in a successful matter requires gender-sensitive programming that acknowledges “gender differences and designs services to meet the different needs of women and men” (WHO, 2003:33). Apart from gender-sensitive programmes, WHO emphasises the need for transformative interventions that challenge the existing gender order and the assumed norms and values concerning sex, sexuality and sexual behaviour (WHO, 2003).

WHO acknowledges the feminist claim that HIV/AIDS is an outcome of gender inequality, but provides different answers than feminism on the underlying conditions that cause gender inequities. WHO moves beyond the feminist claims that centre on the feminization of the epidemic and the high vulnerability of women to HIV and that ignore men as gendered beings. WHO recognizes the theoretical claims made by both the men and masculinities discourse and the discourse on gender and development that men are gendered beings and that therefore multiple masculinities exist. Moreover, WHO underscores the belief that men are able to change their behaviour and replace it with more positive male role models. In the context of the specific gender dynamics of the HIV/AIDS epidemic in the Southern African region, WHO pays particular attention to the relationship between men and women and their underlying norms and values concerning sex, sexuality and sexual behaviour in HIV/AIDS programming.

Despite this growing awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention, the WHO’s response to the epidemic lacks a satisfactory incorporation of a wider gender interpretation in HIV/AIDS policies and intervention programmes. With regard to the ‘3 by 5’ initiative that set out to treat 3 million people living with HIV/AIDS in low- and middle-income countries by the end of 2005, the WHO did not adopt an approach that was sensitive to gender dynamics (Nemes et al., 2006:I, 89).

WHO states that future “scaling up access to antiretroviral therapy (ART) and HIV prevention intends to systematically integrate gender-sensitivity into how WHO technical strategies, instruments and tools are developed and delivered” (Nemes et al., 2006:89) but fails to provide a concrete plan of action.

The WHO acknowledges that up to now not enough work has been done with men in HIV/AIDS intervention (UNAIDS, 2001B:4). As a multilateral agency, WHO is mandated to lead the global health sector response to the HIV/AIDS epidemic (Nemes et al., 2006:83) and thus plays a leading and exemplary role in its response to especially the Southern African epidemic. With regard to a wider gender interpretation in HIV/AIDS, the organisation “has yet to fulfill its role to meet this level of expectation” (Nemes et al., 2006:83).

#### *2.4.2.3 The World Bank*

The World Bank provides financial and technical assistance to developing countries across the globe. The World Bank is one of the major funders of global HIV/AIDS policies and intervention programmes and thus has a great influence in global HIV/AIDS policy-making. The theoretical claim of the need for a wider gender interpretation in HIV/AIDS intervention implies that it is important to look at the World Bank’s response to the epidemic and what this seems to suggest of how gender and HIV/AIDS are approached within the organisation.

Within the World Bank there is awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention. The World Bank is aware that most analyses on gender and HIV/AIDS refer almost exclusively to women and the disadvantages they face, while men as gendered beings are left out of the analysis (Barker and Ricardo, 2005:1). The World Bank recognizes the theoretical claims made by both the men and masculinities discourse and the discourse on gender and development that men are gendered beings and that therefore multiple masculinities exist. Moreover, the World Bank underscores the belief that men are able to change their behaviour and replace it with more positive male role models.

In the context of the HIV/AIDS epidemic in the Southern African region, the World Bank pays particular attention to the specific gender dynamics of the region. It has tried to move beyond simplistic thinking that all women are victims and all men perpetrators (Barker and Ricardo, 2005).

However, the World Bank does not explicitly focus on the relationship between men and women, and rather focuses on the gendered analysis of men (Barker and Ricardo, 2005). As such, the World Bank's response to the epidemic still lacks a satisfactory incorporation of a wider gender interpretation in HIV/AIDS intervention. Another factor contributing to this has been the fact that World Bank policy documents on gender "lack a common conceptual rationale, language, and underlying policy approach" (Moser, Tornovist and Van Bronkhorst, 1999:5).

To summarize, despite a growing awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention, most World Bank policy documents focus on the gendered analysis of men rather than the relationship between men and women and contain confusing and contradicting language, procedures and tools with regard to gender. Both aspects have affected the World Bank's approach to gender and HIV/AIDS as it still lacks a satisfactory incorporation of a wider gender interpretation in HIV/AIDS intervention. There is a need for a Bankwide gender rationale and language (Moser, Tornovist and van Bronkhorst, 1999:5) and since the HIV/AIDS epidemic in Southern Africa is primarily a heterosexual disease and is transmitted through individual sexual relations, for a response that is sensitive to gender dynamics.

#### ***2.4.3 USAID - United States Agency for International Development***

USAID forms the largest bilateral agency within any country that provides aid to developing countries. USAID is the United States' largest funder of HIV/AIDS policies and intervention programmes in developing countries around the globe and, as such, directs and controls America's global HIV/AIDS policy. USAID has obtained recognition within the international community as one of the main players in the field of HIV/AIDS intervention.

Within USAID, there is awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention. USAID defines the meaning of a gender-sensitive perspective as a perspective that "promotes gender equity and improves health outcomes for men and women" (IGWG, 2004:6). USAID acknowledges the importance of assessing and improving constructive engagement of men in reproductive health programmes funded by USAID (IGWG, 2003:3). This is, amongst others, visible in the establishment of the Interagency Gender Working Group (IGWG) which includes a special subcommittee on men and reproductive health (renamed the Men and Reproductive Health Task Force (IGWG, 2003).

In addition, USAID has managed to administer the creation of an 'Implementation Guide' that deals with reaching men to improve reproductive health for all (IGWG, 2004). USAID recognizes the theoretical claims made by both the men and masculinities discourse and the discourse on gender and development that men are gendered beings and that therefore multiple masculinities exist. Moreover, USAID underscores the belief that men are able to change their behaviour and replace it with more positive male role models (IGWG, 2003).

Despite a growing awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention, USAID conveys a rather feminist-centred discourse on gender and HIV/AIDS. It emphasizes that HIV/AIDS is an outcome of gender inequality but more importantly addresses male behaviour as the root cause of women's high vulnerability to HIV (USAID, 2006). As such, it reinforces the feminist claims that centre on the feminization of the epidemic and the high vulnerability of women to HIV. As a result, men as gendered beings are being ignored and addressing male behaviour is purely seen in the light of men giving up power to benefit women's development.

This feminist discourse on gender and HIV/AIDS is particularly visible within the U.S. President's Emergency Plan for AIDS Relief's (PEPFAR). USAID receives most of the PEPFAR funding and as such this initiative guides and influences USAID's approach to gender and HIV/AIDS and its response to predominantly the Southern African epidemic. Rather than emphasizing that gender norms affect both men and women and focus on the relationship between men and women, PEPFAR works with men from the ideology that this is necessary as "male behaviour is a prominent cause of female vulnerability to HIV/AIDS" (USAID, 2006). As such, USAID's response to the epidemic ignores the impact of gender norms and values on the sexual and reproductive health of both men and women.

To summarize, despite a growing awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention, USAID's response to the epidemic is mainly informed by a feminist discourse on gender and HIV/AIDS and fails to incorporate an approach that is sensitive to the gender dynamics of the Southern African epidemic.

#### ***2.4.4 The International HIV/AIDS Alliance***

The International HIV/AIDS Alliance (also known as the Alliance) forms one of the major international non-governmental organisations that influences and constructs global HIV/AIDS policy. The Alliance consists of a global partnership of nationally-based organisations that together form a united front against HIV/AIDS. The Alliance needs specific mentioning, in the context of this study, as it has given explicit attention to the issue of working with men in HIV/AIDS intervention.

The Alliance underscores the main theoretical claim presented in this study with regard to the need for a wider gender interpretation in HIV/AIDS intervention. Within the Alliance, there is awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention within the Alliance. The Alliance emphasises the “importance of and difference ways of working with men on HIV/AIDS” (International HIV/AIDS Alliance, 2003A:2). The Alliance recognizes the theoretical claims made by both the men and masculinities discourse and the discourse on gender and development that men are gendered beings and that therefore multiple masculinities exist. Moreover, the Alliance underscores the belief that men can change their behaviour, attitudes and actions and replace them with more positive male role models.

The Alliance has created a platform to share lessons about working with men in HIV/AIDS intervention and has tried to ensure that these lessons become widely disseminated (International HIV/AIDS Alliance, 2003B). Consequently, the Alliance has opened the path for constructive engagement with regard to men and HIV/AIDS intervention. Despite these contributions, the Alliance still lacks a satisfactory incorporation of a wider gender interpretation in HIV/AIDS intervention. The Alliance’s predominant focus on men rather than on the sexual relations between men and women and the impact that gender norms have on the health and safety of both, has prevented the organisation from responding to the specific gender dynamics of the epidemic in the Southern African region (International HIV/AIDS Alliance 2003A; International HIV/AIDS Alliance 2003B).



## **2.5 Chapter Summary**

This chapter has focused on the theoretical and practical usages of gender in HIV/AIDS intervention reflected in the academic discourse on gender and HIV/AIDS and the international institutional responses to the epidemic respectively. The academic discourse on gender and HIV/AIDS is predominantly feminist-centred and, as such, lacks a discourse that is sensitive to gender dynamics. The international institutional responses to the epidemic do not reflect a separate discourse, but rather reveal that their conceptual understanding of gender and their practical articulation of gender in HIV/AIDS policies and intervention programmes is informed by the feminist-centred academic discourse on gender and HIV/AIDS. Subsequently, the distinction between the theoretical and practical usages of gender is important, because despite gender awareness, academic discourse and the international institutional responses to the HIV/AIDS epidemic both lack a satisfactory incorporation of a wider gender interpretation in HIV/AIDS intervention in Southern Africa. The next chapter situates the MAP programme in the debate on gender and HIV/AIDS and examines whether the MAP case study at tertiary level in the Western Cape suggests a promising opportunity in HIV/AIDS intervention in Southern Africa.

## **3 The Men as Partners Programme**

### **3.1 Introduction**

The Men as Partners programme seems to provide an opportunity within HIV/AIDS intervention as it appears to create space for a more balanced and nuanced gender perspective in HIV/AIDS intervention in Southern Africa. "MAP recognizes that men can, and often do, play a critical role in promoting gender equity, preventing violence, and fostering constructive involvement in reproductive health" (USAID, 2005:1). As such, the MAP programme underscores the main theoretical claim presented in this study, namely the need for a wider gender interpretation in HIV/AIDS intervention.

This study focuses on the Men as Partners programme as a case study, as it is one of few programmes that encourages positive male involvement in HIV/AIDS intervention that offers a holistic approach and targets men and male behaviour directly (Kruger, 2000:5). MAP is couched in the prevailing academic discourse on gender and HIV/AIDS and in the international institutional responses to the epidemic, but seems to suggest a promising opportunity toward a more satisfactory incorporation of a wider gender interpretation in HIV/AIDS intervention in Southern Africa.

