



Sonke Gender
Justice Network

HIV/AIDS, Gender Equality, Human Rights

One Man Can Make a Difference

Presentation at FORUT Seminar on
Reconstructing Manhood
26 October 2010



Introduction

- Purpose
 - Share how our work with men is making a difference in the struggle for gender transformation
- Outline
 - Introduce Sonke
 - List some of our programme
 - Share some results about the impact of our work

About Sonke

- Established in 2006 with offices in Cape Town and Johannesburg
- About 40 fulltime staff
- Co-Chair and secretariat of the Men Engage Alliance

Context of our work - Patriarchy

- In South and Southern Africa patriarchal norms about manhood contribute to high levels of domestic and sexual violence, high levels of men's violence against men, high levels of alcohol consumption, low uptake of HIV services, limited involvement in the care economy and worrisome multiple and concurrent sexual partnerships.

Context of our work - HIV

- 5.7 million people living with HIV and AIDS in South Africa in 2009, many more than in any other country.
- National prevalence of 10-12% and 17% in 15-50 age range
- Nearly 500 000 new infections a year in South Africa.
- Girls and Women 15-30 years old much more likely to be HIV infected than their male peers.
- Only a third of people who need access to treatment have it and PMTCT programmes reaching only about 60%.
- Burden of care borne disproportionately by women and girls
- In 2008, over 250,000 South Africans died of AIDS.

Context of our work – VAW

- MRC study: Representative sample in EC and KZN (2009)
- 44% self reporting perpetrating domestic violence, 14% in last year.
- 28% of men self reporting having raped, 5% in the last year.
- Almost one-third of women reported that they did not want to have their first sexual encounter and that they were coerced into sex.
- High levels of violence against lesbian and bisexual women.

Context : HIV and GBV

- Compelling evidence that women who are abused and men who abuse are more likely to have HIV
- Women who have experienced physical/sexual intimate partner violence are 54% more likely to have HIV (Dunkle et al 2004).
- Men who have perpetrated physical/sexual intimate partner violence are more than twice likely to have HIV (Jewkes et al 2008)

Context : Men

- Men significantly less likely than women to use voluntary counseling and testing (VCT) services and account for only 21 per cent of all clients receiving VCT, and only 30 percent of those accessing treatment.
- Men access antiretroviral therapy (ART) later in the disease progression than women, and consequently access care with more compromised immune systems and at greater cost to the public health system.
- South Africa has the highest per capita alcohol consumption levels per drinker in the world
- Alcohol consumption is associated with increased levels of domestic and sexual violence and greater HIV related risk taking.

