



Photo: Austin Tolin

South Africa: How the government's response to HIV fails to address masculinity

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In February 2000 the Department of Health published the *HIV/AIDS/STD Strategic Plan for South Africa, 2000-2005*. This strategic plan created the backbone of the South African government's prevention strategy and has been the policy framework from which the government implements all strategies regarding prevention, treatment and care of people living with HIV as well as STIs. This is one of the most comprehensive policy frameworks regarding HIV/AIDS and STDs in the world. On World AIDS Day, 1 December 2006, the Deputy President, Mrs Phumzile Mlambo-Ngcuka, released the *Broad Frame-Work for HIV & AIDS and STI Strategic Plan for South Africa 2007-2011*, which describes the contours of a new strategic plan.¹

This revised plan will once again focus on prevention, but a new focus on treatment and access to antiretrovirals is included as well. The final National Strategic Plan 2007-2011 will be released in March 2007. Even though the Strategic Plan and its successor are comprehensive, the prevention strategy is not. The core of the prevention strategy is promotion of safe and healthy sexual behaviour. This is a focus on the adoption of safer sex practices by individuals and is usually described as the ABC approach (A for Abstinence; B for Being faithful to one partner and C for using Condoms). The Department of Health declared 2006 as the year of accelerated HIV prevention. During 'Condom Week' from 12-18 February 2006, it stated again that the government will continue to focus on the ABC strategy as the core of its prevention campaign. The age group 15-25 is the main target group of government intervention, and, as with previous prevention strategies, there is a strong focus on vulnerable women. In fact, hardly any mention is made of men in the whole Strategic Plan nor in the Broad Frame-Work, even though several civil society organizations have tried to get the issue of male involvement into these plans. The only exception is marginalized men, such as men who have sex with men.

The aim of ABC is to ensure that people take responsibility for their own lifestyle. It is clear that the South African government's prevention strategy is one of changing risk-taking behaviour. This is one of the most effective preventative models available and has been successful in diverse populations such as homosexual men in Britain. The question however is, is this model applicable to the

South African situation? It is often argued that a limited ABC approach does not take into account the realities that many women live. However, as the following shows, it does not consider male realities either.

Abstinence and men

The ABC approach is not gender sensitive and does not take into account notions of masculinity or gender relations. Four out of ten men questioned in my study on the effectiveness of the South African government's HIV/AIDS strategy stated that men cannot abstain from sexual intercourse.² The same view was held by a quarter of the female respondents. Having sex for the first time is often seen as a 'rite of passage' for many boys. This is their first step to manhood. Abstinence is therefore not an option for many young men, as they are proving that they are real men by having sexual relations. In some societies and cultures, such as among some South African mineworkers, abstinence is seen as a harmful practice.³ Men believe they must have frequent intercourse as part of a healthy lifestyle. Sexual relations can also be a way for men to establish their power over women.

For married couples, mostly people in their reproductive years, abstinence is not an option either, as this is the time when people have children. It is important to understand why men want to have children. One reason may be that children provide social security. Another reason is that having a son enables a man to become an ancestor. Some 59% of male respondents and 54% of female respondents in my research believed that a man should have at least one son.

Research by the Human Sciences Research Council indicates that 54% of young men and 62% of young women between the ages of 15 and 24 are sexually active.⁴ This highlights the reluctance of South Africans to abstain from sexual intercourse until marriage.

Being faithful and men

Notions of masculinity encourage men to have many sexual partners before and even after marriage. It is thus clear that masculinity impacts heavily on the effective implementation of 'fidelity', or partner reduction, as a prevention strategy. In Zulu culture it is accepted for men to have more than one intimate

partner at the same time. Some 41% of male respondents and 20% of female respondents in my research added that it is natural for a man to have more than one sexual partner. Men's masculinity is often determined by sexual expertise. If these notions of masculinity are not changed, we cannot expect that fidelity promotion as a prevention strategy can be successful.

Condom use and men

Men are generally reluctant to use condoms for various reasons. In South Africa, some men believe that condom use will leave them impotent and in that way affect their masculinity negatively. African men prove their masculinity by having many children and at least one of them should be a son. Condom use inhibits this proof of masculinity. Violence of men against women also affects condom use. In South Africa there are an estimated 1.3 million rapes per year; however, only a fraction of these are reported to the police. According to Amnesty International, the police recorded over 55,000 rapes for the year April 2004 to March 2005. In the case of sexual assault, male perpetrators are not likely to use condoms, and their victims do not have the power to negotiate condom use.

The M for manhood and masculinity

It is clear that notions of manhood and masculinity have an impact on the effectiveness of the HIV prevention strategy adopted by the South African government over six years ago. Unequal power relations, unequal sexual relations, having many sexual partners

and violence against women are the consequences of lived masculinities. These phenomena have a negative effect on the prevention of HIV and put both men and women at risk of infection. Unfortunately, there is no mentioning of masculinity or male involvement in the Broad Frame-Work. As with the Strategic Plan for 2000-2005, the focus is on reducing the vulnerability of women and orphaned and vulnerable children.

Although the South African government does not take into account manhood and masculinity in its HIV prevention strategies, there are various NGOs and other best practice initiatives that realize the importance of this. Events such as the Million Men March and

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organizations such as Men as Partners certainly involve men and their reality of masculinity in their HIV prevention strategies. Other organizations that specifically include men in their HIV/AIDS planning and prevention programmes include The Fatherhood Project, Soul City, Stepping Stones and Targeted AIDS Interventions (see the box).

At some stage the government has to realize that one of the reasons for the still towering HIV infection rates in South Africa can be blamed on its own ignorance. Ignoring half of the population and in effect making the other half solely responsible for HIV prevention cannot be a durable strategy. There need to be urgent interventions that involve all sectors of the population. In this world where abbreviations and letters of the alphabet guide us in decision making, it is clear that adding an M (for men and masculinities) to the mix makes sense. Ignoring men in the prevention of HIV and ignorance about manhood and masculinity will not lead to successful prevention strategies. ■

Some programmes in South Africa that explicitly address men and masculinity

The Fatherhood Project – promotes positive images and expectations of men as fathers and works to create a programmatic and policy environment to support men's greater involvement with children (<http://www.hsrc.ac.za/fatherhood>)

Men as Partners (MAP) – engages young and adult men and women in the promotion of gender-equity through small group educational workshops, community-level mobilization and national advocacy (<http://www.engenderhealth.org/ia/www/mmo.html>)

Soul City – uses diverse media strategies, including television, radio and newspapers, to disseminate information and promote reflection on pressing health and social issues (<http://www.soulcity.org.za>)

Stepping Stones South Africa – engages entire communities, young and adult men and women, in workshops and critical reflections on gender roles, communication and relationships (<http://www.mrc.ac.za/gender/stepping.htm>)

Targeted AIDS Interventions – uses peer education and football to engage young men in discussions about women's rights, sexuality, HIV/AIDS and care-giving (<http://www.targetedaids.co.za>)

Source: G. Barker & C. Ricardo, *Young Men and the Construction of Masculinity in Sub-Saharan Africa: Implications for HIV/AIDS, Conflict, and Violence. Social Development Papers: World Bank Conflict Prevention & Reconstruction – Paper No. 26, 2005, p. 47: http://www.promundo.org.br/Pesquisa/Young Men SubSaharan_Web.pdf (order print copy: cpr@worldbank.org)*

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4. O. Shisana, T. Rehle, L. Simbayi et al., *South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey, 2005*. HSRC Press, 2005: <http://www.cadre.org.za/pdf/SA-National-HIV-Survey.pdf>