This study contends that on a theoretical/conceptual level, a wider gender interpretation in HIV/AIDS intervention entails a move away from the almost exclusive dominance of feminism with regard to gender on reproductive health in general and HIV/AIDS intervention in particular. Moreover, on a pragmatic/practical level a wider gender interpretation in HIV/AIDS intervention entails that men and women need to speak to each other about HIV/AIDS and how it has affected them respectively. This chapter examines whether the MAP case study at tertiary level in the Western Cape substantiates the previous two claims and is informed by a discourse that is sensitive to gender dynamics and, in its practical context, works toward a balanced gender approach in HIV/AIDS policies and intervention programmes.

This chapter starts off by situating MAP in the debate on gender and HIV/AIDS and discusses its relation to the prevailing academic discourse on gender and HIV/AIDS and the international institutional responses to the epidemic. It provides a rationale for implementing MAP in South Africa and examines its content and aims. Moreover, it analyses the implementation of MAP at tertiary level in the Western Cape region in South Africa as a case study. In short, the main goal of this chapter is to situate MAP in the debate on gender and HIV/AIDS and to examine whether MAP presents itself as a potential opportunity toward a more gender-sensitive approach to HIV/AIDS intervention in Southern Africa.

### **3.2 Situating MAP**

The Men as Partners programme is structurally attached to an international non-governmental organisation, namely EngenderHealth. EngenderHealth has made considerable contributions to family planning and reproductive health across the globe. Since its foundation, EngenderHealth has given attention to the reproductive health needs of men and through its MAP programme it has strived to put men - both as partners and individuals - on the HIV/AIDS agenda.

With regard to the academic discourse, the MAP programme is informed by all three theoretical bodies on gender and HIV/AIDS. First of all, MAP views feminism as a necessary component of HIV/AIDS intervention and emphasises women's high risk of vulnerability and perceives the epidemic as an outcome of gender inequality. MAP's rationale for including men in HIV/AIDS intervention comes from the understanding that an almost exclusive focus on women in reproductive health and HIV/AIDS intervention has not only increased the burden of women, but also entailed that men were shut out of reproductive health services and HIV/AIDS policies and intervention programmes. As a result, MAP acknowledges the theoretical claims made in this study with regard to the problems around women-only approaches and emphasizes that gender norms place both men and women at risk of HIV infection. Consequently, MAP has taken up the responsibility to involve men in reproductive health and HIV/AIDS intervention and to address their specific needs. As such, MAP acknowledges the theoretical claims made by the men and masculinities discourse and the discourse on gender and development that men are gendered beings and that therefore multiple masculinities exist.

Moreover, MAP underscores the belief that men are able to change their behaviour and replace it with more positive male role models. Finally, apart from the role of men as individuals, MAP focuses on men as partners and reinforces the need for gender partnerships by emphasizing the relationship between men and women and their underlying norms and values concerning sex, sexuality and sexual behaviour. Therefore, from a theoretical perspective, by focusing on all three discourses on gender and HIV/AIDS, MAP appears to move beyond the almost exclusive dominance of feminism with regard to gender on reproductive health in general and HIV/AIDS intervention in particular.

With regard to its practical context, the Men as Partners programme appears to be the only programme that incorporates several issues such as gender, domestic violence and HIV/AIDS, offering a “holistic approach to reproductive health and life skills. In addition, few if any programmes are targeted directly at changing the behaviour and attitudes of men” (Kruger, 2000:5). MAP seeks to move beyond stereotypical male images and places emphasis on communicating with men and engaging them in HIV/AIDS intervention so that they can take care of themselves and their partners (Peacock, 2004:15). Another original feature of the Men as Partners programme is its recognition of local agency and allowing HIV/AIDS interventions to be context-bound. The question is whether MAP moves beyond targeting men’s behaviour and includes a focus on the dialogue between men and women (Greig, Kimmel and Lang, 2000:16) and their underlying norms and values concerning sex, sexuality and sexual behaviour.

Main international organisations described in the international institutional responses to the epidemic recognize the importance and success of the Men as Partners programme. According to the International HIV/AIDS Alliance the “MAP programme has produced significant changes in knowledge and attitudes” (International HIV/AIDS Alliance, 2003A:32). A USAID report claims that the Men as Partners programme has “increased belief in equal rights for men and women and decreased acceptability of sexual and physical violence against women” (White, Greene and Murphy, 2004:42).

### **3.3 The Men as Partners Programme in South Africa**

#### ***3.3.1 Why MAP? Rationale***

##### *3.3.1.1 HIV/AIDS and Gender Based Violence*

“South Africa is currently staggering under the effects of the linked epidemics of HIV/AIDS and violence against women” (Greig and Peacock, 2005A). Not only are close to thirty percent of adults estimated to be HIV positive, South Africa also deals with the highest per capita rate of reported rape in the world (Peacock, 2004:6). Men need to take responsibility for the disproportionate effect that the epidemic has on women. Moreover, men need to take responsibility as gender norms place them at increased risk of HIV infection by “equating masculinity with a variety of risky behaviours such as the pursuit of multiple sexual partners, alcohol, drug abuse and violence” (Greig and Peacock, 2005A). The Men as Partners programme is needed to make men aware of this responsibility with regard to the health of their partners and their own health.

##### *3.3.1.2 Gender Norms Place both Men and Women at Risk*

The contours of the HIV/AIDS epidemic in South Africa reveal that gender norms strongly influence sexual behaviour and place both men and women at risk of HIV infection. In terms of rates of infection women are disproportionately affected by the HIV/AIDS epidemic both for physiological and social reasons. Moreover, in terms of care and support women carry a disproportionate burden (Greig and Peacock, 2005A). Despite the fact that gender norms place men in positions of power and control, contemporary gender norms encourage men to “equate a range of risky behaviours (e.g. the use of violence, the pursuit of multiple sexual partners and the domination of women) with being manly, and to view health-seeking behaviours as a sign of weakness” (Peacock, 2004:15). The MAP programme is needed as it acknowledges that gender norms place both men and women at risk of infection and moves beyond the stereotypical male image of perpetrator.

##### *3.3.1.3 Men and Health Care Services*

In addition, MAP is needed to ensure men’s involvement in health care services. As the result of an almost exclusive focus on women in reproductive health, men have been shut out of reproductive health services and HIV/AIDS policies and intervention programmes.

Moreover, current gender norms place men at risk as health seeking behaviours are seen as unmanly (Greig and Peacock, 2005A) and limits their involvement in health care services. MAP is needed to encourage men to participate in health care services and emphasize the health care needs of both men and women (Greig and Peacock, 2005A).

#### *3.3.1.4 Patriarchal Society and Misconception*

With regard to the HIV/AIDS epidemic, South Africa is still plagued by patriarchal norms and values that reinforce rather than challenge male stereotypical behaviour and contribute to an increased risk of HIV infection. An example is provided by the recent March 2006 rape trial of former deputy president Jacob Zuma which highlighted the persistence of patriarchal values in South African society. It placed a “spotlight on men's attitudes towards women and men's willingness to risk their own and others' safety” (Peacock, Khumala and McNab, forthcoming). The trial encourages the perception that risky behaviour is seen as manly.

Misconception around HIV/AIDS and gender seems to dominate the country's response to the epidemic. Health Minister Dr. Manto Tshabalala-Msimang's “and her campaign to promote alternative methods in the treatment of AIDS” (Bodibe, 2006) has created a growing criticism of South Africa's capability and willingness to respond to the epidemic. Consequently, the Men as Partners programme is necessary to combat patriarchal norms and values prevalent in society and to create clarity on and an understanding of issues around gender and HIV/AIDS.

#### *3.3.2 Programme History and Implementation*

The Men as Partners programme started off in 1996, as an initiative of EngenderHealth, to collaborate with key stakeholders in the global health sector and assist them to encourage constructive positive male involvement in reproductive health and HIV/AIDS intervention in particular (White, Greene and Murphy, 2004:21). In 1998 EngenderHealth and the Planned Parenthood Association of South Africa (PPASA) collaborated together with mostly civil society organisations and implemented the MAP programme in eight of South Africa's nine provinces (Peacock, 2004; Peacock and Levack, 2004:174-175). In addition from 2004 onwards, MAP has been implemented in five tertiary institutions in the Western Cape region.

It is important to keep in mind that MAP is an initiative among a number of organisations, rather than an organisation itself. In South Africa these organisations include amongst others, EngenderHealth, the Planned Parenthood Association of South Africa (PPASA), Hope Worldwide (HWW), the Treatment Action Campaign (TAC), the AIDS Consortium and their affiliates, the Solidarity Centre and their trade union partners and the Sonke Gender Justice project. Consequently, how MAP is implemented within a certain organisation depends on the environment/climate, the existing structures within the organisation and the discourses that lie beneath it. In this case, the MAP programme is an initiative that can vary from organisation to organisation and thus can be considered context-bound. The way Sonke Gender Justice implements the MAP programme is different than say HWW. The same is true for the tertiary institutions in the Western Cape and their implementation of the MAP programme.

### ***3.3.3 The Purpose of the MAP Programme***

The purpose of the MAP programme has been defined in two ways. First of all, MAP forces men to challenge their attitudes, values and behaviour that affect their health and safety as well as the health and safety of partners and children. Secondly, MAP encourages men to become involved in HIV/AIDS intervention and gender-related activities (Peacock 2004; Peacock and Levack, 2004:174; Gush 2005:7). Although not directly stated, the MAP programme also focuses on men as partners and subsequently emphasizes the relationship between men and women and their underlying norms and values concerning sex, sexuality and sexual behaviour. As such, the MAP programme appears to move beyond targeting men's behaviour and provides an opening for a more gender-sensitive approach to HIV/AIDS intervention that is reflective of the specific gender dynamics of the epidemic in Southern Africa.

### ***3.3.4 The MAP Philosophy***

The MAP philosophy is informed by all three theoretical bodies presented in this study, namely feminism, the men and masculinities discourse and the discourse on gender and development. MAP emphasises the role of feminist thinking and theory in its discourse on gender and HIV/AIDS. It affirms women's high risk of vulnerability and the epidemic as an outcome of gender inequality but moves beyond feminist-centred views on the underlying conditions that cause gender inequities. As such, MAP recognizes the theoretical claims made by both the men and masculinities discourse and the discourse on gender and development.

First of all, MAP emphasizes that men are gendered beings and that therefore multiple masculinities exist. Moreover, MAP underscores the belief that men are able to change their behaviour and replace it with more positive male role models. “The belief that men can be part of the solution to HIV/AIDS, underpins all of the work done by the MAP programme” (Greig and Peacock, 2005A). Finally, MAP underscores the need for gender partnerships, visible in the gender and development discourse, by focusing on men as partners and the relationship between men and women and their attitudes toward sex, sexuality and sexual behaviour. In short, MAP’s philosophy “pivots around a positive approach to male involvement that approaches men in a gentle, respectful and open-minded manner” (Kruger, 2000:8) rather than blame men for their role in the epidemic.

