

POLICY REPORT: ENGAGING MEN IN HIV AND GBV PREVENTION, SRHR PROMOTION, PARENTING AND LGBTI RIGHTS



A summary of whether laws and policies in South Africa seek to engage men and boys in achieving gender equality.

SOUTH AFRICA

Introduction

Evidence shows that effectively engaging men for gender equality can have benefits for women, children and men themselves.¹ It is on this basis that Sonke Gender Justice Network, together with partners in the MenEngage Africa Network, scanned selected laws and policies from across Africa to assess the extent to which they contain language that promotes the proactive engagement² of men and boys for achieving gender equality. A series of policy reports has been produced from this analysis.

This report provides an analysis of policies, laws and plans³ in South Africa. It explores the **strengths and weaknesses** of the selected relevant policies, laws and plans in terms of engaging with men; and provides **recommendations** for how such policies⁴ can improve the way in which they include men and boys, account for their needs, enable them to support their partners, children and peers and facilitate their role as advocates for change. The report examines five key areas for engaging men that are critical for gender equality, namely:

1. HIV and AIDS;
2. Gender-Based Violence (GBV);
3. Sexual and Reproductive Health and Rights (SRHR);
4. Parenting; and
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Rights.¹

This report can be used as a policy **advocacy and programming tool**, to strengthen a focus on engaging men for gender equality within national laws and policies. Its key audiences are **national and regional civil society, policymakers and decision-makers**.ⁱⁱ It is not assumed that the existence of a law or a policy in any way automatically guarantees that the provisions in it will be implemented. This study does not evaluate whether policies have been, or are being, implemented. While this is a very important task it is beyond the scope of this report.

The document was developed with support from the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Trust Fund to End Violence against Women administered by the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)⁵ and the Swedish International Development Cooperation Agency (SIDA).

How to use this policy report?

Civil society, policymakers and decision-makers can use this report to:

- Better understand the importance of engaging men for

Country Context

Population	50 586 757 people ⁶
Gini Coefficient	0.66, one of the largest income disparities globally ⁷
Human Development Index	110th out of 169 countries ⁸
Gender Inequality Index ⁹	82nd out of 169 countries ¹⁰
Unemployment	25.7% ¹¹
Adult Literacy	74.1% ¹²
Life Expectancy	54.6 years (male: 53.5; female: 57.2) ¹³
People Living with HIV	5.38 million (2011) ¹⁴ - South Africa has the highest number of people living with HIV and AIDS in the world ¹⁵
Gender-Based Violence	South Africa has the highest rate of sexual violence for any country not involved in conflict ¹⁶
Legal Context	South Africa's Constitution (1996) is the supreme law. ¹⁷ South Africa has a mixed legal system combining common and civil systems. ¹⁸

- gender equality through public policy;
- Address the gaps and priorities identified herein in order to strengthen a focus on engaging men within laws and policies, for the benefit of women and men;
- Identify key areas and priorities for policy advocacy; and
- Guide submissions, events, meetings or dialogues between civil society and government actors.

Summary of findings: South Africa's efforts to engage men through public policy

This analysis has found that South Africa has developed a strong *National Strategic Plan for HIV, STIs [Sexually Transmitted Infections] and TB [Tuberculosis] 2012–2016* in terms of engaging men and boys, a strong *365 Day National Action Plan to End Gender Violence*, and is a best practice example in terms of LGBTI policy and law in Africa. The *365 Day National Action Plan to End Gender Violence*, however, needs to be updated and there are some weaknesses within policies related to sexual and reproductive health and parenting. Generally, it is recommended that policies, laws and plans utilise more specific language and identify achievable strategies to address the problems they recognise and articulate. Where applicable, it is important that laws, policies and plans make provisions for the costing and budgeting of programmes, together with a clear implementation plan.

ⁱThis report is the basis of extensive research carried out by Sonke Gender Justice Network, together with MenEngage Africa partners, between 2010 and 2012, involving desk research and in-country feedback. The research is detailed in full within *Detailed Policy Report for South Africa: Engaging Men in HIV, GBV, SRH, parenting and LGBTI rights*, available at www.genderjustice.org.za. The topics (HIV, GBV, SRHR, parenting and LGBTI rights) build on the outcomes of a MenEngage Africa policy conference, held in Johannesburg, South Africa, in July 2010. In no way do these reports claim to be comprehensive. They should rather be treated as a starting point for advocacy work aimed at engaging men.

ⁱⁱIt is not assumed that the existence of a law or a policy in any way automatically guarantees that the provisions in it will be implemented. This study does not evaluate whether policies have been, or are being, implemented. While this is a very important task it is beyond the scope of this report.

Why a policy report on Engaging Men?