Mission and Vision

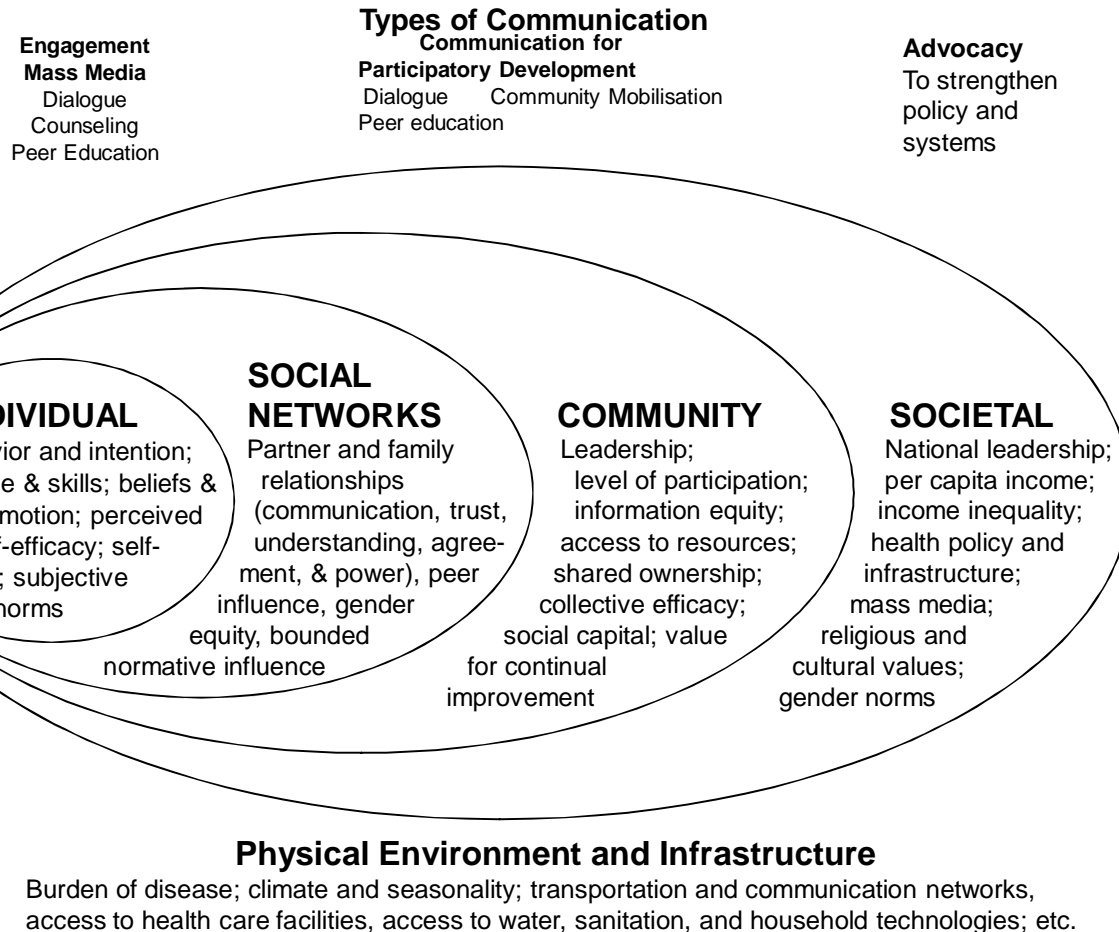
- Sonke Gender Justice Network works across Africa to strengthen government, civil society and citizen capacity to support men and boys to take action to promote gender equality, prevent domestic and sexual violence and reduce the spread and impact of HIV and AIDS.
- In this way the organisation contributes to the development of societies in which men, women, youth and children can enjoy equitable, healthy and happy relationships that contribute to the development of just and democratic societies

Strategic Focus

- Communication and Strategic Information
- Training, Capacity Building and Mobilisation
- International Programmes
- Policy, Advocacy and Research
- Organisational Development

