

CONCEPT NOTE & LITERATURE REVIEW

Masculinities, Alcohol and Gender-Based Violence: Bridging the Gaps

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Rationale

Negative masculine gender norms and unequal power relations between men and women contribute to the high levels of gender-based violence (GBV) across the African region. The role of alcohol and substance abuse in exacerbating gender-based violence has predominantly been examined in literature without a focus on how alcohol fuels and is fuelled by these unequal power relations and traditional male gender norms. By engaging men and boys in gender transformative behaviours and pathways, their reliance on demonstrating their masculinity through the consumption of alcohol and substance abuse can be reduced – thereby affecting levels of gender-based violence and its impact on women and girls.

Alcohol is utilised by two billion people worldwide and is generally considered a socially acceptable drug across all MenEngage Africa countries.¹ The question is therefore how to prevent its abuse and minimise its harms. Studies linking alcohol consumption and intimate partner violence (IPV) have found that 45% of men and 20% of women were drinking during episodes of IPV.¹ In 2006 in South Africa, 70% of domestic violence cases were alcohol-related and a fifth of offenders arrested for rape reported that they were under the influence of alcohol at the time of the crime.²

By outlining the multiple and complex links between **alcohol, masculinities and GBV**, this concept note aims to provide a basis and direction for expanding MenEngage Africa's work in combating GBV, including through alcohol abuse interventions, across the region.

Target Audience

This concept note will be useful to anyone working in the field of GBV prevention or alcohol addiction. It bridges the gaps between these two issues in order to highlight how they cannot be addressed in isolation, nor without engaging men for gender equality and transforming harmful masculinities. By examining key linkages, this concept note will enable MenEngage Africa partners and other actors in the region to understand the issues connected to alcohol, GBV and masculinities, and to develop and expand strategies that take into consideration the intersections between these issues.

Methodology

This concept note has been developed by Sonke Gender Justice on behalf of the MenEngage Africa network, by conducting a literature review of existing studies and work surrounding GBV, masculinities, alcohol and HIV across the African region. Some of the linkages that are outlined below have received a significant level of attention through various campaigns and interventions, while other linkages have largely been neglected within literature and in GBV prevention work. Studies and articles were sourced predominantly through search engines such as Google Scholar and PubMed, through direction from experts in the field and through the snowball effect. It is important to note that the large majority of studies that have been conducted on GBV, alcohol abuse and masculinities have taken place in South Africa and a similar level of research is urgently needed in other MenEngage Africa countries. In this concept note, unless a country is specifically mentioned, all statistics and references originate from South Africa. Although the search for source material was conducted with a focus on the role of men

¹ The MenEngage Africa network currently consists of 16 different countries, including: Burundi, Democratic Republic of Congo, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, Sierra Leone, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

and boys for gender equality, the authors consistently found that problems associated with alcohol, masculinities and violence cannot be addressed by men and boys alone, but through proactive and collaborative engagement with the women's sector. The challenges faced in the methodology of this concept note have helped to inform the recommendations for future research to bridge these gaps.

Linkages between Alcohol Abuse and GBV

1. FUELLING VIOLENT MASCULINITIES

Dominant masculine gender norms and behaviours largely revolve around notions of aggression and risk-taking, and are pursued through male involvement in activities such as violence, high-risk sexual activity and the use of alcohol and other drugs.³ Heavy alcohol consumption is often associated with masculinity and male camaraderie, where men are encouraged – even expected – to drink excessively in order to satisfy male gendered expectations.⁴ When men partake in typically masculine behaviours such as heavy drinking or risky-sex, this can often lead to violence against their partners and families – disproportionately impacting on women and girls. Research shows that intimate-partner violence (IPV) is five times higher in relationships where one or both partners abuses alcohol.⁵ Alcohol abuse among men, as well as intimate-partner violence, is often a manifestation of an underlying need for power and control related to gender-based distortions and insecurities.⁶ Therefore, it is important to challenge dominant gender norms when developing interventions to address alcohol addiction. One study in Namibia revealed that male informants identified alcohol as a symbol of masculinity, while female informants reported that men who did not drink alcohol were more “valuable”.⁷ This dichotomy between male and female attitudes towards hegemonic masculinity reinforces the argument that masculinities are not static, and can be transformed to have less harmful effects on the health and wellbeing of both men and women.