Why engaging with men and boys for gender equality is important

Rigid gender norms of what it means to be a man or a woman can often *discourage* men from: accessing health services, such as HIV prevention, treatment and support initiatives; challenging violence against women and children; supporting their partners to access health services; becoming more involved in their children's lives; and being accepting towards LGBTI people. Instead, these gender norms can often encourage men to engage in a variety of high-risk, negative and violent behaviour patterns.¹⁹ It has become increasingly clear that it is vital to engage men and boys around these issues, as such behaviour patterns: increase the vulnerability of both men and women to HIV infection, other diseases and health problems;²⁰ expose women, children and LGBTI people to violence; serve as a barrier to women accessing sexual and reproductive health services and criminal justice and related services; and damage relationships between men and women and between parents and their children. Work with men and boys is therefore integral to addressing gender inequalities, strengthening human rights and improving the health and wellbeing of both men and women.²¹

HIV and AIDS

Gender inequality causes women and girls to be more vulnerable to contracting HIV, and often unequally burdens them with the work of caring for those who are ill, as well as for orphans and vulnerable children. Engaging men for gender equality therefore directly impacts on the spread, and effects, of HIV and AIDS. Rigid gender norms also increase men's vulnerability to HIV by: encouraging men to equate manhood with risk-taking, having power over women and the pursuit of multiple sexual partners;²² impacting negatively on their health seeking behaviour, making it less likely that they will access critical services such as testing, treatment and psycho-social support,²³ increasing their AIDS related mortality;²⁴ and exacerbating negative attitudes toward condoms.²⁵

Gender-Based Violence (GBV)

Gender-based violence is a violation of human rights, compromises physical, emotional and mental wellbeing, and also contributes to the spread of HIV. A number of masculine gender norms contribute to GBV levels. Gender norms can encourage men to: respond to problems with violence; abuse alcohol; believe it is acceptable for men to control and dominate their partners; and discourage men from seeking help or expressing feelings of fear or vulnerability. In order to prevent GBV, it is important to work with men and women to change the social norms perpetuating GBV, including providing alternative and non-violent role models for young men and boys, and supporting men to take a stand against GBV.²⁶

Sexual and Reproductive Health and Rights (SRHR)

Across Africa, as in many other parts of the world, sexual and reproductive health and rights (SRHR) are largely considered a women's domain. This leaves women and girls to bear the burden of their own and their family's sexual and reproductive health (SRH), allowing too many men to neglect their own SRH needs and responsibilities. At the same time, women's sexual rights are often compromised and their reproductive health is often controlled by others. As such, men need to be supported to address their own SRH, as well as learn to support women

and girls in accessing SRH services, while always respecting women's rights over their own bodies and SRH choices. When men do not utilise SRH services, it puts themselves and their partners at risk. Interventions with men and boys on SRHR have been shown to effectively increase men's support for their partner's SRH and to improve the health of men, women and children.

Parenting

Responsible fatherhood is beneficial to the development of children and to building families and societies that better reflect gender equity and protect child rights. Around the world, work related to care giving remains dominated by women and girls. This places a great burden on women and girls, and perpetuates the norm that men are not capable of taking care of themselves or others. Fathering and care giving roles need to be strengthened and men need to be supported and enabled to achieve this. Additionally, legal sanctions should be strengthened and optimally implemented to hold men, who have the means to maintain their children, accountable for failing to deliver on their maintenance obligations.

Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) issues

Discrimination and violence against LGBTIs due to their actual or perceived sexual orientation and/or gender identity continues unabated in many countries in Africa and across the world. This situation is exacerbated when discriminatory laws criminalise consensual same sex conduct and deprive LGBTIs of legal entitlements and protection that apply to heterosexuals and those whose gender identity corresponds with their sex. Homophobic and transphobic attitudes are related to concerns that homosexuality is inconsistent with, and threatens, traditional constructs of masculinity. Extensive work is needed to promote an understanding of masculinity that is more accepting of sexual and gender diversity.

Evidence for work with men and boys

A growing body of evidence highlights that well-implemented programmes targeting men and boys can influence their attitudes, behaviours and their role as agents of change in the achievement of gender equality.²⁷ A review by the World Health Organisation (WHO) and Instituto Promundo of fifty-seven interventions with men in the areas of sexual and reproductive health, maternal and child health, gender-based violence, fatherhood and HIV prevention, found that the majority were either effective or promising in bringing about significant changes in men's attitudes and behaviours.²⁸

Further research exists in the African region: for example, an evaluation of the Stepping Stones initiative in the Eastern Cape by the South African Medical Research Council (MRC) showed significant changes in men's attitudes and practices. Over two years of follow-up, participants reported fewer concurrent sexual partners, higher condom use, less transactional sex, less substance abuse and less intimate partner violence.²⁹ Similarly, evaluations conducted to determine the impact of Sonke Gender Justice Network's One Man Can Campaign, in South Africa, indicated significant self-reported changes in short-term behaviour among men, including increases in HIV testing, condom use, reporting of violence and discussing HIV and gender issues with family and friends.³⁰

Examples of successful evidence-based interventions engaging with men

One Man Can

Workshops, community mobilisation and branch building to support men to take action to end violence, prevent HIV and AIDS, and promote healthy and equitable relationships. www.genderjustice.org.za

