

MSP THEMATIC BRIEF: GENDER, GENDER-BASED VIOLENCE AND HIV



Women are at the epicentre of the AIDS epidemic – both in terms of vulnerability to HIV infection and to the impact of AIDS. The South African Annual Antenatal Prevalence survey of 2007 estimates that 2.8 million South African women are living with HIV, in comparison with 2.3 million men¹.

Women are more biologically vulnerable to HIV, and this means that they are more likely to be infected at a younger age than men. One recent survey in a rural community of KwaZulu Natal found that incidence of HIV in the 15 to 19-year age group was seven times higher in young women than young men². This biological vulnerability is greatly amplified by the social and emotional vulnerability of women in many South African communities. Gender inequality, defined as unequal access to power and resources, also prevents women from protecting themselves from HIV infection.

Gender norms shape male and female roles in relationships, the family and society. In many communities gender norms encourage certain types of gender roles that put both men and women at risk of HIV infection. For example it is the norm that men and women have multiple, concurrent relationships and this is now recognized as one of the fundamental drivers of the Southern African epidemic³.

¹ National Department of Health, Annual HIV, AIDS and STI antenatal survey 2007.

² Barnighausen T et al. HIV incidence time trend and characteristics of recent seroconverters in a rural community with high HIV prevalence: South Africa. Sixteenth Conference on Retroviruses and Opportunistic Infections, Montreal, abstract 173, 2009.

³ SADC . Towards the universal access to HIV prevention :SADC strategic action plan (2008 – 2010). Draft document. August 2007

The Southern African Development Community (SADC) has identified gender inequality and certain gender norms - particularly male dominance in sexual decision-making - as well as sexual violence, as important contributory factors to the intensity of the epidemic in southern Africa.

Gender-based violence, masculinity and HIV

Several studies have examined the links between gender-based violence and HIV, and concluded that gender-based violence is fuelling the epidemic in South Africa and other countries. For example a research project in Soweto showed that women who experience violence at the hands of their intimate partners are more likely to be HIV positive⁴. Recently a large nationally representative survey in Bangladesh has confirmed the links between gender-based violence and STIs/HIV⁵.

Research from South Africa, India and the United States has also suggested that men who rape, or who are violent towards their intimate partners, are more likely to exhibit sexually risky behavior, such as having many partners, concurrent or casual sexual partners or participating in transactional sex. Dunkle and Jewkes⁶ argue that both gender-based violence and sexual risk behavior come from the same common root - a social ideal of masculinity that depends on heterosexual success with women and the ability to control women.

Changing norms and roles of men & women

The powerful role of gender norms and gender inequality in fuelling the epidemic confirms the need for broad transformative programmes that reach beyond the individual behavior change programmes of the A, B C variety. These programmes may be designed to empower women and girls in their everyday lives, by expanding their access to education and economic opportunities, or in their intimate relationships, by giving them knowledge and skills to make appropriate sexual decisions. There are also a growing number of programmes that are working successfully with men to challenge the gender norms that legitimize male power, male violence and men's sexual risk-taking.

MSP has funded a number of programmes dealing with gender, gender norms, gender-based violence and HIV. This gender brief discusses three of most significant of these programmes.

⁴ Dunkle K, Jewkes R, Brown H et al. Gender-based violence, relationship power and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet* 2004;363:1415-21

⁵ Silverman et al, 2007, cited in Dunkle K, Jewkes R. Effective HIV prevention requires gender-transformative work with men, *STI* 2007; 83:173-175.2007

⁶ *ibid*

MSP-FUNDED GENDER PROGRAMMES

Project	Description	Service Provider	Partner
Understanding men's health and the use of violence: incidence of rape and HIV in the Eastern Cape and KwaZulu Natal	A large-scale study exploring the links between gender-based violence, rape and HIV.	Medical Research Council	Department of Health
Caring for survivors of sexual assault and rape. A training programme for health care providers in South Africa	Training curricula and manuals for facilitators and health care workers.	Medical Research Council	Department of Health
Sonke Gender Justice Network's "One Man Can" Campaign in the Limpopo, Eastern Cape and KwaZulu Natal Provinces, South Africa.	Gender education campaign in three provinces	Sonke Gender Justice Network	

Rape and HIV in the Eastern Cape and KwaZulu Natal

This research project aimed to describe the prevalence of rape among a random sample of adult men in ordinary communities. It also aimed to understand factors associated with rape perpetration and to describe the links between rape, intimate partner violence and HIV.