The “liquid courage” that alcohol provides men with can be closely linked to the phenomenon of gang culture that exists across Southern Africa.⁸ Socioeconomic factors such as unemployment, overcrowded living situations and domestic violence lead many youths to create new “homes” and “families” on the streets and with gangs.⁹ Conforming to dominant notions of masculinity are crucial parts of gangsterism. Gang members are admired for their fighting prowess, success with women, and criminal daring, which often includes rape.¹⁰ Drinking alcohol is used as a coping mechanism to enable and reward participation in these acts. For many gangs, new members are expected to go through an initiation or rite of passage that is designed to test the newcomer's toughness and masculinity.¹¹ Often these initiations, of which alcohol is an integral part, can involve perpetrating violence and rape against women and girls.¹² Men and boys are also themselves victims of GBV within the context of gangs, whereby new members are raped as part of the initiation process.¹³ The links between alcohol, gangsterism and HIV are beginning to be examined and addressed in research and interventions, but the impact of gangsterism on gender-based violence – particularly on men and boys - is rarely acknowledged.

2. COPING WITH UNEMPLOYMENT

Although GBV occurs in all socioeconomic groups, it is more frequent and severe in lower-economic groups, and has therefore been linked to poverty and unemployment. Overall economic decline across

the region has caused severe economic hardship for both men and women – and created further tension in terms of gender roles and expectations.¹⁴ Due to widespread unemployment, men have had to withdraw from their traditional roles as breadwinner and provider, while women have often created a new socio-economic role for themselves that challenges men’s position as head of the household. This shift in gender roles for women and the rise of women’s rights, without a similar proactive shift in gender norms for men, directly exacerbates gender-based violence in the African region.¹⁵ In the absence of traditional pathways to masculinity (for instance through fulfilling the male breadwinner model), men may turn to violence, sexual activity and alcohol consumption as a way of demonstrating their manhood.¹⁶ High levels of GBV are not caused by poverty itself, but rather from an inability of men to cope with feelings of male vulnerability and powerlessness¹⁷ – for which they become reliant upon heavy alcohol and drug use as a coping mechanism.

A link between alcohol, unemployment and GBV that has rarely been made also relates to levels of educational attainment. Alcohol and drug abuse by young people affect their ability and willingness to stay in school; the odds of repeating a grade are 60% higher for school learners who consume alcohol.¹⁸ Meanwhile, other research has demonstrated that secondary educational achievement means that men are less likely to perpetrate IPV or GBV later in life.¹⁹ There is a distinct gap in the literature on the links between alcohol and truancy, and education and gender equality that should be addressed. Interventions that focus on supporting boys who abuse alcohol and drugs to stay in school and attain a secondary level education would therefore significantly reduce the chances that they perpetrate GBV later in life. Early interventions to address alcohol abuse would also help to address the chances of continuing alcohol abuse, and therefore violence perpetration, in later life.

3. EXACERBATING RISKY SEXUAL BEHAVIOUR

Men who use high levels of alcohol are more likely to engage in risky sexual behaviour, for instance: multiple sexual partners; inconsistent condom use; coercive sex or rape; and transactional sex.²⁰ Research shows that these men are also more likely to be violent in and outside of their relationships,²¹ implying that the linkages between alcohol intake, risky sex and gender-based violence need to be more specifically addressed. Coercive sex or rape was found to most likely occur in relationships where alcohol was ever consumed in conjunction with sex and where the man perceives his “biological need for sex” to be more powerful than his partner’s.²² Opportunistic and usually alcohol-related group, or “gang rape”, is often associated with “feminine assertiveness in the face of unwanted propositions”, which is interpreted as an “unhealthy arrogance” that is then punished through rape.²³ This demonstrates the need for further research into the interplay between gender norms, alcohol and violence, particularly sexual violence.