Brothers For Life

National media and community mobilisation campaign targeting men aged 30 years or older on HIV risk factors, particularly GBV, alcohol, and multiple concurrent partners. www.brothersforlife.org

Program H

Group education, community campaigns and innovative evaluation model (Gender Equitable Men scale), to challenge rigid norms related to manhood and promote alternative models of masculinity. www.promundo.org.br

Stepping Stones

Participatory HIV prevention programme (including workshops and community dialogues) which aims to improve sexual health through building stronger, more gender equitable relationships. www.steppingstonesfeedback.org

Men as Partners

Clinical and community-based interventions to increase men's participation as clients, supportive partners and advocates for sexual and reproductive health and rights. www.engenderhealth.org

Existing inter-governmental commitments on engaging men

There are numerous regional and global commitments on engaging with men and boys, which include:

- the *International Conference on Population and Development* (1994);³¹
- the *Programme of Action of the World Summit on Social Development* (1995) and its review held in 2000;³²
- the *Beijing Platform for Action* (1995);³³
- the *twenty-sixth special session of the General Assembly on HIV/AIDS* (2001);³⁴
- the *United Nations Commission on the Status of Women* in 2004 and 2009;
- the *Global, and Africa, Symposium on Engaging Men and Boys on Achieving Gender Equality*, both in 2009;³⁵ and
- the *UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV 2010–2014*.

Why policy is important for engaging with men

Public policies and engagement with the public sector are central to the goal of increasing the scale and impact of this work, and achieving societal change in gender norms. Laws and policies compel governments to take a series of actions at the national, provincial and local level, usually across multiple government departments. They offer the possibility of achieving substantial impact on a significant scale. Therefore, it is essential to build a shared policy agenda on engaging men and boys among civil society, national policymakers and regional and international bodies.

Policy initiatives have the potential to lead to larger-scale changes in men's behaviours and attitudes relating to gender and health, and because policy is one of the collective forces that defines and sustains gender norms, initiatives also have the potential to challenge social norms and institutional cultures that continue to perpetuate inequalities and violence.³⁶ In order to achieve this and be most effective, policies should be *gender transformative*^{iii,37} and *gender synchronised*^{iv,38} and ensure that they do not reinforce negative societal values and norms.³⁹ This report, in reflecting on the gaps and weaknesses within policies, seeks to make

ⁱⁱⁱ "Gender transformative" refers to action that seeks to promote equitable relationships; challenge male gender norms; transform traditionally accepted norms associated with being a man or a woman; and change gender relations.

^{iv} "Gender-synchronised approaches are the intentional intersection of gender transformative efforts reaching both men and boys and women and girls of all sexual orientations and gender identities. They engage people in challenging harmful and restrictive constructions of masculinity and femininity that drive gender-related vulnerabilities and inequalities and hinder health and well-being". Please refer to endnote 38 for source.

recommendations in relation to the areas of HIV and GBV prevention, SRHR promotion, parenting and LGBTI rights.

It is nevertheless important to remember that policies and laws alone cannot cause long-term and sustained change. While they are an integral first step, they must be followed up by effective implementation. Even the best policy or law will be meaningless if its implementation is poorly executed. Such implementation should be stimulated, enforced and monitored by civil society, as policies alone will not achieve large-scale social change.⁴⁰

MenEngage Africa

This report was developed on behalf of MenEngage Africa, a regional member of the Global MenEngage Alliance, which was established in 2006 with the goal of working in partnership to promote the engagement of men and boys in achieving gender equality, preventing HIV, promoting human rights and reducing violence at all levels across all regions of the world. In particular, MenEngage Africa aims to promote collaboration and resource-sharing among organisations, support joint advocacy and policy initiatives, and build capacity and leadership on gender equality within Africa. MenEngage Africa operates through a steering committee which oversees the co-ordination of activities, and country networks which bring together partner organisations at a national level. The current chair of the regional network is Sonke Gender Justice Network. For more details, please visit: www.menengage.org

Principles for work with men and boys

- Promote women's and girls' rights
- Be accountable to/allies with women's rights organisations
- Engage men from a positive and enabling perspective
- View human rights and gender in a relational perspective
- Address structural determinants
- Build on the evidence base/existing UN mandates
- Take work to scale
- Be aware of the diversities among men, including sexual diversity

Snapshot of Policy Analysis Findings – South Africa

The table below provides an overview of the findings for South Africa in each of the five areas within the policy analysis.^v As previously noted, these findings are based on whether the laws and policies include language that seeks to promote the proactive engagement of men for gender equality. The following pages provide further detail on the policies' key strengths and gaps under each of these areas.^{vi} The criteria used within this analysis were developed in collaboration with MenEngage partners, and are also based on existing research.^{41,42}