### ***3.3.5 Programme Strategies***

The MAP programme utilizes two main strategies that focus exclusively on changing men’s roles and behaviour into behaviours and attitudes that promote gender equity (Peacock, 2004). First of all, MAP works within a human rights framework in order to emphasize that gender equity is a fundamental human right and create awareness among men that gender inequity is a form of discrimination (Peacock, 2004; Gush, 2005:8). Secondly, the MAP programme has created a strategy that generates awareness among men that the privileges and benefits they obtain come at a high cost (Peacock, 2004; Peacock and Levack, 2004:177). MAP’s programme strategies seem to circle almost exclusively around targeting male behaviour rather than focus on the implications of gender norms and values for the sexual relations between men and women and their risk of HIV infection as the epidemic in South Africa is predominantly a heterosexual transmitted disease.

### ***3.3.6 Programme Methodology and Approach***

The prime focus of the MAP programme has been on educational workshops. Workshops are based on the following three principles of positive male involvement. First of all, men usually control reproductive health choices made by their partners. Secondly, gender roles place men at risk by promoting risky behaviour as manly and health-seeking behaviours as unmanly. Finally, workshops are based on the assumption that in order to change current gender norms, personal investment is necessary and will have positive health consequences for men and women (White, Greene and Murphy, 2004:21-22).



Workshop topics are drawn from the '*Men as Partners: A program for Supplementing the Training of Life Skills Educators*' jointly developed by EngenderHealth and PPASA and includes issues such as gender and sexuality, male and female sexual health, relationships, communication and violence (Horizon Solutions, 2003; EngenderHealth and PPASA, 2001).

MAP contends that from a theoretical level any discussion on gender should be conducted with men and women. However, on a practical level this has appeared to be difficult to uphold. Both men and women usually feel threatened to discuss gender-related issues such as violence in a mixed-gender environment (EngenderHealth, 2002). As such, MAP has chosen to work initially with male-only workshops and conduct mixed-gender workshops after a couple of sessions when both men and women feel more comfortable to speak to each other about HIV/AIDS and gender-related issues and how it has affected them respectively. With regard to male-only workshops MAP emphasizes that because men are socialized in groups it is important to work with men in groups to provide alternative group socialization experiences that challenge current gender norms (Greig and Peacock, 2005B).

More recently, MAP has given more explicit attention to activism and advocacy. Apart from its emphasis on workshops and changing knowledge, attitudes and behaviour, the MAP programme has taken on a more activist role by actively pushing for transformation of society. MAP recognizes that in order to effect sustainable change, it needs to apply a more ecological approach that identifies individuals as reflections of the values of their families, community and school (Peacock and Levack, 2004). As such MAP has broadened its horizon and focuses on "mobilizing men in Community Action Teams, collaborating with other NGOs and grassroots community-based organisations to strengthen their ability to implement MAP programmes and advocates increased governmental commitment to promoting positive male involvement" (Greig and Peacock, 2005A).

### **3.3.7 Funding**

The Men as Partners programme has been financed for the most part by USAID, the MacArthur Foundation and EngenderHealth (White, Greene and Murphy, 2004:22). A limited amount of funding in combination with prescriptive funding guidelines has restricted the choice and ability to influence MAP's policy-making. As a result, MAP coordinators have raised the issue whether it is not better to focus on one thing only, say research or peer education, rather than focusing on a variety of issues.

In addition, inconsistent and unpredictable funding has affected the sustainability of the MAP programme as difficulties have arisen “in providing follow-up for former participants” (White, Greene and Murphy, 2004:22). The recent fluctuation between EngenderHealth funding for this year's funding cycle and USAID funding for the final part of 2006 and the whole of 2007, only increases the level of inconsistency and unpredictability.

### **3.4 Monitoring MAP: Results from Previous Evaluations**

The Men as Partners Project in South Africa has demonstrated significant programmatic success. MAP has been evaluated by a number of organisations in South Africa and this section briefly outlines their main findings. These evaluations all highlight the success of the programme and underscore the belief that men can and do change and create more positive male role models.

The Planned Parenthood Association of South Africa (PPASA) implemented the MAP programme in 1998 and undertook an evaluation in 2000 to measure its effectiveness and make recommendations for future expansion of the programme. The main findings of PPASA indicated that the MAP programme had increased awareness among men with regard to “reproductive health, gender equity, sexually transmitted diseases and HIV/AIDS, and issues around domestic and sexual violence” (Kruger, 2000:16). Moreover, “it improved male access to reproductive health information and services and succeeded in getting men to rethink their attitudes towards their relationships and partners” (Kruger, 2000:16). Based on the success of the MAP programme at PPASA, the report recommended that the programme be expanded to other organisations, but should retain its male-only focus (Kruger, 2000: 16, 52).

In March 2002, a quantitative evaluation was undertaken by PPASA and EngenderHealth “in order to test the impact of the MAP workshop methodology on men's knowledge, attitudes, and practices related to a variety of reproductive health issues” (Peacock and Levack, 2004: 181). The main findings revealed that men's factual knowledge related to HIV/AIDS increased after the workshop. Secondly, findings indicated that there had been a general positive attitudinal shift among men regarding issues related to sexual violence and relationships. Finally, a positive (although minimal) change was detectable in the sexual decisions that men took with their partners, such as the use of contraception (Peacock and Levack, 2004: 181-183).

In 2004, in collaboration with the Frontiers Programme of the Population Council and Hope Worldwide, EngenderHealth began a three-year impact study to determine the efficacy of the MAP approach (Peacock and Levack, 2004:183). This three-year study focuses on how to integrate gender in reproductive health programmes and attempts to assess the effectiveness of male involvement in reproductive health and HIV/AIDS intervention (Population Council, 2006).

Alan Greig and Dean Peacock prepared a qualitative report in 2005 titled 'EngenderHealth and the MAP Network in South Africa: Promoting Gender Equality, Ending Violence against Women and Reducing the Spread and Impact of AIDS. Outcomes and Lessons Learned'. The main findings revealed that despite the work that still needs to be done on constructive male involvement, important changes in attitudes are visible (Greig and Peacock, 2005B:10). These findings underscore the belief that men can create more gender-equitable relations between themselves and their partners and can play a vital role in reproductive health and HIV/AIDS intervention in particular.

### **3.5 Monitoring MAP at Tertiary Level: A Small-Scale Analysis**

#### ***3.5.1 Why MAP at Tertiary Level?***

##### ***3.5.1.1 Dynamic and Fluid Student Population***

In contrast to programmes targeting men within the workforce and institutions such as the military and prison, the implementation of MAP at tertiary level provides new grounds for reaching a dynamic and fluid group of people. On the one hand, MAP can provide guidance and awareness on HIV/AIDS and gender-related issues among a young group of people that is readily accessible and will potentially inhabit positions of leadership in the nearby future. On the other hand, MAP is needed to create awareness among students that access to an environment which includes alcohol and drugs increases their risk of HIV infection. In addition, HIV/AIDS spreads easily due to the dynamic and flexible nature of the student population. Consequently, MAP is needed to create awareness among a dynamic and fluid population about the risks of HIV infection and their potential to bring about change in the future.

### *3.5.1.2 Patriarchal Society*

At all three tertiary institutions, patriarchal values and norms influence student life to a certain extent. Especially at the US, patriarchal values are still dominant and emphasize the traditionally white male domain (Petty, Interview 20 July 2006). In the context of the HIV/AIDS epidemic in South Africa, these patriarchal norms and values contribute to the high HIV rate of the country and prevent men from taking responsibility and action for their role in the spread of the epidemic. As such, the Men as Partners programme is needed to “contest patriarchal politics and counter backlashes” (Peacock, Khumalo and McNab, forthcoming) and make men aware of the need to strive toward more gender-equitable relations that will benefit their own health and the health of their partners.

### *3.5.2 The Three Institutions*

#### *3.5.2.1 The University of Stellenbosch*

The Men as Partners programme was implemented at the University of Stellenbosch in 2005 and has been run by the Unit for Psychology under the directorship of Chris Petty. In August 2006 MAP has been incorporated within the Stellenbosch HIV Programme at the University of Stellenbosch. Jaco Brink has taken over Chris Petty’s responsibilities as US MAP director. As a result MAP now works within the existing HIV/AIDS structures present at the University. From now on, peer educators will be trained and offered the opportunity either to focus on MAP or on a more general HIV/AIDS peer education programme. Both groups will complete separate individual interventions but will remain to work together on group interventions such as the March Voluntary HIV Counseling and Testing (VCT) Campaign. Moreover, the MAP programme at the US has moved from a male-only approach to a mixed-gender approach. As a result of the merge, gender has become a top priority within US’s HIV/AIDS programme.

#### *3.5.2.2 The University of Cape Town*

The Men as Partners programme at UCT is a complementary approach to its existing HIV/AIDS structures. The University of Cape Town’s HIV/AIDS Unit, now named HAICU – HIV/AIDS Coordination University of Cape Town – has worked in partnership with the Men as Partners programme. The Student HIV/AIDS Resistance Programme (SHARP) has been working with the peer education model for more than ten years and has incorporated MAP within its structure.

A new initiative launched in November 2005, named AIDS Community Educators (ACE), has replaced SHARP and has incorporated MAP activities and events into its existing structure (UCT, 2006). Lucina Augustine is the Peer Programme Coordinator at HAICU and is in charge of MAP related affairs.

#### *3.5.2.3 The University of the Western Cape*

The Men as Partners programme at UWC is a complementary approach to its existing HIV/AIDS structures. The gender-based peer education project incorporated within the University of the Western Cape's HIV and AIDS programme works in co-operation with EngenderHealth and the Men as Partners programme. Every year 20 peer educators (10 male and 10 female) are trained and the prime focus is first year students. UWC's HIV and AIDS programme also includes the Abstinence-Faithfulness Peer Education Programme and the Digital storytelling project (UWC, 2006). Both indirectly include MAP related topics but have no direct affiliation with the Men as Partners programme. Joachim Jacobs manages UWC's peer education programme and is in charge of MAP related affairs.

### **3.5.3 Main Findings**

Although there are differences in the way that MAP has been implemented at the US, UCT and UWC, this section outlines the main accomplishments, limitations and way forward of the MAP programme at tertiary level in the Western Cape.

#### *3.5.3.1 Accomplishments*

The impact of the Men as Partners programme on all three tertiary institutions has been difficult to measure for various reasons. Not only is there a lack of research on how to measure the success of the programme, the institutions do not always have the required capacity to undertake impact evaluations. Finally, as the Men as Partners programme is incorporated within the existing HIV/AIDS structures at all three institutions it is difficult to unravel the specific impact of the MAP programme.

Despite this, MAP coordinators and peer educators note that changes are happening. As Rodney Fortuin points out, MAP "has been fairly successful based on participants' comments and feedback" (Fortuin, 29 September 2006). According to Jaco Brink, "the real accomplishment of the Men as Partners programme at the US is a combination of getting more male students involved and putting gender back on the agenda" (Brink, Interview 19

July 2006). In this sense, MAP has helped to create gender awareness among men with regard to themselves and their relationships with women. Perhaps the biggest accomplishment of the MAP programme at tertiary level is the change in the attitudes and behaviours of peer educators themselves (Siegfried, 2005:14-45).

### *3.5.3.2 Limitations*

Despite the awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention, the main limitation of the Men as Partners programme at tertiary level circles around the fact that it still lacks a satisfactory incorporation of a wider gender interpretation in HIV/AIDS policies and intervention programmes. Various factors have contributed to this.