Other rarely acknowledged issues surrounding risky sex and alcohol in Rwanda, Zambia and Kenya include situations where older single women in desperate economic situations have resorted to selling traditional alcohol or “home brews” from their houses. This situation poses a number of risks for the woman and her family, including instances where male customers have engaged in forced sex with their daughters.²⁴ In other forms of transactional sex, men who reported problems with alcohol use were more likely to both give and get transactional sex.²⁵ Among sex workers, alcohol and other drug use is particularly widespread.²⁶ For some sex workers, drugs and alcohol may be used to numb the difficulty of engaging in sex work, or provides the courage needed to approach clients, while for others alcohol may be used because of the work environments many sex workers utilise, such as bars and taverns.²⁷

Across sub-Saharan Africa, alcohol consumption is strongly associated with inconsistent condom use and higher HIV seropositivity.²⁸ As alcohol use negatively impacts upon people's ability to negotiate condom usage, there are clear links between alcohol consumption and the spread of HIV. In South Africa, for example, nearly 1 in 5 sexually active adults is HIV positive, and the yearly per capita consumption of alcohol is among the highest in the world.²⁹ Although it has improved in recent years, the stigma associated with HIV seropositivity can also lead people to abuse alcohol as a way of coping, while men in particular are hesitant to seek support or treatment for depression or the emotional difficulties associated with enduring stigma.³⁰ The reluctance of men to seek help is closely linked to masculine gender norms, which encourage men to handle problems on their own. Alcohol abuse (a socially sanctioned male activity) is then often relied upon as a way to cope with depression and isolation.

4. MENTAL HEALTH AND DEPRESSION

The reluctance of men to seek help with, or express, their mental health issues leads many to turn to alcohol and drug use in order to cope psychologically with trauma or hardship in their lives. In particular, childhood sexual abuse experienced by men can often lead to depression and alcohol problems later in life.³¹ A survey conducted in alcohol-serving venues found that patrons exhibited high rates of traumatic experiences, post-traumatic stress disorder (PTSD), depression and HIV risk behaviours.³² Mental health issues amongst men were likely if they had been hit by a partner, received an HIV diagnosis, or had experienced physical or sexual abuse as a child. For women, PTSD and depression were associated with experiencing intimate partner violence, rape and physical abuse as a child.³³ Mental health in this setting was extremely poor, demonstrating that the links between SGBV and alcohol dependency urgently need to be addressed. As discussed above in relation to unemployment, situations where men feel unable to fulfil their gender role can lead them to become depressed and violent. This is also the case in relation to sexual "performance", whereby impotency and erectile dysfunction can lead men to feel ashamed, turn to alcohol to cope with the psychological embarrassment, and violence to demonstrate their masculinity in alternative ways. As problematic alcohol consumption can often cause impotency in the first place, the intersecting relationship between alcohol, men's mental health, and GBV should be considered. Research has also shown that men's limited access to and utilisation of HIV and other SRH services is in part due to service providers being unprepared, unwilling, ill-trained or unwelcoming in terms of addressing male-specific issues, and further research should be conducted to explore the ways in which this dynamic possibly affects men's access to mental health services.

5. HEALTH SERVICE DEFICIENCIES

Men and boys are particularly reluctant to seek treatment for physical and mental ill-health and can turn to alcohol and substance abuse as an almost medicinal solution. This reluctance stems from previously discussed traditional gender norms and conceptions of masculinity, but also are a result of specific structural barriers that are in place to prevent men from accessing health services. These include: female-only staff; negative attitudes from healthcare providers; and a lack of training and skills on male-specific health issues.³⁴ There is also a serious lack of alcohol rehabilitation services that are affordable or free of charge, making it hard for men with alcohol and substance addictions to seek

treatment. Those that are available and demonstrate successful interventions on alcohol and substance abuse have reduced funding and limited space. Recent studies on alcohol dependency have suggested that alcohol-serving venues can provide a location for HIV prevention interventions due to the risk factors of patrons in these establishments³⁵ - for instance through distributing leaflets and condoms. The same logic should be extended to GBV prevention interventions, as work with men and women who frequent pubs and bars could help reach the target population more quickly.