1. HIV and AIDS ^{vii}	2. GBV ^{viii}	3. SRHR ^{ix}	4. PARENTING ^x	5. LGBTI ^{xi}
Links between HIV and gender addressed	Gender-Based Violence clearly conceptualized	Men's needs as Clients of SRH services accounted for	Plans made to enable and encourage men to be involved in maternal health, neonatal and infant care	Same-sex relationships legal
Plans made to challenge or transform gender norms	Sufficient focus on preventative measures	Benefit of engaging with men to support their partners and families in accessing SRH services accounted for	Adequate paternity leave provided for	Same-sex marriage legal
Plans made to engage with men for prevention of GBV	Level of engagement with men	The gendered needs of adolescents and youth accounted for, in terms of SRHR	Men enabled and encouraged to be involved in children's education	Existence of hate crime laws
Benefit of engaging with men to support PMTCT processes recognised	Men engaged as advocates for change	Men recognised as potential advocates for change in terms of transforming norms related to SRHR	Men enabled and encouraged to be involved in children's health	Existence of anti-discrimination law that includes sexual orientation
Male circumcision roll-out prioritised, including gender equality education	Men treated as capable of change through the provision of rehabilitation programmes		Men legally required to maintain their children, irrespective of marital status with the mother	LGBTI people's access to services
Plans made to address men's attitudes towards Condoms	Commitment to the transformation of gender norms		Divorced/single/unmarried/non-biological fathers enabled and encouraged to be involved in children's development	LGBTI organisations legally permitted
Plans made to target men for VCT and address health seeking behaviour	Acknowledgement of the violence men experience ; and how this is a risk factor that increases the likelihood of men perpetrating violence		Widowed fathers enabled and encouraged to be involved in children's development	LGBTI people legally permitted to adopt
Marginalized men's needs accounted for (e.g. Prisoners, MSM, refugees and IDUs)			Teenage fathers enabled and encouraged to be involved in children's development	Treatment of LGBTI people
Plans made to target men for Treatment and address health seeking behaviour			Imprisoned fathers enabled and encouraged to be involved in children's development	Alignment with signed UN declarations
Plans made to encourage and enable men to become more involved in care work			Migrant/refugee fathers enabled and encouraged to be involved in children's development	
Key	Adequate	Room for improvement/ a mixture between strong and weak policies	Inadequate	Relevant documents were not located

^vThe criteria within this analysis were developed in collaboration with MenEngage Africa partners, and based on research related to the engagement of men and boys. The snapshot findings and the outcomes of the analysis are based upon the authors' opinions, drawn from their experience, expertise in this field and knowledge of best practice related to the engagement of men within the various areas. The conclusions reached within the report are those of the authors.

^{vii} This report only seeks to provide a summary of the key findings, while more detail has been included in the longer overall report, available at www.genderjustice.org.za.

^{viii} The following documents were analysed: *National Strategic Plan on HIV, STIs and TB 2012–2016*; *National HIV Counselling and Testing (HCT) Policy Guidelines*, 2010.

^{ix} The following documents were analysed: *South Africa's 365 Day National Action Plan to End Gender Violence*, 8 March 2007; Republic of South Africa, *Criminal Law (Sexual Offences and Related Matters) Amendment Act*, no.32 of 2007; Republic of South Africa, *Domestic Violence Act*, No.116 of 1998; *National Sexual Assault Policy*, Department of Health, 2005.

^x The following documents were analysed: *National Strategic Plan on HIV, STIs and TB 2012–2016*; *National Contraception Policy Guidelines*, 2001; *National HIV Counselling and Testing (HCT) Policy Guidelines*, 2010; *Implementation and Guidelines for PMTCT*, 2008; *National Youth Policy*, 2009; *National Policy Framework for Gender and Women's Empowerment: A Comprehensive Primary Health Care Package for South Africa*, 2001; *Constitution of South Africa*, 1996; *Termination of Pregnancy Act*, 1996; *Application of Health Standards in the Traditional Circumcision Act*, 2001; *Strategic Plan for Maternal, Newborn, Child and Women's Health (MNCWH) and Nutrition in South Africa, 2012 – 2016*.

^{xi} The following documents were analysed: *Basic Conditions of Employment Act of South Africa*, 1997; *Children's Act of South Africa*, 2005; *Constitution of the Republic of South Africa*, 1996 (Bill of Rights, Chapter 2); *Child Care Act of South Africa*, 1983; *Policy Guidelines on Correctional Services Act of South Africa*, 1998; *Policy Guidelines on Child and Adolescent Mental Health of South Africa*, 2008; *Population Policy of South Africa*, 1998; *Divorce Act of South Africa*, 1979; *National Gender Policy Framework of South Africa*; *Infant and Young Child Feeding Policy of South Africa*, 2007; *Maintenance Act of South Africa*, 1998; *National Youth Policy of South Africa, 2009-2014*; *Refugees Act of South Africa*, 1998; *Social Assistance Grant of South Africa*, 2004; *The Quality Learning and Teaching Campaign of South Africa*, 2008; *Green Paper on Families*, 2011; *Public School Policy Guide of South Africa*, 2005; *Hands up for Education Campaign*, South Africa; *Natural Fathers of Children Born out of Wedlock Act*, 1997; *Policy Guidelines For Youth and Adolescent Health for South Africa*, 2001.