On a theoretical level, despite MAP's acknowledgment of all three theoretical bodies on gender and HIV/AIDS, a feminist-centred approach to gender and HIV/AIDS tends to spring up at times. MAP appears to carry out deficiencies in its messages toward men, masculinity and the relationship between men and women and their attitudes toward sexual behaviour. This transpires in the kind of questions that MAP asks men. A MAP poster titled 'real men don't rape' carries a very potent message and implicit accusation, namely 'do not be like you are'. This message implies that men cannot think for themselves and need others to tell them how to and how not to act. Despite MAP's positive approach to male involvement outlined in its main philosophy, it appears that MAP, at times, carries out potent messages that focus on targeting negative male behaviour rather than encourage men to equate themselves with gender-equitable behaviours. As a result, by asking men the wrong questions, MAP at tertiary level has reinforced rather than challenged male stereotyping by portraying men as perpetrators, rapists and aggravators. Such depictions of men and male behaviour reinforce stereotypical behaviour among men on campus and the notion that men cannot change themselves. In addition, in the case of the US, the substantial lack of white Afrikaner male involvement reinforces the presumed 'black face' of the epidemic and strengthens the 'it does not happen to me' mentality.

On a practical level this has tended to translate into missing men in MAP-related policies and intervention programmes. Particularly, male students have been resistant to learn from and participate in MAP-related interventions. In the case of the US it has seemed to be very hard to reach white Afrikaans males, who still form the large majority of the US' student population.

Despite efforts to increase male access to health care services at tertiary level, men tend to make little use of these facilities and generally stay away from health care institutions.

Apart from missing men, MAP at tertiary level has encountered difficulties in reaching men and women at risk. In the case of the US, the VCT March Campaigns (reaching 580 in 2005 and 701 in 2006) reported not a single HIV positive in 2005 and only a small group of HIV positives this year. As a result, during a visit to all five institutions in the Western Cape this year, the president of EngenderHealth, Ana Langer M.D., wondered what the extent of the HIV/AIDS 'problem' was on US campus. Not only is HIV prevalence underreported at the US but MAP interventions are obviously not reaching those at risk.

In addition to the fact that MAP at tertiary level still lacks a satisfactory incorporation of a wider gender interpretation in HIV/AIDS intervention, the programme has been unable to install instruments that monitor and measure its impact on a continual basis. No ongoing self-examination has taken place at tertiary level and as a result, no clear information is available on MAP's sustainability on all three campuses.

Finally, funding also translated into a limitation of the MAP programme at tertiary level. First of all, is the issue of limited funding. According to Rodney Fortuin, "we can only reach a certain number of individuals with the limited funding that we have" (Fortuin, 26 September 2006). As a result, the impact of the MAP programme at tertiary level is hampered by scarce resources. The second, more potent issue is access to funding. The presence of middle-men delays the transfer of funding from donor institutions to recipients. Moreover, funding cycles of the three tertiary institutions do not align with those of donors and as a result funding does not come in when it is most needed and provisions have to be made to plan interventions or training sessions without actually having access to it yet.

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### *3.5.3.3 Way Forward*

The way forward for the Men as Partners Programme at tertiary level in the Western Cape can be reduced to two main issues.

#### *3.5.3.3.1 Move toward a Wider Gender Interpretation in HIV/AIDS Intervention*

Despite the awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention, the MAP programme at tertiary level still lacks a satisfactory incorporation of a wider gender interpretation in HIV/AIDS policies and intervention programmes. On a theoretical level, MAP needs to move beyond feminist induced questions tackling men and male behaviour directly and their norms and values concerning sex, sexuality and sexual behaviour. By asking men the right questions MAP can provide a helping hand in clarifying men's roles and responsibilities more clearly by looking beyond the actual behaviour and focus on what men really think and feel. Additional research on men and masculinities can create more clarity on men and male behaviour and their attitudes toward sex and sexuality.

On a practical level this entails that men need to be reached more effectively at tertiary level. This can be achieved by focusing on issues around male behaviour such as vulnerability and pain rather than engaging with that behaviour itself. In addition, the creation of partnerships will provide fertile ground for a more gender-sensitive approach to HIV/AIDS intervention. With regard to the US there is the potential of creating a 'Stellenbosch Health Forum' in which MAP, the Department of Health and a number of faith-based organisations will bring forward initiatives such as opening an after hours clinic for people at work, with an emphasis on primarily health care and VCT. With regard to gender partnerships, MAP needs to focus more exclusively on creating a dialogue between men and women on HIV/AIDS and gender-related issues.

#### *3.5.3.3.2 Become Sustainable*

MAP needs to distinguish two levels of analysis in looking at the issue of sustainability. First of all, is the (inter)-personal level which revolves around the question how do ensure that behavioural change stays change (Petty, Interview 20 July 2006). Behavioural change is one of the most difficult things to monitor and measure. There are, however, various ways to ensure a certain degree of behavioural change such as ongoing support (mentoring), staying in contact with each other, a central resource point, booster session from time to time and involvement in social activities.



The second level looks at how MAP becomes sustainable on campus and deals with issues such as branding, marketing and the provision of benefits (Petty, Interview 20 July 2006). It tackles how resources are being used and how impact can be measured. The limited amount of funding has restricted MAP's sustainability at tertiary level and has raised the issue whether or not it is not better to focus on one thing rather than on a variety of issues. As such MAP at tertiary level needs to secure future funding and organize better access to funding by limiting the presence of middle-men and aligning its funding cycles with those of donors. With regard to measuring impact, MAP needs to install instruments that monitor and measure the impact and sustainability of the programme at tertiary level on a continual basis. In both instances assistance of donors, especially EngenderHealth is crucial in order to set up a sustainable Men as Partners programme at tertiary level in the Western Cape.

### **3.6 Chapter Summary**

Within the Men as Partners programme there is awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention. The main goal of MAP is to encourage positive male involvement in reproductive health and HIV/AIDS intervention and as such it emphasizes the need to create gender awareness among men with regard to themselves and their relationships with women. The focus is on men as partners and subsequently entails that both men and women need to be involved in HIV/AIDS policies and intervention programmes.

Despite the fact that the MAP programme seems to provide an opportunity within HIV/AIDS intervention, the MAP case study at tertiary level in the Western Cape has failed to adopt a satisfactory wider gender interpretation in HIV/AIDS intervention. On a theoretical level, MAP appears to carry out deficiencies in its messages toward men, masculinity and the relationship between men and women and their attitudes toward sexual behaviour. As such, MAP is not informed by a discourse that is sensitive to gender dynamics. On a practical level, this has translated itself into missing men *as men* and men and women at risk in MAP-related policies and intervention programmes. Moreover, MAP at tertiary level has failed to implement instruments that monitor and measure its impact and sustainability on a continual basis which is partially contributed by a limited amount and restricted access to funding.

Therefore in its practical context, MAP has not succeeded in incorporating a balanced gender approach in HIV/AIDS policies and intervention programmes. Despite the fact that the MAP case study did not demonstrate a satisfactory incorporation of a wider gender interpretation in HIV/AIDS intervention, MAP does yield lessons and proposes a potential improvement in the HIV/AIDS epidemic in the Southern Africa region. As such, the remaining chapter of this study discusses the main lessons that the MAP initiative yields for a wider gender interpretation in HIV/AIDS intervention in Southern Africa. Moreover, it distinguishes general patterns and trends and their implications for moving toward an approach to HIV/AIDS intervention in Southern Africa that is sensitive to gender dynamics.

## **4 Moving Beyond MAP: The Lessons for a Wider Gender Interpretation in HIV/AIDS Intervention in Southern Africa**

### **4.1 Introduction**

The previous chapter examined the implementation of MAP at tertiary level in the Western Cape region within South Africa as a case study. Despite an awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention, MAP still lacks a satisfactory incorporation of a wider gender interpretation in HIV/AIDS intervention at tertiary level. This leaves us to wonder about the lessons that this initiative yields for a wider gender interpretation in HIV/AIDS intervention in Southern Africa and what MAP proposes toward an improvement in the HIV/AIDS epidemic in this region.

This chapter identifies what MAP proposes toward an improvement in the HIV/AIDS epidemic in Southern Africa and analyses the main obstacles that MAP faces. Moreover, it detects general patterns and trends that provide insight in the limitations and necessary improvements in HIV/AIDS intervention in Southern Africa in order to incorporate an approach that is sensitive to gender dynamics.

As the HIV/AIDS epidemic in Southern Africa shows no sign of consolidating, it is important to move beyond MAP as a case study and analyse patterns and trends on how to improve HIV/AIDS intervention in this region along the lines of a more gender-sensitive approach. As such, the insights provided by the academic discourse on gender and HIV/AIDS and the international institutional responses to the epidemic will also be included in the analysis of patterns and trends with regard to a wider gender interpretation in HIV/AIDS intervention in Southern Africa.

## **4.2 Main Lessons**

### ***4.2.1 What MAP proposes toward an Improvement in the HIV/AIDS epidemic in Southern Africa***

#### *4.2.1.1 Men can and do Change*

The case study on the Men as Partners programme has highlighted the belief that men can and do change their behaviours, attitudes and actions and can create gender-equitable behaviours and relations. As such, MAP underscores the theoretical claims made by the men and masculinities discourse and the discourse on gender and development. Despite the fact that the impact of the MAP programme on behavioural change has been difficult to measure at tertiary level in the Western Cape, previous evaluations on the MAP programme in South Africa have revealed increased awareness and changes in men's knowledge, attitudes and practices related to a variety of reproductive health issues (Peacock and Levack, 2004:181). Consequently, MAP proposes an improvement in the HIV/AIDS epidemic in Southern Africa by emphasizing that men can contribute to the solution of the HIV/AIDS epidemic in this region and as such need to be involved, alongside women, in HIV/AIDS intervention.

#### *4.2.1.2 Gender norms place both men and women at risk*

The Men as Partners programme highlights one of the main standpoints presented in this study, namely that gender norms place both men and women at risk of HIV infection. MAP's acknowledgment that gender norms and values impact on both men's and women's sexual and reproductive health provides an opening for a more gender-sensitive approach to HIV/AIDS intervention in Southern Africa. Consequently, MAP proposes an improvement in the Southern African epidemic by underlining the need to include both men and women in HIV/AIDS intervention in the region.

#### *4.2.1.3 Men-only and Mixed-Gender Workshops*

On a theoretical level, MAP has acknowledged the need to discuss gender with both men and women. However, on a practical level this has appeared to be difficult to uphold. Both men and women usually feel threatened to discuss gender-related issues such as violence in a mixed-gender environment (EngenderHealth, 2002). The benefit of starting off with men-only workshop is that men can create an environment in which they feel comfortable and can articulate their views, feelings and opinions around HIV/AIDS and gender.

They can create a space which moves beyond dominant models of masculinity and patriarchal and sexist behaviours. Men have mentioned that women tend to dominate conversations on gender and that they feel threatened and intimidated to discuss issues around gender with women as this is generally assumed to be 'female territory' (Lang and Prewitt, 2001). Despite this, the case study of MAP at tertiary level in the Western Cape has highlighted that mixed-gender workshops work particularly well among a young audience. Both young men and women are less challenged by traditional roles of masculinity and femininity and sexual behaviour (EngenderHealth, 2002:3). Consequently, MAP suggests that in the context of the Southern African epidemic men-only and mixed-gender workshops seem to be an effective tool in HIV/AIDS intervention.