6. CONFLICT AND POST-CONFLICT TRAUMA

The levels and nature of GBV and alcohol linkages differs in the region between different political climates. In times of conflict, social behavioural norms are weakened and legal systems break down - and sexual violence is regularly used as a weapon of war that particularly targets civilian women and children.³⁶ Gendered and sexualised violence against men and boys also escalates, for instance through forced recruitment into the army.³⁷ As mentioned above in relation to gangsterism, alcohol and substance use is also encouraged amongst combatants to boost their courage and minimise their moral judgement or inhibitions with regards to committing acts of violence. The severe trauma of conflict and the normalisation of sexualised violence lead both to increased alcohol and to increased levels of SGBV. In post-conflict and conflict settings, health services and infrastructure are relatively non-existent – and services that provide trauma counselling are particularly rare. In a displaced persons camp in Uganda for example, 77% of men and women experienced psychological distress, commonly caused by poor sleep affected by nightmares and fear of sexual attack.³⁸ Twenty per cent of participants in the study revealed alcohol abuse, and more than a quarter of women reported being subjected to various forms of sexual torture.³⁹ Men's reliance upon alcohol to cope with post-traumatic stress disorder when no other services are available leads to continued and normalised sexual and physical violence against women.

7. CHILD ABUSE AND PARENTHOOD

Childhood experiences with (predominately male-perpetrated) sexual and physical abuse leads to greater reliance on alcohol and the perpetration of gender-based violence in adult life – both of which are often framed as expressions of men's required behaviour. Men who witness their fathers being violent towards their mothers are more likely to normalise violence as part of masculine gender norms, and replicate intimate-partner violence in their adult lives.⁴⁰ In Tanzania and Zimbabwe, lifetime alcohol and drug use is three times higher among those, especially women, who have experienced childhood sexual and physical abuse compared to those who have not.⁴¹ The importance of breaking the cycle between alcohol dependency and adulthood violence should therefore include child abuse prevention in order to prevent inter-generational cycles of sexual risk, HIV prevalence, alcohol abuse and gender-based violence.

It is important to note that when discussing alcohol dependence and the perpetration of gender-based violence there is a tendency to focus purely on men's violence against women. There is, however, a need to discuss women's violence against their partners and children – particularly in a context of alcohol and substance abuse. The common association between alcohol and masculinity can create the assumption that women do not, or should not, drink heavily. This arguably has led to women's drinking problems to be under-reported, minimised and even ignored.⁴² Women who experience intimate-partner violence are more likely to abuse alcohol, and are also more likely to be violent towards, or neglectful of, their children.⁴³ Children who experience such violence may go on to perpetrate violence

as adults. In these instances, the role that alcohol plays in fuelling a cycle of violence must be examined in relation to motherhood and the impact of mother's alcoholism and violence towards young people.

8. INTERSECTING VULNERABILITIES

The intersection of sexuality in alcohol and GBV interventions should not be ignored, as the association of heavy drinking with heterosexual masculinities means that the high level of alcohol and substance abuse in LGBTI communities has been significantly ignored. Men who have sex with men (MSM) are disproportionately affected by HIV transmission, and often experience discrimination and negative attitudes from health workers.⁴⁴ Lesbians, women who have sex with women (WSW) and transgender groups are also significantly affected by heterosexist violence, discrimination and HIV prevalence. A study conducted by the Equality Project in South Africa found that 74% of LGBTI people interviewed had experience of homophobic attacks which were perpetrated against lesbians – 32% of which involved “corrective rape”.⁴⁵ Nearly half of all victims were black (48%). Other studies have revealed how drug and alcohol abuse is commonplace in LGBTI communities, as well as the frequency of attacks against LGBTI persons that take place in social spaces where drinking takes place. There is also consistent misunderstanding of the abuse that exists within lesbian and gay relationships, with many (1 in 4) experiencing intimate partner violence but very few (1 in 200) feel able to report the matter to the police due to fear of discrimination or legal punishment - thus turning to alcohol abuse in order to cope.⁴⁶ The role of alcohol both in fuelling the violence of heterosexual men against LGBTI groups, as well as of increasing IPV within LGBTI relationships, should therefore be further explored.