^{xii} The following documents were analysed: *The Constitution of the Republic of South Africa*, 1996; *Civil Union Act*, No. 17 of 2006; *Promotion of Equality and Prevention of Unfair Discrimination Act*, No. 4 of 2000.

HIV and AIDS

The South African *National Strategic Plan for HIV, STIs and TB 2012–2016* contains very strong language on engaging with men around HIV prevention and the need to challenge harmful gender norms. However, there are other gaps that could still be addressed, such as engaging men in GBV prevention and in HIV care work.



Strengths

Gender and HIV

There is a strong focus on gender issues in the *National Strategic Plan for HIV, STIs and TB 2012–2016* (NSP), which emphasises the need to prioritise gender equality and gender rights.⁴³ Significantly, the NSP also identifies gender roles and norms as a structural determinant of HIV spread, with the following recommended action: “Challenge the gender roles, norms and inequalities that increase women’s vulnerability to HIV and compromise men’s and women’s health...and engage with men on changing socialisation practices”.⁴⁴ This demonstrates an acknowledgement that gender work also includes work with men.

Importantly, the NSP recognises that gender norms “discourage men from accessing HIV, STI and TB services, contribute to violence against women, multiple partnerships and...encourage alcohol consumption”.⁴⁵ It is proposed that in response: “A comprehensive national [social and behavioural change communication strategy] must serve to increase demand and uptake of services, to promote positive norms and behaviours and to challenge those that place people at risk”, and that such a strategy must aim to shift attitudes and behaviours related to the reduction of HIV and STI transmission,⁴⁶ especially those related to gender.⁴⁷ This commitment is echoed a number of times within the NSP.⁴⁸ When activities are outlined to address issues such as “reducing multiple and concurrent sexual partnerships”, it is also emphasised how important it is to challenge the “gender norms which drive this” behaviour.⁴⁹ Importantly, it is identified that interventions aiming to address the issue of multiple sexual partners should include a focus on gender norms and values,⁵⁰ as well as interventions seeking to address alcohol abuse.⁵¹ “These strategies must also address the gender norms that equate alcohol consumption with masculinity.”⁵²

The NSP emphasises the need for parents and caregivers to be educated on how to encourage intergenerational conversations with young people around sex and sexuality, including education for learners and parents on gender norms and transformation.⁵³

Prevention

Medical Male Circumcision (MMC) is highlighted in the NSP as being an essential part of the male sexual and

reproductive health package,⁵⁴ as well as part of the HIV combination prevention package.⁵⁵ It is stipulated that the “provision of traditional circumcision should also include a comprehensive package of sexual and reproductive health services”.⁵⁶ It is also asserted that “National guidelines for the safe practice of circumcision must be developed and implemented, and its use monitored”.⁵⁷ It is noted that the roll-out of MMC should include gender sensitisation.⁵⁸ Such a provision is highly important, as the roll-out of MMC will reach a high volume of men and thus neglecting to expose them to gender equality training would be a missed opportunity.

There is also a particular focus in the *National HCT [HIV Counselling and Testing] Policy Guidelines* on medical male circumcision that addresses both improved service provision and Information, Education and Communication (IEC) activities, locating the benefits of MMC as part of a broader goal of improving sexual and reproductive health (SRH) for both men and women. Of particular significance is the integration of MMC and broader HIV and AIDS services targeting men, especially in terms of the services and information offered when men test for HIV.⁵⁹ The *National HCT Policy Guidelines* also indicate sensitivity to the social context in which MMC is encouraged, noting the danger of disinhibition (the possibility of men abandoning safe sex practices due to circumcision).⁶⁰ This is strengthened by the guidelines for safe traditional circumcision practices set out in the Application of Health Standards in the *Traditional Circumcision Act 2001*. Notably, the need to address GBV is included within the suggested package.

Male and female condoms are identified as part of the combination prevention package within the NSP,⁶¹ and it is highlighted that condoms should be distributed through traditional and non-traditional outlets, such as in health facilities, correctional facilities, mines, airports, malls, shebeens, hotels, schools, tertiary institutions, sex work venues/locations and clubs.⁶² It is noted that the distribution of condoms in schools is not incorporated in Department of Basic Education policy, but that this will be “explored during the NSP timeframe”.⁶³ While only 5 million female condoms were distributed in 2010/11, the NSP sets a target of 25 million female condoms to be distributed by 2016.⁶⁴

The NSP notes that: “Data from the 2010–2011 national HIV Counselling and Testing (HCT) campaign indicates

that men represented only 30% of those who tested. Efforts must be made to increase men's health-seeking behaviour, including participation in HCT".⁶⁵ The NSP also emphasises that "Testing and screening services must take place at multiple settings to reach all populations, including homes (by trained community health workers), workplaces, schools^{xii} and tertiary institutions, social grant distribution points, and correctional facilities. HCT services must also be made available through mobile services in communities (e.g. sporting events, taxi ranks and malls) and for sex workers and their clients at sex work venues and locations".⁶⁶ It is likely that men will be able to access HCT services at this range of non-traditional locations. The HIV combination prevention package also includes social and behaviour change communication promoting health-seeking behaviour.⁶⁷