#### *4.2.1.4 Gender Partnerships*

Since gender norms influence how men and women interact sexually, MAP proposes that gender partnerships are necessary in the context of the epidemic in Southern Africa. The case study on MAP has revealed that the programme has attempted to open up dialogue between men and women on HIV/AIDS and gender-related issues and create a safe environment in which these topics could be discussed. Although much improvement needs to occur with regard to solidifying gender partnerships at tertiary level in the Western Cape, MAP suggests that gender partnerships are an effective instrument in fostering the sexual and reproductive health of both men and women.

#### *4.2.2 Obstacles*

##### *4.2.2.1 Missing Men*

One of the obstacles of the Men as Partners programme at tertiary level has been its struggle to involve men in its policies and intervention programmes. Despite the fact that men appeared to be resistant to learn from and participate in MAP-related interventions, MAP appeared to reinforce potent messages targeting negative male behaviour rather than encouraging men to create gender-equitable behaviours and relationships. As a result, MAP reinforced rather than challenged male stereotypical thinking which resulted into missing men in MAP-related interventions at tertiary level in the Western Cape.

#### *4.2.2.2 Reaching those at Risk*

The case study on MAP has highlighted the issue around the difficulties in reaching men and women at risk. Underreported HIV prevalence prevents 'practitioners' in the field of HIV/AIDS intervention from getting a clear picture of the extent of the epidemic. In addition, stigma, patriarchal norms and values and a misunderstanding and misconception around issues on gender and HIV/AIDS have reinforced the difficulty of reaching those at risk.

#### *4.2.2.3 Effectively Challenge Stereotypical Thinking*

One of the obstacles of the MAP programme at tertiary level has been its inability to effectively challenge stereotypical thinking on men and women. Despite the acknowledgment that gender norms and values place both men and women at risk of HIV infection, MAP appears to carry out deficiencies in its messages toward men, masculinity and the relationship between men and women and their underlying norms and values concerning sex, sexuality and sexual behaviour. As a result, MAP reinforces "stereotypical thinking about what men – as well as women – are to do" (Cornwall, 2000) and does not place enough emphasis on the creation of gender-equitable behaviours and relations.

#### *4.2.2.4 Limited and Restricted Access to Funding*

The MAP case study has also brought up the issue of limited and restricted access to funding. Obstacles to funding are seen in the presence of middle-men that delay transfer of funding from donors to recipient organisation. In addition, conflicting donor and recipient funding cycles restricted MAP's access to funding.

#### *4.2.2.5 Monitoring Impact and Sustainability*

The findings of the case study of MAP at tertiary level also brought up the issue around the need to monitor the impact and sustainability of programmes that involve men in HIV/AIDS intervention. There is a need for instruments that measure the impact and sustainability of such programmes on a continual basis. Besides monitoring, the results that they yield also need to be taken up in HIV/AIDS policies and intervention programmes.

### **4.3 Trends and Patterns**

The main lessons that the Men as Partners programme yields for a wider gender interpretation in HIV/AIDS policies and intervention programmes reveal general trends and patterns with regard to working toward a more gender-sensitive approach to HIV/AIDS intervention in Southern Africa. This section distinguishes these general trends and patterns in order to provide insight in the limitations and necessary improvements in HIV/AIDS intervention in this region to facilitate an approach that is sensitive to gender dynamics.

#### ***4.3.1. Continuous Misunderstanding and Misconception around Gender in HIV/AIDS intervention***

The primary trend in this study is the continuous misunderstanding and misconception around gender in HIV/AIDS intervention. The academic discourse on gender and HIV/AIDS, the international institutional responses to the epidemic and the case study of the Men as Partners programme at tertiary level all present deficiencies with regard to the concept gender. There is no clear understanding of what gender is and in addition gender has often been interpreted from a feminist perspective. As a result gender mainly refers to women and when men are mentioned in HIV/AIDS intervention it is mainly to accentuate their role in driving the spread of the HIV/AIDS epidemic. Working toward a wider gender interpretation in HIV/AIDS intervention in Southern Africa is hampered by these misconceptions and assumptions around gender.

#### ***4.3.2 A Wider Gender Interpretation and a Feminist-centred Discourse?***

The academic discourse, the international institutional responses to the epidemic and MAP's case study at tertiary level have all revealed the continuous influence of a feminist-centred discourse in HIV/AIDS intervention. As such, the question arises whether there is anything inherently wrong with working toward a wider gender interpretation in HIV/AIDS intervention in Southern Africa from a feminist-centred discourse?

Feminism has been of tremendous influence and value to gender theory. It has introduced the concept of gender as an object and means of analysis and has challenged the male/female and sex/gender dichotomies in its discourse on gender and HIV/AIDS. Moreover, feminism has emphasized the HIV/AIDS epidemic as a gender issue and its disproportionate effect on women.

As such, feminism has provided beneficial insights on gender and HIV/AIDS. However, feminism does not provide accurate and suitable theoretical insight to validate the need for a wider gender interpretation in HIV/AIDS intervention in Southern Africa that acknowledges the impact of gender roles on the sexual and reproductive health of both men and women.

This study has contended that, from a theoretical level, emphasis should be placed on working toward a discourse that is sensitive to gender dynamics. Consequently, the men and masculinities discourse and the discourse on gender and development are necessary to underscore the claims that men are also gendered beings and that as such multiple masculinities exist. Moreover, they are necessary as they emphasize the belief that men can and do change and can create gender-equitable relations. However, as pointed out in this study, both discourses reinforce the feminist-centred approach in the gender debate. As such, there is a need to develop a discourse(s) on gender and HIV/AIDS in a way that is both appreciative and inclusive toward feminism, but also offers the ability to look at men from a different theoretical perspective. There is a need for more “in-depth, ethnographic, psychological and phenomenological long-term studies (Peacock, Khumalo and McNab, forthcoming) on men and masculinity to create a better understanding of men, male behaviour, their feelings and beliefs and their norms and values concerning sex, sexuality and sexual behaviour. As such, this study challenges the efficacy of a wider gender interpretation and a feminist-centred discourse in HIV/AIDS intervention.

#### *4.3.3 Men and Masculinity in Crisis*

Various factors have contributed to the assumption that men and masculinity are in crisis. Not only do men themselves feel lost and characterize their situation as a crisis, this study has also revealed that our understanding of men in HIV/AIDS policies and intervention programmes is in crisis as well. The academic discourse on gender and HIV/AIDS, the international institutional responses to the epidemic and MAP's case study at tertiary level have all presented deficiencies in their understanding and awareness of men and masculinity.

On a practical level, there is a need to fill the gaps in men's understanding of themselves and clarify the roles and responsibilities of men with regard to the HIV/AIDS epidemic. There is an absence of clear information about men's attitudes toward sex and sexuality and much existing information about men's behaviour and beliefs comes not from men themselves, but from women.



In some instances even it has been mentioned that masculinity is out of fashion. In this sense, the stereotypical male images that emphasize rationality and violence are now seen as unfashionable and are being replaced by feminine traits such as emotional, spontaneity and intuition (Beynon, 2002:79-80; Clare 2000:68). In order to effectively involve men in HIV/AIDS intervention a clear understanding needs to be provided about men's perspectives on gender and HIV/AIDS and their underlying norms and values concerning sex, sexuality and sexual behaviour.

On a theoretical level, there is a need for more research on men and masculinities. There is a need for more "in-depth, ethnographic, psychological and phenomenological long-term studies on men and masculinity in order to create a better understanding of men's lives and their underlying norms and values concerning sex, sexuality and sexual behaviour. This type of research should form the basis of male involvement in HIV/AIDS intervention in Southern Africa (Peacock, Khumalo and McNab, forthcoming).

#### ***4.3.4 Theoretical and Practical Usages of Gender***

This study has accentuated the differentiation between theoretical and practical usages of gender in HIV/AIDS intervention. In the context of this study, this distinction is important as it illustrates that the need for a wider gender interpretation in HIV/AIDS intervention in Southern Africa is multi-layered and as such demands a two-dimensional approach in order to facilitate HIV/AIDS policies and intervention programmes that are sensitive to gender dynamics. In order to work toward a more balanced gender perspective in HIV/AIDS intervention in Southern Africa, changes need to take place both within the theoretical and practical usages of gender.

First of all, theoretical usages of gender as reflected in the academic discourse on gender and HIV/AIDS need to move away from the almost exclusive dominance of feminism with regard to gender on reproductive health and HIV/AIDS intervention in particular. As the Southern Africa HIV/AIDS epidemic reveals the impact of gender norms and values in shaping male and female attitudes toward sexual behaviour that place both men and women's reproductive and sexual health at risk, HIV/AIDS intervention in this region needs to move toward a discourse that is sensitive to gender dynamics. This discourse needs to inform international organisations' conceptual approach to gender and their practical articulation of gender in the design of HIV/AIDS policies and intervention programmes.

Therefore, in order for the Men as Partners programme to become a promising opportunity in HIV/AIDS intervention in Southern Africa, it needs to be informed by a discourse that is sensitive to gender dynamics. In its practical context, this discourse ought to inform a balanced gender approach in MAP-related HIV/AIDS policies and intervention programmes that focuses on the dialogue between men and women on HIV/AIDS and gender-related issues and how it has affected them respectively.

#### ***4.3.5 Where is the Evidence?***

Despite the awareness of the need for a more gender-sensitive approach to HIV/AIDS intervention in Southern Africa, hardly any form of evidence exists with regard to the success, impact and sustainability of a wider gender interpretation in HIV/AIDS policies and intervention programmes. In order to make the transition toward a sustainable and effective gender-sensitive approach to HIV/AIDS intervention in this region, evidence needs to be provided with regard to the efficiency and efficacy of such an approach in HIV/AIDS intervention. The lack in proof could potentially have contributed to the continued dominance of a feminist discourse in HIV/AIDS intervention and the failure of both international organisations and the MAP programme at tertiary level in the Western Cape to incorporate a gender-sensitive approach in HIV/AIDS policies and intervention programmes.

#### **4.4 Chapter Summary**

This chapter has set out the main lessons that the Men as Partners programme yields for a wider gender interpretation in HIV/AIDS intervention in Southern Africa. MAP proposes an improvement in the HIV/AIDS epidemic in Southern Africa as it highlights that men can change their behaviour, attitudes and actions and that gender norms place both men and women at risk. Moreover, MAP suggests that in the context of the Southern African epidemic, men-only -, mixed-gender workshops and gender partnerships seem to be an effective tool in HIV/AIDS intervention. Despite these improvements, MAP also reflects obstacles with regard to a wider gender interpretation in HIV/AIDS intervention in the Southern Africa region. MAP has highlighted the difficulties with regard to reaching men and reaching those at risk. Moreover, MAP struggled to effectively challenge stereotypical thinking. In addition, limited and restricted access to funding and the lack of instruments that monitor the impact and sustainability of the programme hampered MAP and its ability to work toward a wider gender interpretation in HIV/AIDS policies and intervention programmes.