Conclusions

This concept note has identified the following key gaps in the literature and research that is currently available on alcohol, GBV and masculinities in Africa:

Gap #1: Female and motherhood alcohol abuse, and its relationship to male and youth violence;

Gap #2: Links between alcohol, gangsterism and gender-based violence - particularly when perpetrated against men and boys;

Gap #3: Impact of alcohol abuse on poor educational attainment, and in turn to the perpetration of intimate partner violence;

Gap #4: Role of alcohol in transactional sex - both directly and indirectly increasing the likelihood to giving and getting;

Gap #5: Role of alcohol abuse in causing impotency and infertility, and in turn possibly exacerbating mental health issues and depression amongst men;

Gap #6: Prevalence of alcohol abuse in LGBTI communities, including fuelling heterosexist hate crimes as well as increasing intimate partner violence within LGBTI relationships.

Across the MenEngage Africa Network, many members already conduct a range of gender transformative interventions, from fatherhood workshops to radio campaigns. These activities could be further strengthened to reduce the level of GBV in the region if they were extended to target problematic alcohol use. Working with other organisations and interventions that target addiction to alcohol and other drugs – for instance Harmony Group, or Soul City in South Africa – may see a significant reduction in perpetration of IPV through supporting long-term changes to men's behaviour.⁴⁷ Further collaboration with partners who work with reducing alcohol abuse would therefore help inform MEA's work on reducing GBV. The evidence overwhelmingly suggests that men are increasingly turning

to alcohol in order to cope with what they perceive as threats to their masculinity, or to deal with their own perceived failures to live up to masculine ideals. It is clear, therefore, that IPV and GBV prevention interventions must simultaneously work to reduce alcohol dependency amongst men, challenge hegemonic masculinities and support men to value their own male identities differently in order to significantly reduce their reliance upon the alcohol and substance abuse that in turn causes gender-based violence.

Case Study

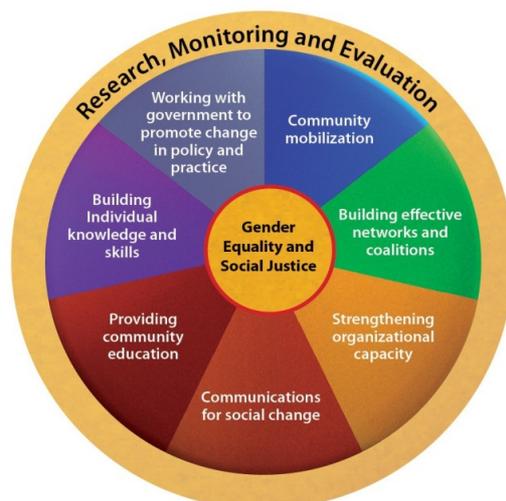
‘Soul Buddyz’ Media Project, Soul City, South Africa

Soul Buddyz is a multi-media entertainment vehicle created for 8 to 12 year olds, consisting of television and radio dramas, and school books. In the creation of the scripts and issues addressed in Soul Buddyz, research is undertaken to ensure that all stakeholder interests are met. This includes running child participation workshops to gain insight into the issues that shape their experiences, using activities that ask children to map, draw and write about their perceptions of masculinity, alcohol and substance abuse. Children outlined the ways in which alcohol and substance abuse influence their upbringing, for instance how alcohol and violent behaviour by their fathers or brothers is evidence of their masculinity. The experiences of children that were revealed in the child participation workshops then fed into the script of the Soul Buddyz television and radio dramas, helping children understand different ways to cope with the impact of alcohol abuse and violence in their lives.