Communication for change

COMMUNICATION FOR SOCIAL AND BEHAVIORAL CHANGE



Spectrum of Change



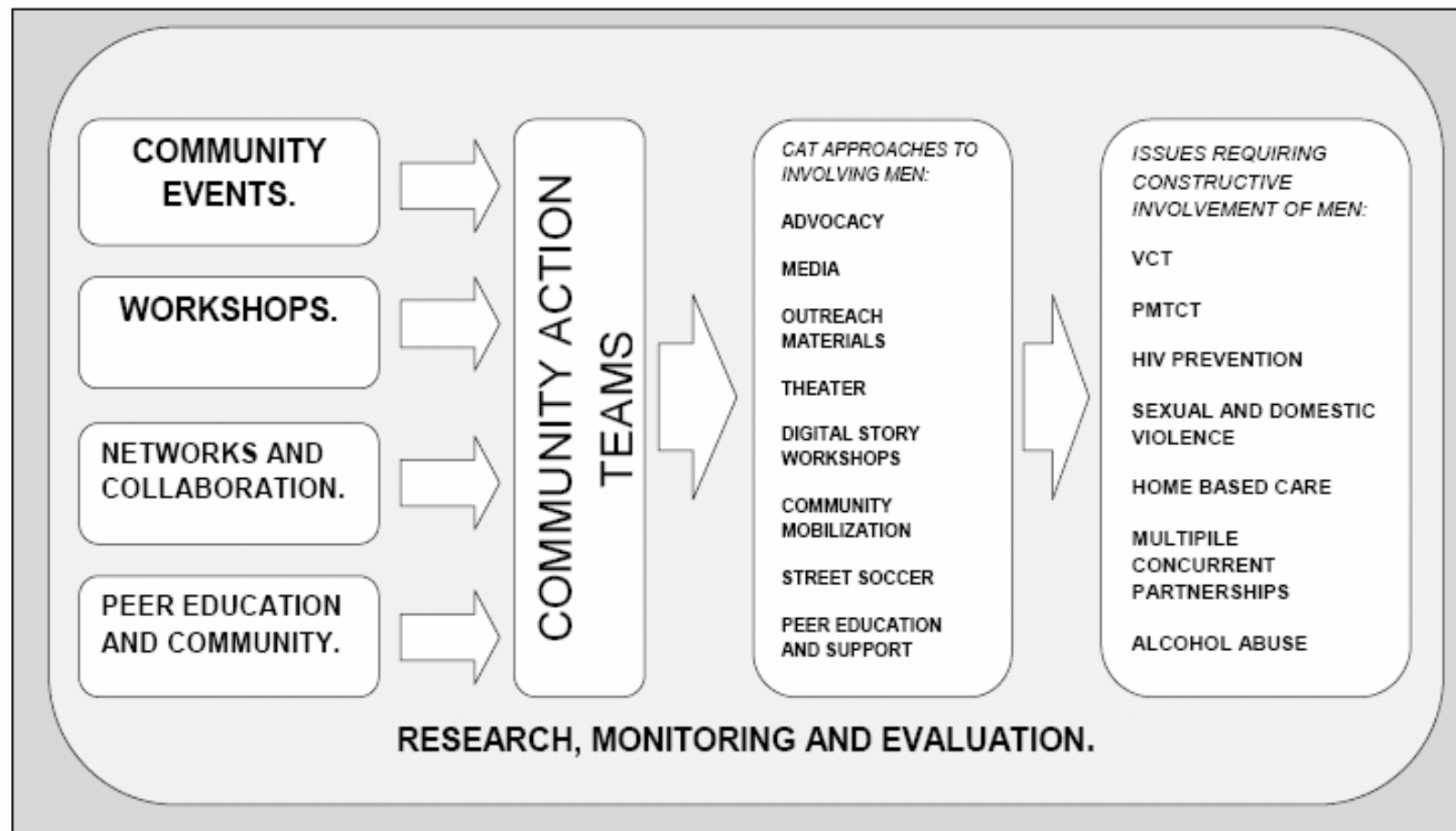
Principles guiding our work

1. Promote women's rights and accountable to our constituencies: women's rights organisations, LGBTI communities, people living with HIV and AIDS, refugees and migrants, youth.
2. Recognize that men have a stake in changing.
3. Enhance the lives of men and boys
4. Recognize relational nature of gender.
5. Be inclusive of and responsive to diversities among men.
6. Make the connection between homophobia and rigid models of masculinity.
7. Address the social and structural determinants of gender inequalities and health disparities.
8. Work from a human rights and social justice and social justice framework

Some major programmes



One Man Can Strategies



One Man Can Campaign Community Mobilization Model

Approaches

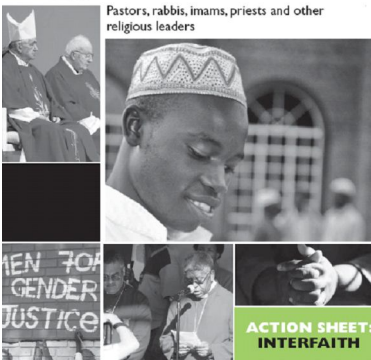
- Participatory
- Encourage men to reflect on their own experiences
- Encourage men to take action in their lives and communities
- A starting point not the goal itself!
- Targets
 - Fathers and social fathers
 - Teachers
 - Coaches
 - Faith leaders
 - Youth

Key messages:

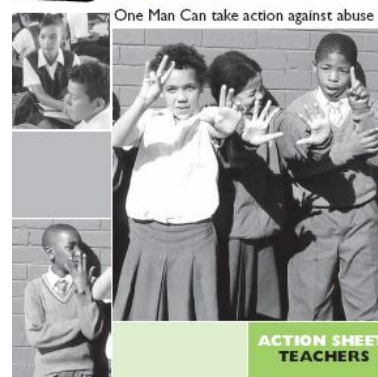


- love passionately
- stop aids
- end domestic violence
- break the cycle
- demand justice
- stop rape