Finally, this chapter has set out general trends and patterns with regard to the limitations and necessary improvements in HIV/AIDS intervention in Southern Africa to facilitate an approach that is sensitive to gender dynamics. It has highlighted the continuous misunderstanding and misconception around gender in HIV/AIDS intervention and has challenged the efficacy of a wider gender interpretation and a feminist-centred discourse in HIV/AIDS intervention. Moreover, it has acknowledged that men and masculinity are in crisis and accentuates the need for a multi-layered approach to a wider gender interpretation in HIV/AIDS intervention in Southern Africa that differentiates between theoretical and practical usages of gender. Finally, it has emphasised the lack of evidence with regard to the success, impact and sustainability of a wider gender interpretation in HIV/AIDS intervention.

## Chapter 5 Conclusions and Recommendations

### 5.1 Main Findings

This study set out to examine the Men as Partners programme and the lessons that this initiative yields for a wider gender interpretation in HIV/AIDS intervention in Southern Africa.

#### *5.1.1 The Need for a Wider Gender Interpretation in HIV/AIDS Intervention in Southern Africa*

Despite increasing attention to the HIV/AIDS epidemic as an imminent health crisis across the globe, the epidemic in the Southern African region has continued to outpace the response to it. The epidemic in the Southern African region shows no sign of consolidating and has forced a re-evaluation of the nature of this pandemic. Since the HIV/AIDS epidemic in Southern Africa reveals the role of gender norms and values in forming male and female attitudes toward sexual behaviour that place both men and women's sexual and reproductive health at risk, HIV/AIDS intervention ought to be informed by an approach that is sensitive to gender dynamics.

In addition, deficiency with regard to the notion of gender in HIV/AIDS policies and intervention programmes suggests the need for a wider gender interpretation in HIV/AIDS intervention in Southern Africa. The presumed applicability of gender to HIV/AIDS intervention has proved to be problematic. Gender is a highly contested concept and no clear understanding (in some cases even a misunderstanding) exists. Adding to this conceptual confusion is the fact that gender has been interpreted from a predominant feminist view. These developments have not only stirred controversy in the debate on gender and HIV/AIDS but have proven to be detrimental in the face of the specific gender dynamics of the HIV/AIDS epidemic in Southern Africa and thus suggest the need for a wider gender interpretation in HIV/AIDS intervention in this region.

The need for a wider gender interpretation in HIV/AIDS intervention in Southern Africa is multi-layered and manifests itself on a theoretical and practical level. On a theoretical level a wider gender interpretation in HIV/AIDS intervention entails a move away from the almost exclusive dominance of feminism with regard to gender on reproductive health and HIV/AIDS intervention in particular. On a practical level a wider gender interpretation in HIV/AIDS intervention entails that men and women need to speak to each other about HIV/AIDS and gender-related issues and how it has affected them respectively.

### ***5.1.2 Academic Discourse and the International Institutional Responses to the Epidemic***

As the need for a wider gender interpretation in HIV/AIDS intervention in Southern Africa is multi-layered, this study has distinguished between theoretical and practical usages of gender in HIV/AIDS intervention reflected in the academic discourse on gender and HIV/AIDS and the international institutional responses to the epidemic respectively. The academic discourse is predominantly feminist-centred and as such lacks a discourse that is sensitive to gender dynamics. The international institutional responses to the epidemic do not reflect a separate discourse but rather reveal that their conceptual approach to gender and their practical articulation of gender in HIV/AIDS policies and intervention programmes, is informed by the feminist-centred academic discourse. Subsequently, the distinction between the theoretical and practical usages of gender is important as it exposes that despite gender awareness, academic discourse and the international institutional responses to the HIV/AIDS epidemic both lack a satisfactory incorporation of a wider gender interpretation in HIV/AIDS intervention.

### ***5.1.3 The Men as Partners Programme***

The Men as Partners programme provides a unique programme that serves as a model for incorporating a holistic approach to reproductive health in general and HIV/AIDS intervention in specific and targets directly at changing the behaviour of men. The MAP programme has seemed to suggest a promising opportunity toward a more satisfactory incorporation of a wider gender interpretation in HIV/AIDS intervention as it promotes constructive positive male involvement in HIV/AIDS policies and intervention programmes. The MAP case study reveals an awareness of the need for a more balanced gender perspective in HIV/AIDS intervention. Nevertheless, MAP is not informed by a gender-sensitive discourse and has not incorporated a satisfactory wider gender interpretation in its HIV/AIDS policies and intervention programmes.

#### ***5.1.4 Moving Beyond MAP: The Lessons for a Wider Gender Interpretation***

Despite the fact that MAP at tertiary level has not adopted a satisfactory wider gender interpretation in HIV/AIDS intervention, it proposes an improvement in the HIV/AIDS epidemic in Southern Africa. The lessons are positive in the sense that MAP demonstrates that men can and should be involved, alongside women, in HIV/AIDS intervention. MAP highlights that men can and do change and that gender norms place both men and women at risk. Moreover, the emphasis on men-only -, mixed-gender workshops and gender partnerships in HIV/AIDS intervention proposes an improvement in the epidemic in Southern Africa. On a less positive note, MAP also demonstrates the obstacles that emerge from such involvement. MAP highlights the difficulties with regard to reaching men and reaching those at risk. Moreover, MAP struggles to effectively challenge stereotypical thinking. In addition, MAP faces obstacles with regard to limited and restricted access to funding and the lack of instruments that monitor the impact and sustainability of the programme.

On a final note, the findings of this study have identified general trends and patterns that provide insight in the limitations and necessary improvements in HIV/AIDS intervention to facilitate an approach that is sensitive to gender dynamics. It highlights the continuous misunderstanding and misconception around gender in HIV/AIDS intervention and has challenged the efficacy of a wider gender interpretation and a feminist-centred discourse. It acknowledges that men and masculinity are in crisis and, most importantly, accentuates the need for a multi-layered approach toward a wider gender interpretation in HIV/AIDS intervention in Southern Africa that differentiates between theoretical and practical usages of gender. Finally, it emphasises the lack of evidence with regard to the success, impact and sustainability of a wider gender interpretation in HIV/AIDS intervention.

## **5.2 Potential Pitfalls**

### ***5.2.1 Evidence***

A potential pitfall lies in the lack of evidence with regard to the success, impact and sustainability of a wider gender interpretation in HIV/AIDS intervention. This study has provided the insight that very few programmes encouraging constructive positive male involvement in HIV/AIDS intervention have been rigorously evaluated and little is known about the efficiency and efficacy of these approaches (Peacock, 2005:152).

### ***5.2.2 The Power of Current Gender Norms***

In order to challenge current gender norms and their effect on the risk of HIV infection for both men and women much more is needed than a willingness of men to change. Amongst others it will require changes in society, both in economic and social life, and demand that dynamic collective action be undertaken (Elson, 1991:15). In addition, some men and women might oppose the move toward a more gender-sensitive approach to HIV/AIDS intervention. Women might feel threatened by male inclusion in HIV/AIDS policies and intervention programmes and some men might be unwilling to give up their privileges (Peacock, 2005:152).

### ***5.2.3 Do Not Forget Women***

At no point has this study dismissed the importance and role of women in the epidemic itself and within HIV/AIDS policies and intervention programmes and their high vulnerability to HIV/AIDS both for physiological and social reasons. This study did not seek to replace women by men in HIV/AIDS policies and intervention programmes, but set out to explore a new opportunity within HIV/AIDS intervention in Southern Africa in the form of MAP and the lessons it yields for a wider gender interpretation in HIV/AIDS intervention in this region. Consequently, any argument for creating a more gender-sensitive approach to HIV/AIDS intervention needs to acknowledge the important role of women in the epidemic (UNAIDS, 2001B:9).

## **5.3 Recommendations**

### ***5.3.1 Create Understanding and Clarity around Gender in HIV/AIDS intervention***

The primary trend in this study has been the continuous misunderstanding and misconception around gender in HIV/AIDS intervention. The academic discourse on gender and HIV/AIDS, the international institutional responses to the epidemic and the case study of the Men as Partners programme at tertiary level all present deficiencies with regard to the notion of gender. These developments have reinforced the existing controversy in the debate on gender and HIV/AIDS and have proven to be detrimental in the face of the specific gender dynamics of the HIV/AIDS epidemic in the Southern Africa region. Consequently, on a theoretical level emphasis should be placed on moving beyond a feminist-centred discourse on gender and HIV/AIDS in HIV/AIDS intervention in Southern Africa and toward a discourse that is sensitive to gender dynamics. There is a need for more “in-depth, ethnographic, psychological and phenomenological long-term studies (Peacock, Khumalo and McNab, forthcoming) on men and masculinity to create a better understanding of men, male behaviour, their feelings and beliefs and their norms and values concerning sex, sexuality and sexual behaviour. On a practical level, men and women need to engage with one another on HIV/AIDS and gender-related issues and create an understanding and clarity around gender and HIV/AIDS and how it has affected them respectively.

### ***5.3.2 Create an Evidence Base for a Wider Gender Interpretation in HIV/AIDS intervention***

The findings of this study confirm that there is a need to create an evidence base for a wider gender interpretation in HIV/AIDS intervention in Southern Africa. Up to now, hardly any form of evidence exists with regard to the success, impact and sustainability of a wider gender interpretation in HIV/AIDS policies and intervention programmes. In order to make the transition toward a sustainable and effective gender-sensitive approach to HIV/AIDS intervention in Southern Africa, evidence needs to be provided with regard to the efficiency and efficacy of such an approach in HIV/AIDS intervention.



### *5.3.3 Locate a Wider Gender Interpretation in HIV/AIDS intervention in a Broader Framework*

A wider gender interpretation in HIV/AIDS intervention in Southern Africa needs to be placed in a broader framework that tackles both general service delivery (Peacock, 2005:152) and the existence of other crises in the region. With regard to service delivery, access to public services such as the provision of electricity, water and health services needs to be dramatically improved in order for a more gender-sensitive approach to HIV/AIDS intervention in this region to be successful. On top of this, in the context of the epidemic in Southern Africa, “HIV/AIDS is a crisis that comes both on top of and contributes to existing crises” (Whiteside, 2004:1). Therefore, tackling the Southern African epidemic entails addressing issues such as poverty, famine and war within this region as well. Apart from the need for governments in Southern Africa to address the issues around service delivery and the existence of multiple crises, a more active approach is needed from the international community in order to put a hold on the spiralling epidemic and its devastating effects on the region.