Recommendations

SPECTRUM OF CHANGE

The following diagram represents Sonke Gender Justice Network’s ‘Spectrum of Change’ that was developed as a tool to promote effective partnerships, and achieve systematic and effective social change across multiple levels. By placing the following recommendations within a Spectrum of Change framework, the MenEngage Africa Network and their regional partners will be more able to design and implement interventions on alcohol and GBV that are situated within the wider attainment of gender equality and social justice.



GENERAL RECOMMENDATIONS

The following table outlines general recommended next steps for the MenEngage Africa Network to address the intersections between alcohol abuse and gender-based violence:

Recommended MEA Intervention	Location	Spectrum of Change
➤ Acknowledge the linkages between alcohol, masculinities and GBV at the forthcoming MenEngage Africa steering committee meeting.	Regional	Building individual knowledge and skills
➤ Map existing community interventions and projects on alcohol abuse in order to develop cross-organisational collaborations, spread a gender transformative approach across different fields, and strengthen the wider MenEngage Africa network.	Regional	Building effective networks and coalitions
➤ Issue guidelines based on this concept note for service providers and peer educators on addressing the role of alcohol abuse when working around GBV.	National	Provide community education
➤ Introduce linkages between alcohol addiction and GBV into existing MenEngage Africa programmes and materials, for instance in MATI and OMC training.	Local	Strengthening organisational capacity

SPECIFIC RECOMMENDATIONS

The following table outlines preliminary recommendations for the MenEngage Africa Network and various other partners to address the intersection between alcohol abuse and gender-based violence by further developing their existing strategies and interventions. These recommendations relate to each linkage specifically outlined in this concept note, and should be designed and implemented over a longer time period:

Alcohol-GBV Linkage	Recommended MEA Intervention	Location	Spectrum of Change
Fuelling Violent Masculinities	➤ Conduct more research on the statistics and prevalence of alcohol addiction in other MEA	Regional	Strengthening organisational capacity

	<ul style="list-style-type: none"> ➤ countries outside of South Africa ➤ Lobby/combat alcohol advertising that links drinking alcohol to notions of masculinity 	National	
Coping with Unemployment	<ul style="list-style-type: none"> ➤ Target job centres and queues for daily work permits outside Home Affairs with leaflets and posters inviting men to gender and alcohol workshops 	National	Community mobilisation
Exacerbating Risky Sexual Behaviour	<ul style="list-style-type: none"> ➤ Education programmes on transforming masculinities, alcohol-abuse, SRH information and condom distribution in alcohol-serving venues and pubs 	Local	Providing community education
Mental Health and Depression	<ul style="list-style-type: none"> ➤ Publicity campaigns - using media messages to highlight links between GBV and alcohol, while providing examples of positive masculinity 	National	Communications for social change
Health Service Deficiencies	<ul style="list-style-type: none"> ➤ Lobby/advocate governments to provide more funding for addiction rehabilitation centres ➤ Collaborate with addiction rehabilitation groups and centres; work with them to provide gender transformation training to clients 	National	Working with government to promote change in policy and practice
Conflict and Post-Conflict Trauma	<ul style="list-style-type: none"> ➤ Refugee workshops should involve a focus on trauma counselling and alcohol 	Regional	Strengthening organisational capacity
Childhood Abuse and Parenthood	<ul style="list-style-type: none"> ➤ Run alcohol and substance abuse interventions in schools with a GBV prevention focus ➤ Run parenthood groups aimed at alcohol-addicted mothers and fathers, and integrate a focus on alcohol addiction in existing fatherhood groups and the MenCare campaign 	Local Local	Building individual knowledge and skills
Intersecting Vulnerabilities	<ul style="list-style-type: none"> ➤ Work with LGBTI communities, including the alcohol-serving venues of gay and lesbian subcultures, to raise awareness of GBV prevention 	Regional	Building effective networks and coalitions

Authors

This concept note has been developed by Sonke Gender Justice Network in collaboration with the MenEngage Africa Network. It was authored by Emily Miles, Maja Herstad, Tim Shand and Glenda Muzenda. Many thanks to Hayley Thomson-de Boor and Laura Pascoe for their input.

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