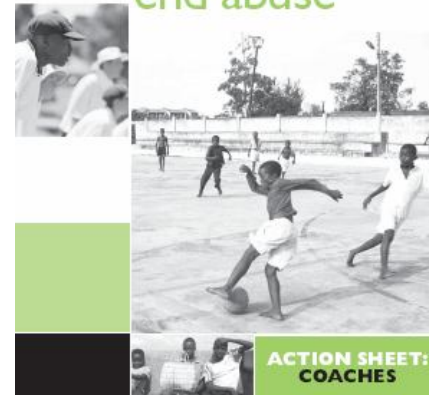
one man can lead by example



one man can be a teacher

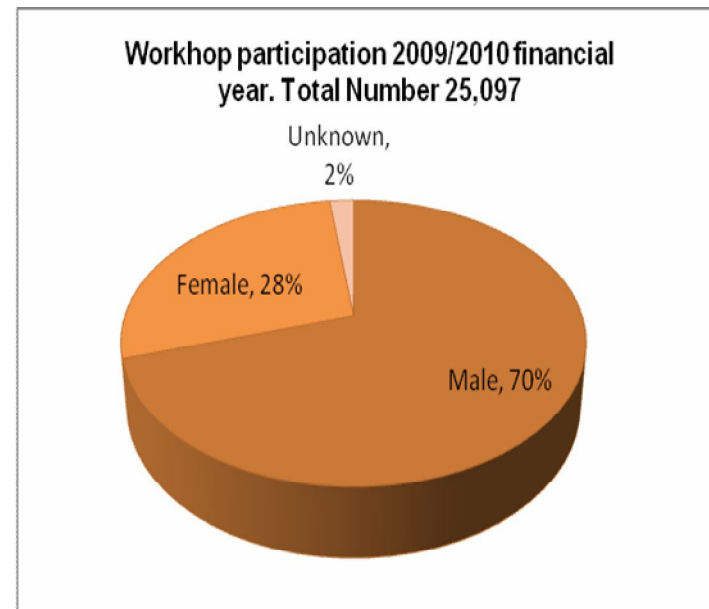


develop a game plan to end abuse



Reach of the programme

- Provide training to over fifty organisations since 2006
- 122 One Man Can workshops across the country in 2009
- 25,000 workshop participants, 18,000 men & 7,000 women.
- 260,000 people through community mobilisation events, 90% men.



Impact Evaluation

- Did a study to investigate:
 - Knowledge, attitudes and practises related to HIV prevention, gender-based violence and gender equality;
 - The initial impact of OMC activities on participants
 - Men's understanding of, engagement with, and commitment to rights-based activism
- Research comprised of:
 - A qualitative component
 - Assess attitudes, experiences and knowledge of participants
 - A quantitative component
 - Determine initial impact of the OMC

Method of evaluation

- The impact evaluation survey was conducted by phone with previous participants in the OMC Campaign in six of the provinces where Sonke has started the campaign (NW, GP, FS, LP, KZN, and EC)
- Survey interviews took between 15 and 30 minutes, included open and closed questions
- Inclusion criteria included 15 years of age or older, attendance at a OMC event, and listing of a phone number on attendance registers

Results

- We spoke with 265 people in total, including roughly half men and half women between 15 and 67 years of age.
- The median age was 31 years
- More than half were unemployed (56%), one quarter were partly or fully employed (25%), and the rest were students or retired.
- Two-thirds were single (65%) and almost all of the rest of the respondents were married (32%).
- The sample is fairly representative of the actual participants in the campaign but is older than Sonke's intended target audience (15-24 year old men).

Key Findings

- 27% of participants got an HIV test soon after the OMC workshop
- About half of participants (53%) reported witnessing an act of gender-based violence in their community after the workshop and 86% of these people said they reported the incident to police, NGOs or other community structures.
- 2/3rds of participants reported increasing their use of condoms after the workshop.
- Men represented 43% of all those who reported having cared for someone with HIV and AIDS.

More findings

- Those who reported that they had cared for someone with HIV or AIDS while they were sick were much more likely to have tested, to have reported acts of violence and to have discussed the workshop with others.
- The workshop encouraged those who had already tested before to test again, but did not encourage those who had never tested to test.
- Those who felt human rights were well-protected in their community were more likely to test after the workshop

Challenges for our work

- Taking the work to scale
 - Mass media outreach
 - Advocacy
- Relations with women rights organisations
 - Identity of organisations working with men
 - Changing funding patterns
- Harnessing cultural and religious practises

- www.genderjustice.org.za