## Reference List

### Books and Journal Articles

Barker, G.; Ricardo, C. (2005). *Young Men and the Construction of Masculinity in Sub-Saharan Africa: Implications for HIV/AIDS, Conflict and Violence*. Social and Development Papers; Conflict Prevention and Reconstruction Paper No. 26 / June. Washington, USA: World Bank

Beynon, J. (2002). *Masculinities and Culture*. Buckingham: Open University Press

Bujra, J. (2002). "Targeting Men for a Change: AIDS Discourse and Activism in Africa" in Cleaver, F. ed. *Masculinities Matter! Men, Gender and Development*. London and New York: Zed Books; Cape Town: David Philip

Carpenter, C.R. (2003). "Stirring Gender into the Mainstream: Constructivism, Feminism and the Uses of IR Theory" in *International Studies Review*, 5: 287-302

Carpenter, C.R. (2002). "Gender Theory in World Politics: Contributions of a Nonfeminist standpoint?" in *International Studies Association*. Malden USA, Oxford UK: Blackwell Publishing

Carver, T. (2003). "Gender/Feminism/IR" in *International Studies Review*, 5:287-302

Carver, T. (2002). "Men and IR/ Men in IR" in Odysseos, L.; Seckinelgin, H. ed. *Gendering the International*. Houndmills, Basingstoke, Hampshire: Palgrave Macmillan

Chant, S.; Gutmann, M.C. (2002). "'Men-streaming' gender? Questions for gender and development policy in the twenty-first century" in *Progress in Development Studies*, 2 (4): 269-282

Clare, A. (2000). *On Men: Masculinity in Crisis*. London: Chatto and Windus

Cleaver, F. ed. (2002). *Masculinities Matter! Men, Gender and Development*. London and New York: Zed Books; Cape Town: David Philip

Connell, R.W. (2005). "Change among the Gatekeepers: Men, Masculinities, and Gender Equality in the Global Arena" in *Signs: Journal of women in Culture and Society*, 30 (3):1801-1825

Connell, R.W. (2002). *Gender*. Cambridge: Polity Press

Connell, R.W. (2001). "The Social Organisation of Masculinity" in Whitehead, S. M.; Barrett, F. J. *The Masculinities Reader*. Cambridge: Polity Press, 30-50

Connell, R.W. (2000). *The Men and The Boys*. Cambridge: Polity Press

Connell, R.W. (1995). *Masculinities*. Cambridge: Polity Press

Connell, R.W. (1987). *Gender and Power: Society, the Person and Sexual Politics*. Stanford, Calif: Stanford University Press

Cornwall, A. (2000). "Missing Men? Reflections on Men, Masculinities and Gender in GAD" in *Institute of Development Studies (IDS)*, 31(2): 18-27

Cornwall, A. (1997). "Men, Masculinity and 'Gender in Development'" in *Gender and Development*, 5 (2)

Doyle, N. (2002). "Why Do Dogs Lick their Balls? Gender, Desire and Change – a Case Study from Vietnam" in Cleaver, F. ed. *Masculinities Matter! Men, Gender and Development*. London and New York: Zed Books; Cape Town: David Philip

Elson, D. ed. (1991). *Male Bias in the Development Process*. Manchester: Manchester University Press

EngenderHealth. (2002). *The Men as Partners Program in South Africa: Reaching Men to End Gender Based Violence and Promote HIV/STI Prevention*. MAP Briefing Paper Presented at the International AIDS Conference, Barcelona 2002. New York: EngenderHealth.

EngenderHealth and Planned Parenthood Association of South Africa (PPASA). (2001). *Men as Partners: A Program for Supplementing the Training of Life Skills Educators*. New York: EngenderHealth; Johannesburg: PPASA. Second Edition

Greig, A.; Kimmel, M.; Lang, J. (2000). "Men, Masculinities and Development: Broadening our work towards Gender Equality" in *Gender in Development, Monograph Series # 10*, UNDP

Greig, A.; Peacock, D. (2005A). *Men as Partners Programme: Promising Practices Guide*. Unpublished report on the South African Men as Partners Network. Johannesburg: EngenderHealth

Greig, A.; Peacock, D. (2005B). *EngenderHealth and the MAP Network in South Africa: Promoting Gender Equality, Ending Violence against Women and Reducing the Spread and Impact of AIDS. Outcomes and Lessons Learned*. Johannesburg: EngenderHealth.

Gush, R. (2005). *A Case Study of the Men as Partners Program at Stellenbosch University*. University of Stellenbosch, Department of Sociology and Social Anthropology. Unpublished Honours thesis.

Haywood, C.; Mac an Ghail, M. (2003). *Men and Masculinities: Theory, research and social practice*. Buckingham: Open University Press

Hoffman, J. (2001). *Gender and Sovereignty: Feminism, the State and International Relations*. Hampshire and New York: Palgrave

Hooper, C. (2001). *Manly States: Masculinities, International relations and Gender Politics*. New York: Colombia University Press

Jones, A. (1996). "Does "Gender" Make the World Go Round? Feminist Critiques of International Relations" in *Review of International Studies*, 22 (4)

Kaufman, M. (1999). "Men, Feminism and Men's Contradictory Experiences of Power" in Kuypers, J. A. ed. *Men and Power*. Halifax: Fernwood Books, 59-83.

Kruger, V. (2000). *Evaluation Report: Men as Partners Program, Project Evaluation and Research Service*. Sandown, Johannesburg: PPASA

Lang, J.L.; Prewitt, G.D. (2001). *Men's Involvement in Gender Mainstreaming: A Case-Study of the United Nations*. Presented at the conference "Working with Men to End Gender Violence: An Interchange for Global Action, Oct 8-12 2001. Bellagio: Rockefeller Bellagio Centre

Lindsay, L. A.; Miescher, S. F. ed. (2003). *Social History of Africa: Men and Masculinities in Modern Africa*. Portsmouth, NH, Heinemann

Mbilinyi, M. (1992). "Research Methodologies in Gender Issue" in Meena, R. ed. *Gender in Southern Africa: Conceptual and Theoretical Issues*. Harare: Sapes Books

McIlwaine, C.; Datta, K. (2003). "From Feminising to Engendering Development" in *Gender, Place and Culture*, 10 (4): 369-382

Momsen, J. H. (2004). *Gender and Development*. London and New York: Routledge

Morrell, R. (1998). "Of Boys and Men: Masculinity and Gender in Southern African Studies" in *Journal of Southern African Studies*, 24 (4):605-631

Moser, C.O.N. ; Tornovist, A. ; Van Bronkhorst, B. (1999). *Mainstreaming Gender and Development in the World Bank*. Washington, D.C.: World Bank

Neuman, W. L. (2000). *Social Research Methods: Qualitative and quantitative approaches*. Boston: Allyn and Bacon

Peacock, D. (2005). "Urgency and Optimism: Masculinities, gender equality and public health" in *Agenda Special Focus*, 146-153

Peacock, D. (2004). *Men as Partners: South African Men Respond to Violence against Women and HIV/AIDS. A Description of Accomplishments, Challenges, and Possible Next Step.*, San Francisco: San Francisco State University. Unpublished MA thesis in Social Work.

Peacock, D. (2002). *Men as Partners: South African Men Respond to Violence against Women and HIV/AIDS.* Johannesburg: EngenderHealth

Peacock, D.; Khumalo, B.; McNab, E. "Men and gender activism in South Africa: observations, critique and recommendations for the future". Forthcoming in special issue of *Agenda* later this year.

Peacock, D.; Levack, A. (2004). "The Men as Partners Program in South Africa: Reaching Men to End Gender-Based Violence and Promote Sexual and Reproductive Health" in *International Journal of Men's Health*, 3 (3): 173-188, Fall.

Peake, L.; Trotz, A. D. (2002). "Feminism and Feminist Issues in the South" in Desai, V. ; Potter, R. B. *The Companion to Development Studies.* London: Arnold; New York: Oxford University Press

Poku, N. K.; Whiteside, A. (2004). *The Political Economy of AIDS in Africa.* Aldershot, Hants, England: Ashgate

Richter, L.; Morrell, R., ed. (2006). *Baba: Men and Fatherhood in South Africa.* Human Sciences Research Council, South Africa: HRSC Press

Rivers, K.; Aggleton, P. (1999). *Men and the HIV epidemic.* New York: UNDP, HIV and Development Programme

Scott, C.V. (1995). *Gender and Development: Rethinking Modernization and Dependency Theory.* Boulder, Colo: Rienner

Siegfried, K. (2005). *The Men as Partners Programme: Cape Town Students Take a Stand for Healthy Relationships*. Johannesburg: EngenderHealth

Squires, J. (2002). "Gender and International Relations Revisited" in Odysseos, L.; Seckinelgin, H. ed. *Gendering the International*. Houndmills, Basingstoke, Hampshire: Palgrave Macmillan

Steans, J. (1998). *Gender and International Relations: An Introduction*. Cambridge: Polity Press

Tong, R. P. (1998). *Feminist Thought: A More Comprehensive Introduction*. Boulder, Colo: Westview Press

UNAIDS. (2006). *Report on the Global AIDS Epidemic: A UNAIDS 10<sup>th</sup> Anniversary Special Edition*. Geneva: UNAIDS

UNAIDS. (2005). *Intensifying HIV prevention*. UNAIDS policy position paper. Geneva: UNAIDS

UNAIDS. (2001A). *Working with men for HIV prevention and care*. Geneva: UNAIDS

UNAIDS. (2001B). *Young men and HIV: Culture, Poverty and Sexual Risk*. Geneva: UNAIDS

UNAIDS. (2000). "Men and AIDS: A Gendered approach" in Peacock, D. (2004). *Men as Partners: South African Men Respond to Violence against Women and HIV/AIDS. A Description of Accomplishments, Challenges and Possible Next Steps*. San Francisco: San Francisco State University.

White, S. (1997). "Men, Masculinities and the politics of development" in *Gender and Development*, 5 (2)

Whiteside, A. (2004). "Responding to AIDS in Crisis Situations" in Poku, N.K.; Whiteside, A. *The Political Economy of AIDS in Africa*. Aldershot, Hants, England: Ashgate

Whitworth, S. (1994). *Feminism and International Relations: Towards a Political Economy of Gender in Interstate and Non-Governmental Institutions*. Basingstoke, Hampshire: Macmillan

Young, K. (1997). "Gender and Development" in Visvanathan, N.; Duggan, L.; Nisonoff, L.; and Wiegersma, N. *The Women, Gender and Development Reader*. London and New Jersey: Zed Book LTD; Dhaka: University Press LTD; Halifax, Nova Scotia: Fernwood Publishing LTD; Cape Town: David Philip

Zalewski, M.(2003). "Women's Troubles Again in IR" in *International Studies Review*, 5:287-302

### **Electronic Resources**

AIDS 2006. "Engaging Men in Gender Equity and HIV/AIDS". [Online]. Available on: <http://www.aids2006.org/PAG/PSession.aspx?s=133> [10 September 2006]

AIDS 2006. "Women: Doing Better than Men?". [Online]. Available on: <http://www.aids2006.org/PAG/PSession.aspx?s=280> [10 September 2006]

Bodibe, K. (2006). "The Media and Manto: Living with AIDS #274". *HealthE*, August 31. [Online]. Available on: [http://www.health-e.org.za/news/article\\_audio.php?uid=20031499](http://www.health-e.org.za/news/article_audio.php?uid=20031499) [26 September 2006]

Clift, E. (1997). "Reinventing Macho: Men as Partners in Reproductive Health" in *Perspectives on Health*, 2 [2]. [Online]. Available on: [http://www.paho.org/English/DPI/Number4\\_article4.htm](http://www.paho.org/English/DPI/Number4_article4.htm) [16 September 2006]