The NSP states that the Action Framework for "No Child Born with HIV by 2015 and Improving the Health and Wellbeing of Mothers, Partners and Babies in South Africa" will be finalised and implemented. This framework commits to "engaging women and men, and ensuring that PMTCT [prevention of mother to-child transmission] is integrated into sexual and reproductive health and fertility management services", and the strengthening of PMTCT services, including through "the engagement of fathers".⁶⁸

Marginalised Men

The NSP aims to ensure that no one is denied access to services for any reason, including discrimination on the basis of race, gender, gender identity, sexual orientation, ethnic or social origin, culture, language or birth.⁶⁹ The plan commits to ensuring that the public has ample capacity to report unfair discrimination, and that health services staff are provided with adequate training on human rights.⁷⁰ The NSP recognises that "Provincial and local communication efforts need to be tailored to reach particular communities or groups and the most vulnerable must be reached (such as persons with disabilities, sex workers and prisoners)".⁷¹

Prisoners are identified within the NSP as requiring specialised attention: "Inmates and staff of correctional facilities are at higher risk for both HIV and TB and the Department of Correctional Services will implement a number of interventions to decrease transmission of HIV and TB in correctional facilities".⁷² The NSP also highlights the need for the "enforcement of laws and policies to

prevent sexual violence in prison settings".⁷³ The NSP recognises the need for condoms to be distributed within prisons: "Maximised coverage of male and female condoms through distribution in health facilities and non-traditional outlets, including correctional facilities",⁷⁴ and that testing services should be provided in prison.⁷⁵

The NSP acknowledges that targeted interventions are required to address mobile populations,⁷⁶ as well as the need for the implementation of a unique identifier to ensure their continuum of care.⁷⁷

The NSP recognises men who have sex with men (MSM) and injecting drug users (IDUs) as key populations for the HIV response.⁷⁸ It is emphasised that concerted efforts will be needed to reach MSM for screening, diagnosis

and treatment.⁷⁹ It is also noted that certain gender and social norms can cause people of different sexual orientations and gender identities to be discriminated against and therefore such norms should be challenged.⁸⁰

In terms of service provision, the *National HCT Policy Guidelines* explain that "facilities must be accessible and convenient to all segments of the

population,⁸¹ men, women and children, citizens, and foreigners alike, including people with disabilities and other marginalised and hard-to-reach populations." The *National HCT Policy Guidelines* also advocate for messages to be tailored for men in varied circumstances. This is most effectively done with prisoners in mind, but there are also a few general references to MSM.⁸²

Treatment

The NSP emphasises the importance of ensuring widespread access to treatment, especially as it has been found to reduce the risk of transmission. The plan highlights that men especially under-utilise health services and are often lost to follow-up, returning to care once their CD4 counts are already dangerously low.⁸³ The NSP stipulates that "A package of combination prevention may include... social and behaviour change communication promoting health-seeking behaviour",⁸⁴ and it is articulated, in relation to HCT, that efforts must be made to address men's health seeking behaviour more generally: "Data from the 2010–2011 national HCT campaign indicates that men represented only 30% of those who tested. Efforts must be made to increase men's health-seeking behaviour, including participation in HCT".⁸⁵ It is also stipulated that clinics and other health services should extend their opening hours.⁸⁶

"Data from the 2010-2011 national HCT campaign indicates that men represented only 30% of those who tested. Efforts must be made to increase men's health-seeking behaviour, including participation in HCT"

^{xii} It is noted that testing in schools is not current Department of Basic Education policy, but this will be explored for implementation within the NSP timeframe.

Gender-Based Violence (GBV)

The intersections between GBV and HIV are acknowledged within the NSP, as well as the high rates of intimate partner violence in South Africa.⁸⁷ The NSP delegates the responsibility of focusing on GBV to the departments in the social and security clusters of government at national and provincial levels, the South African National Aids Council (SANAC) and the Department of Women, Children and People with Disabilities (DWCPD). It emphasises that social change communication programmes dealing with gender stereotypes and harmful norms must be scaled up,⁸⁸ and that “changing socialisation practices and interventions to eliminate gender-based violence” also form part of the HIV combination prevention package.⁸⁹



Gaps

Gender and HIV

The NSP needs to be more specific when describing some of its objectives, as it is unclear exactly what would be involved in commitments such as “Implement interventions to address gender norms”;⁹⁰ “gender sensitisation”;⁹¹ “changing socialisation practices”;⁹² “transformation”.⁹³ It would be especially helpful for those developing operational plans based on the NSP if the meaning and nuances of what is meant by such terms was clearly articulated.