South Africa has one of the highest rates of rape reported to police in the world. It also has the largest number of people living with HIV. Research has already established that men who rape and are physically more violent towards partners are more likely to engage in risky sexual behavior than other men. This raised the concern that they were more likely to be infected with HIV than other men.

The study was conducted in three districts in Eastern Cape and KwaZulu Natal provinces, spanning both rural and urban locations. The researchers had planned to interview 3,000 men, but the large number of households without men reduced that number to 1,738. Participants were provided with hand-held computers that allowed them to listen to the questionnaire in local languages and were thus able to self-administer the questionnaire. This interview methodology was easy to apply (only one respondent was unable to administer it) and afforded participants anonymity and privacy, reducing peer pressure to answer questions in a certain way.

Results:

The study found a very high prevalence of self-reported rape in these communities. The men interviewed provided the following information:

- 27.6% had raped a woman or girl;
- 4.6% had raped in past year;
- 8.9% had raped with one or more other perpetrators when a woman didn't consent to sex, or was too drunk to stop them;
- 2.9% had raped men or boys; and
- 16.8% had attempted rape.

Nearly half of the perpetrators had raped more than one woman or girl, and 7.7% had raped more than 10 women. The majority reported that they were between the ages of 15 and 19 years old when they first forced a woman into sex, though 9.8% were under ten years old.

The most significant factors associated with rape perpetration were age (being 25 – 40 years old), education (better educated, but not tertiary education), income (average earners) and childhood experiences. Parental absence, particularly the absence of a father, was important, as was the quality of the relationship with parents. Men who raped perceived their fathers and mothers to be significantly less kind than men who had not raped. Rape was also associated with greater degrees of exposure to trauma in childhood, such as physical and sexual abuse.

Men who raped were also more likely to have engaged in a range of other risky behaviours. These included large numbers of partners, transactional sex, sex with a prostitute, heavy alcohol consumption, to have been physically violent towards a partner, to have raped a man, and not to have used a condom consistently in the last year.

The prevalence of intimate partner violence was also high, with 42.4% of men having been physically violent to an intimate partner. Men who disclosed this type of violence were very much more likely to be HIV positive.

One of the most surprising findings was that men who raped did not have a significantly higher HIV prevalence than men who hadn't raped (19.6% vs 18.1%). This was not the case for men who had raped men (27.8%).

However the researchers note that the very high HIV prevalence in both groups of men means that there is a high likelihood of a rapist being HIV positive. The prevalence among all men aged 25-45 years was in excess of 25% and prevalence among those aged 30-39 years was over 40%. This led to the conclusion that there is an urgent need for Post Exposure Prophylaxis (PEP) for rape survivors.

Conclusions:

The researchers concluded that the origins of the rape crisis are so deeply embedded in ideas about South African manhood that a broad approach to rape prevention is required. "This must entail intervening on the key drivers of the problem which include ideas of masculinity, predicted on marked gender hierarchy and sexual entitlement of men."

The study suggests that the pathway which leads to these ideas and the practices of rape and other forms of violence towards women starts in childhood and therefore

that strengthening families and protecting children from adversity in childhood are critical.

Recommendations:

1. Rape prevention must focus centrally on changing social norms around masculinity and sexual entitlement, and addressing the structural underpinnings of rape.
2. PEP is a critical dimension of post-rape care, but it is just one dimension and a comprehensive care package needs to be available to all survivors, including support for the psychological responses to rape.
3. HIV prevention strategies must include more gender equitable models of masculinity.

Further reading:

- Sikweyiya Y, Jewkes R, Morrell R et al. Talking about rape: Men's responses to questions about rape in a research environment in South Africa. *Agenda* 2007; 74:48-57
- Jewkes R, Sikweyiya Y, Dunkle K. Prevalence of perpetration of rape disclosed by South African Men and associations with HIV. Paper presented at Sexual Violence Conference for Eastern, Central and Southern Africa, Nairobi, Kenya, 28 Sept – 1 Oct 2008.

Training health workers to provide care for survivors of sexual assault

Concern about the high prevalence of rape in South Africa prompted the National Department of Health (NDoH) to initiate this project. The Maternal, Child and Women's Health and Nutrition cluster of the NDoH engaged with a team led by the Medical Research Council. A wide range of experts (medical, legal, police) were consulted in a participatory process to develop a curriculum for training doctors and nurses to care for survivors of rape and sexual assault.