Flood, M. (2002). "Frequently asked questions about pro-feminist men and pro-feminist men's politics". [Online]. Available on: <http://www.xyonline.net/misc/pffaq.html> [31 September 2006]



Horizon Solutions. (2003). "The Men as Partners Program". [Online] Available on:  
[http://www.solutions-site.org/artman/publish/article\\_54.shtml](http://www.solutions-site.org/artman/publish/article_54.shtml) [16 September 2006]

Interagency Gender Working Group (IGWG). (2004). *Reaching Men to Improve Reproductive Health for All: Implementation Guide: Reaching Men to Improve Reproductive Health for All International Conference, Dulles, Virginia, September 15-18 2003*. [Online]. Available on:  
<http://www.jhuccp.org/igwg/guide/guide.pdf> [13 September 2006]

Interagency Gender Working Group, Subcommittee on Men and Reproductive Health. (2003). *Three Case Studies: Involving Men to Address Gender Inequities*. [Online]. Available on:  
<http://www.prb.org/pdf/InvolvMenToAddressGendr.pdf#search=%22Three%20Case%20Studies%3A%20Involving%20Men%20to%20Address%20Gender%20Inequities%22> [13 September 2006]

International HIV/AIDS Alliance. (2003A). *Working with Men, Responding to AIDS, Gender, Sexuality and HIV - A Case Study Collection*. Brighton, United Kingdom: International HIV/AIDS Alliance. [Online]. Available on:  
[http://synkronweb.aidsalliance.org/graphics/secretariat/publications/wwm1103\\_working\\_with\\_men.pdf](http://synkronweb.aidsalliance.org/graphics/secretariat/publications/wwm1103_working_with_men.pdf) [13 September 2006]

International HIV/AIDS Alliance. (2003B). *A Global Conference on: Reaching Men to Improve Reproductive Health of all Washington, D.C. USA, September 15-18 2003*. Brighton, United Kingdom: International HIV/AIDS Alliance. [Online]. Available on:  
[http://synkronweb.aidsalliance.org/graphics/secretariat/publications/grm0903\\_global\\_conference\\_reaching\\_men.pdf](http://synkronweb.aidsalliance.org/graphics/secretariat/publications/grm0903_global_conference_reaching_men.pdf) [13 September 2006]

Nemes, M. I. B.; Beaudoin, J.; Conway, S.; Kivumbi, G. W.; Skjelmerud, A.; Vogel, U. (2006). *Evaluation of WHO's Contribution to '3 by 5'*. Geneva: World Health Organisation. [Online]. Available on:  
<http://www.who.int/hiv/topics/me/3by5evaluationreport.pdf#search=%22Evaluation%20of%20WHO%E2%80%99s%20Contribution%20to%20%E2%80%983%20by%205%E2%80%99%22> [11 June 2006]

Population Council. (2006). "Frontiers: Research Projects in South Africa". [Online]. Available on:  
[http://www.popcouncil.org/frontiers/projects\\_pubs/countries/africa/southafrica.html](http://www.popcouncil.org/frontiers/projects_pubs/countries/africa/southafrica.html) [16  
September 2006]

United Nations Division for the Advancement of Women. (2004). *The Role of Men and Boys in Achieving Gender Equality. Report of the Expert Group Meeting, Brazil 21 to 24 October 2003*. New York: Division for the Advancement of Women, Department of Economic and Social Affairs. [Online]. Available on:  
<http://www.peacewomen.org/un/ecosoc/CSW/EGMReportMen.pdf> [12 September 2006]

United Nations Economic and Social Council. (2003). *Thematic issue before the Commission: The role of men and boys in achieving gender equality: Report of the Secretary-General 22 December 2003*. New York: United Nations Economic and Social Council. [Online]. Available on:  
<http://www.ilo.org/dyn/gender/docs/EVT/94/F615979178/Men%20and%20Boys%20Report%20by%20Kofi%20Annan%20for%20CSW48.pdf#search=%22UN%20economic%20and%20social%20council%2C%20the%20global%20coalition%20on%20women%22> [11  
September 2006]

University of Cape Town. (2006). "HIV/AIDS Unit: Our Team". [Online]. Available on:  
[http://www.hiv aids.uct.ac.za/modules.php?name=Content&pa=show\\_content&cid=23](http://www.hiv aids.uct.ac.za/modules.php?name=Content&pa=show_content&cid=23) [19  
September 2006]

University of the Western Cape. (2006). "HIV/AIDS Programme: HIV and AIDS Peer Education Projects". [Online]. Available on:  
<http://www.uwc.ac.za/aids/index2.htm> [18 September 2006]

USAID. (2006). "HIV Prevention: How effective is the President's Emergency Plan for AIDS Relief?". Testimony of Kent R. Hill, Assistant Administrator of the Bureau of Global Health. [Online]. Available on:

<http://www.usaid.gov/press/speeches/2006/ty060906.html> [14 September 2006]

USAID. (2005). *Success Story: Men as Partners Network Promotes Healthy Relationships between Sexes*. Washington D.C.: USAID. [Online]. Available on:

[http://www.engenderhealth.org/news/in\\_the\\_news/media/MAP\\_Success\\_Story\\_FINAL28Nov05.pdf#search=%22Success%20Story%3A%20Men%20as%20Partners%20Network%20Promotes%20Healthy%20Relationships%20between%20Sexes%22](http://www.engenderhealth.org/news/in_the_news/media/MAP_Success_Story_FINAL28Nov05.pdf#search=%22Success%20Story%3A%20Men%20as%20Partners%20Network%20Promotes%20Healthy%20Relationships%20between%20Sexes%22) [20 August 2006]

White, V.; Greene, M.; Murphy, E. (2004). *Men and Reproductive Health Programs: Influencing Gender Norms*. The Synergy Project / Social & Scientific Systems, Inc, Washington, D.C: USAID. [Online]. Available on:

[http://www.usaid.gov/our\\_work/global\\_health/pop/news/gendernorms.doc](http://www.usaid.gov/our_work/global_health/pop/news/gendernorms.doc) [13 September 2006]

World Health Organisation. (2003). *Integrating Gender into HIV/AIDS Programmes: A Review Paper*. Department of Gender and Women's Health, Family and Community Health, Geneva, Switzerland: World Health Organisation. [Online]. Available on:

[http://www.who.int/gender/hiv\\_aids/en/Integrating%5b258KB%5d.pdf](http://www.who.int/gender/hiv_aids/en/Integrating%5b258KB%5d.pdf) [11 May 2006]

World Health Organisation. (2000). *Working with Adolescent Boys: Report of a Workshop: Geneva, 17-19 May 1999*. Department of Child and Adolescent Health and Development (CAH); Family and Community Health (FCH). Geneva: World Health Organisation. [Online] Available on:

[http://www.who.int/childadolescenthealth/New\\_Publications/ADH/Boys\\_Report/WHO\\_FCH\\_CAH\\_00.9.htm](http://www.who.int/childadolescenthealth/New_Publications/ADH/Boys_Report/WHO_FCH_CAH_00.9.htm) [11 September 2006]

## Appendix A Interview Schedule

Name Interviewee	Function Interviewee	Place Interview	Date and Time interview	
Chris Petty	Former Director MAP US	University of Stellenbosch	20 July 2006 10:30	
Jaco Brink	MAP Coordinator and new Director MAP US	University of Stellenbosch	19 Jul 2006 12:00	

- Content and goals of MAP (in general) – interviewee’s perspective/understanding of MAP – why is MAP needed?
  
- The MAP programme offers a general methodology. What is the interviewee’s understanding of this and what is his/her understanding of this general methodology within the specific context of the University of Stellenbosch?
  - name a few context/campus-specific interventions

What is being done to ensure that the general MAP methodology works within the US context?
  
- Men-only approach at US – why has one chosen for this approach?
  
- Does MAP fit into the wider gender interpretation discourse according to the interviewee? If so, what attempts have been made to ensure a wider gender approach, inclusive of both men and women? (in general and US specific)
  
- Goals, merits and challenges of a wider gender based approach according to interviewee? Is the interviewee of the understanding that this wider gender interpretation is prevalent within the international discourse or is a continued feminisation taking place? To which degree is MAP representative of the international discourse?
  
- Sustainability - What has been done by MAP US / MAP in general, to ensure that MAP educators / people can channel/communicate/transfer their acquired knowledge to their direct environment?

▪ If one had to rate how successful the program has been up to now, what would one say?

Based on what?

- Limitations
- Way forward

## Appendix B Self-Administered Questionnaire

<b>Respondent</b>	<b>Function Respondent</b>	<b>Response Date</b>
Rodney Fortuin	MAP Five Institutions Coordinator	26 September 2006

### A Promising Opportunity in HIV/AIDS intervention?

The Men as Partners program and its Lessons for a Wider Gender Interpretation in HIV/AIDS Policies and Intervention Programmes

The presumed applicability of gender to HIV/AIDS intervention has proved to be problematic. There is a seeming deficiency with regard to the notion of gender in HIV/AIDS policies and intervention programmes. Gender is a highly contested concept and no clear understanding (in some cases even a misunderstanding) exists. Adding to this conceptual confusion is the fact that gender has been interpreted from a predominant feminist view. The latter has contributed to a reductionist approach, attributing to gender only a minor and disproportionate role (if at all) in HIV/AIDS policies and intervention programmes. These developments have not only stirred controversy in the debate on gender and HIV/AIDS but have proven to be detrimental in the face of the HIV/AIDS epidemic in the Southern African region. A new opportunity seems to present itself within HIV/AIDS intervention in the form of the Men as Partners program, an initiative that promotes positive male involvement in HIV/AIDS policies and intervention programmes. This thesis examines the content and aims of the Men as Partners program and the lessons this initiative yields for a wider gender interpretation in HIV/AIDS intervention in Southern Africa. In addition, it looks at how MAP relates to the prevailing international discourse on HIV/AIDS and gender. Finally, it analyses the obstacles that MAP faces and what this suggests for making workable, on a broader basis, a wider gender interpretation in HIV/AIDS policies and intervention programmes in Southern Africa.

- 1 According to the interviewee what are the main goals and content of the MAP program? Why is MAP needed (both in Southern African region / South Africa)?
- 2 What are your tasks as MAP's Five Institutions Coordinator?
- 3 What is your stance on the wider gender interpretation discourse in HIV/AIDS policies and intervention programmes? Does MAP fit into this discourse according to the interviewee? If so, what attempts have been made to ensure this?
- 4 According to the interviewee, what are the goals, merits and challenges of a wider gender based approach according to interviewee? Is the interviewee of the understanding that this wider gender interpretation is prevalent within the international discourse or is a continued feminisation taking place? To which degree is MAP representative of the international discourse?
- 5 According to the interviewee what are the main differences between the three institutions (US, UCT and UWC) and why do they exist?
- 6 With regard to sustainability, what has been done by MAP to ensure that the behavioural and attitudinal changes are maintained once people return to their direct environment?
- 7 If one had to rate how successful the program has been up to now, what would one say? Based on what?  
What are the limitations of the Men as Partners program, and why?  
Way forward? What needs to change?