Prevention

The NSP does not address the possibility of disinhibition with regards to MMC (the possibility that men may misinterpret the protective benefits of MMC to mean that once undergoing the procedure the need to practise

safe sex and avoid multiple concurrent partnerships no longer applies to them). It is hoped that this will be addressed adequately and comprehensively within the final MMC roll-out guidelines.

There are no plans outlined which aim to explore and address men’s attitudes to condom use. Much benefit could be derived from attempting to influence men’s attitudes towards the use of condoms, especially education regarding the need to establish consent. A 2001 study of men’s attitudes towards condom use in South Africa reported that some men associate male condoms with discomfort, distrust in relationships and unwanted interruption of sexual intercourse.⁹⁴ Without men’s investment in the importance of using condoms consistently, a huge and unfair burden is placed upon women to insist on condom use, which often places them in dangerous and vulnerable situations. Thus, specific and concerted efforts should be made to positively influence men’s attitudes towards condom use. While the NSP commits to distributing 25 million female condoms by 2016, this is still a small amount compared with the 1 billion male condoms the NSP commits to distributing.⁹⁵

It is stipulated that the statistics of adults tested will be disaggregated by sex, but the target of 30 million adults by 2016 is not disaggregated by sex.⁹⁶ While it is stated that efforts must be made to address men’s health seeking behaviour, there are no plans to conduct research to better understand the underlying causes of men’s poor health-seeking behaviour, and how this differs between accessing HIV testing and treatment services. As such, behaviour change communication strategies promoting health seeking behaviour may prove to be ineffective.



The importance of engaging with men to be involved in prevention of mother-to-child transmission of HIV (PMTCT) processes receives scant attention and no motivation is provided as to why involving men is beneficial to women, children and PMTCT processes. There is also no discussion around how to encourage men to become more involved.

Marginalised Men

The NSP commits to ensuring that adequate funding is available to enable communication in multiple languages, but it stipulates that this should include Braille and sign language,⁹⁷ and does not specifically stipulate that this should include non-South African languages in order to accommodate the large number of migrants and refugees residing in South Africa.

While the NSP commits to providing condoms to prisoners, it fails to commit to providing lubrication.

Treatment and Care

Although the issue of men's health seeking behaviour is mentioned,⁹⁸ it is not specifically articulated that special measures will need to be taken to encourage and enable more men to access treatment services.⁹⁹ The NSP fails to adequately emphasise the urgency that is needed to address the high rates at which men are dying because they are not accessing treatment services at as they should be, as shown by a study published in 2013, which found that mortality rates among HIV positive people were substantially higher for men.¹⁰⁰ There are no plans made to recruit male nurses, and although it is outlined

that clinics and other health services should extend their opening hours,¹⁰¹ there are no other steps outlined to make clinics more male populated spaces.

There is no suggestion of encouraging men to become more involved in home-based care (HBC), or the care of orphaned and vulnerable children.¹⁰² The NSP stipulates that it is focused on building on the achievements of the previous NSPs, and therefore "does not repeat many of the interventions that are now considered to be part of the routine package of services for HIV and TB prevention, care and treatment (e.g. home-based care and support groups)".¹⁰³ The previous NSP (2007-2011) specifically set a target of increasing the number of men involved in HBC. This appears to have been abandoned, rather than strengthened, and therefore it is arguable that this does not build upon previous achievements and should not have been omitted. The need to recruit and involve men in support groups that assist with treatment adherence should also be highlighted.

Gender-Based Violence (GBV)

Targets have not yet been set for the number of women and children reporting GBV or the proportion of women who have experienced physical or sexual violence in the past year. The baseline studies will only take place in 2012.¹⁰⁴ No plans are outlined to specifically engage men in GBV prevention or encourage men to become advocates for change. The NSP does not draw attention to other forms of violence, such as emotional, psychological, verbal and financial abuse, which amount to domestic violence in terms of the Domestic Violence Act.



Gender-Based Violence (GBV)

While the *South African 365 Day National Action Plan to End Gender Violence (2007)* does include priorities to engage with men, the plan is now out of date and is under-resourced. It does not focus adequately on the need to specifically address hegemonic notions of masculinity which contribute to GBV. Positively, the *South African Sexual Offences Act and National Sexual Assault Policy* criminalise GBV, including, for example, marital rape. The *Domestic Violence Act* puts in place measures to prevent domestic violence as well as criminal sanctions for failing to comply with protection orders that prohibit domestic violence.



Strengths

Conceptualisation of GBV

The definition of rape within the *South African Sexual Offences Act (Amendment Act no.32 of 2007)* is gender neutral and includes any non-consensual penetration of a person's genital organs, anus or mouth by any body part or object, ensuring that both women, men, girls and boys are protected and that non-penetrative sexual acts are recognised as crimes.¹⁰⁵ Marital rape is also criminalised by the *Sexual Offences Act*.¹⁰⁶ Marriage may also not be used as a defence in cases of compelled rape, sexual assault, compelled sexual assault or compelled self-sexual assault.¹⁰⁷ The SOA criminalises a number of sexual acts regardless of the gender of the survivor or perpetrator of the sexual offence. Included, inter alia, are: rape, compelled rape, sexual assault, incest, statutory rape, statutory sexual assault, engaging sexual services of a person 18 years of age or older; child sexual grooming, child sexual exploitation, sexual exploitation and sexual grooming of a person who is mentally disabled.¹⁰⁸ Human Trafficking, although extremely limited, is partly included within the *South African Sexual Offences Act*.¹⁰⁹ It is commendable, however, that human trafficking is acknowledged to be a sexual offence.