The process:

The development and implementation of training was carried out in close cooperation with the provinces. The curriculum was tested in four training courses attended by 144 staff members from 8 provinces, and the materials revised after testing. The team also worked with the provinces to identify criteria for determining who should be trained, which facilities should be designated, and for the development of in-service assessment, supervision and monitoring strategies. Participants in the testing course completed an attitudes survey which enriched the curriculum. It showed that their motivation for attending the course was passion for the issue, intellectual interest, and opportunity to advance – in that order. More than half the female participants had experienced one or more episodes of physical and or sexual intimate partner violence themselves. Nearly one in five male participants had perpetrated against a partner on more than one occasion. Follow-up interviews showed that there had been significant improvements in participants' attitudes towards rape after the course.

The result:

Both Facilitator Manual and Participant Manual have been printed and distributed to the provinces. The course is accredited by the SA Qualifications Authority (SAQA) and it is now being rolled out across the country. The process has also led to the development of a brochure for rape victims that the NDoH plans to translate and make available to health facilities. This will play a critical role in post-rape literacy.

Conclusion:

The team concluded that it is possible to draw on the strengths of a range of experts in the country and produce a high quality product which has extensive support as a national curriculum for post-rape care.

The process resulted in the development of a state-of-the-art curriculum, which is evidence-based, and the most comprehensive in the developing world. Other countries have shown interest in adapting the model.

Evaluation has shown that the training led to a significant improvement in knowledge of the participants. It opened their eyes to new dimensions of post-rape care, particularly the need to support victims psychologically, and increased confidence in their ability to provide care.

“One Man Can”(OMC)

The “One Man Can” campaign of Sonke Gender Justice reaches men and boys with activities and information to support them to act on their convictions that violence against women is wrong and must be stopped.

The campaign is based on the belief that each male person can create a better, more equitable and more just world, and that though violent behavior may be learned in childhood, it can also be ‘unlearned’. Understanding that men can choose not to be violent is the first step in holding men accountable for their decisions and actions.

‘One Man Can’ reached seven thousand people in the provinces of Limpopo, Eastern Cape and KwaZulu Natal, during the last 6 months of 2008. It used interlinking strategies to promote change in individual behavior as well as in the social, political and economic aspects of people’s lives. These strategies include:

- Community education workshops, murals, door-to-door campaigns, rallies, marches, street soccer festivals and mass media campaigns;
- Building the capacity of partner organizations to implement the campaign;
- Building networks and coalitions;
- Working with government to develop new policies or to implement existing policies;
- Research, monitoring and evaluation.

The formative research for the campaign showed that many men do worry about the safety of the women in their lives, and want to play a meaningful role in protecting them, but don’t know what to do about it. It also found that many men are beginning to live more gender-equitable lives with partners and families.

The impact of the campaign was measured by telephone surveys with OMC participants as well as routine data from government and other sources. The findings indicated improvements in short term behavior. For example in the weeks following

Sonke workshops one quarter of participants had accessed VCT and 61% had increased their own condom use. More than 80% had talked with friends or family members about HIV, AIDS, gender and human rights. One disappointing finding was that half of the participants interviewed had personally witnessed acts of gender-based violence in the 4-6-week period after the workshop.

Answers to the open-ended questions revealed many ways in which the intervention had helped to change the fabric of everyday discourse around HIV, AIDS and human rights. For example:

- 'People now have that courage in themselves to go and test'
- 'People are now broad-minded about the issue of HIV'
- 'People have stopped calling each other people names' can talk freely in imbizo about AIDS'.

The evaluation concluded that although there were methodological difficulties in measuring the impact of the intervention, a consistent pattern emerged around the positive effect that the campaign was having in the areas where Sonke and its partners have been working.

Conclusion

The twin crises of gender-based violence and HIV in South Africa present a challenge for policy and programming. Projects funded by the MSP aimed to better understand these crises, the linkages between them, and to support strategies to deal with them.

The rape survey conducted by the Medical Research Council in the Eastern Cape and KwaZulu Natal produced sound data on the prevalence of both rape and HIV, and some much-needed insights into the roots of the problem. It confirmed the need for transformative programming to shift gender norms around masculinity, rather than individual behavior change programmes. The project also highlighted the need for PEP and post-rape care, and provided useful information for psychological counseling and services.

Researchers from the same institution also developed an innovative training curriculum for health workers who provide care for survivors of sexual assault. This is now being rolled out to health workers in all provinces by the Department of Health. It has the potential of making a significant contribution to alleviating the suffering of rape survivors.

The Sonke Gender Justice 'One Man Can' campaign piloted a strategy to challenge the harmful gender norms identified in the MRC survey above. The success of the campaign has led to its expansions in other parts of the country and region.