The violence that LGBTI communities experience is highlighted in the *365 Day National Action Plan to End Gender Violence (NAP)* and this form of violence is recognised by the NAP as GBV.¹¹⁰

The *South African Domestic Violence Act (1998)* utilises a broad and comprehensive definition of domestic violence.¹¹¹ Terms are precisely and extensively defined, and the definition of "domestic relationship" is also broad, providing adequate grounds for applications for protection orders.¹¹² Within the *Domestic Violence Act* it also stipulates that the court can take further measures to ensure a complainant's safety, for example ordering that weapons are removed from the perpetrator's possession, or that an officer escort the complainant to a specified location to assist with arrangements regarding the collection of personal property.¹¹³

The *South African National Sexual Assault Policy (2005)* discusses factors that contribute to men's use of violence, including: social norms of male superiority and male sexual entitlement; men holding attitudes and beliefs supportive of sexual violence; and poverty – linked to perceptions

of inadequacy as a man.¹¹⁴ It is notable that these factors are identified and articulated, especially the articulation that patriarchy is the root cause of men's violence and that economic inequality and social exclusion can contribute to men's violence by decreasing poor and socially excluded men's access to traditional markers of manhood such as employment and the ability to provide thereby increasing the likelihood that they assert their manhood through the use of violence against women.

The NAP outlines actions that seek to increase people's understanding that domestic violence is not a private family matter, but is a crime and an urgent public issue.¹¹⁵

Engaging with Men

Importantly, one of the NAP's first objectives within prevention is to: "Strengthen capacity of men and boys to reduce gender based violence in partnership with women and girls".¹¹⁶ The inclusion of this objective is significant, as it identifies men as capable of contributing to GBV prevention and highlights the need for men and boys to work in partnership with women and girls.

The NAP states, as one of its Priority Actions, the need "To train men and boys on legislation, human rights, and communication skills/negotiation skills".¹¹⁷ Another priority action is listed as "consult and attain buy-in from religious and traditional authorities to promote positive values and gender equality".¹¹⁸ Organisations working with men and boys are one of the targets for the Prevention Implementation Plan of the National Communication Strategy. The NAP sets a target of reaching 5000 boys and 5000 men for strengthening the capacity of existing prevention programmes, and 500 traditional leaders.¹¹⁹ One of the proposed outcomes of the NAP is "Heightened Awareness, Positive Values and Life Style Changes of particularly men on Gender Equality and Justice as well as Effective Prevention of GBV/VAWC [Violence Against Women and Children]".¹²⁰ It can be assumed that by reaching out to men such as traditional and religious leaders, the NAP aims to utilise their potential as advocates for change.¹²¹

The NAP recognises the capacity of perpetrators to change in that one of the goals of the Action Plan is to rehabilitate offenders through a restorative justice, diversion and community reintegration programme aimed at GBV offenders, probationers and parolees.¹²²

An annual survey of 4000–5000 men and women is planned to gauge attitudes, values and opinions related to sexism and gender-related issues. It is then stated that the results will be used for “transformative change and development towards gender equality and gender justice”.¹²³

The Violence that Men Experience

The South African *Sexual Offences Act* recognises that men can also be raped, or be victims of sexual violence.¹²⁴ The *National Sexual Assault Policy* acknowledges that high levels of violence in society can be a factor contributing to men behaving violently¹²⁵ and identifies that men can be victims of sexual assault.¹²⁶



Gaps

The NAP is out of date, having been written in 2007. The plan outlines activities for 2008/2009 and has not been updated. Some of the budgets allocated to certain activities are also very limited. With such scant resources, it is unlikely that prioritised activities could be conducted effectively.¹²⁷ No provisions are made for monitoring the various activities contained within the plan and as such there is very little commitment to implementation. Consistent with this, very few of the provisions have been implemented and little attention has been paid to the plan by government departments.

The National Prosecuting Authority was identified, amongst others, as a department mandated by the *Sexual Offences Act* to issue National Instructions within six months from the commencement of Section 66 of the Act, which mandates the issuing of the National Instructions. The National Instructions are issued with a view to directing government department staff on the handling of sexual offence cases to fulfil their roles in the criminal justice system. The NPA has only issued provisional instructions. In addition, the Minister of Justice and Constitutional Development is mandated to develop a National Policy Framework on the *Sexual Offences Act*. The National Policy Framework is intended to regulate all matters in the Act including the manner in which sexual offences and related matters must be dealt with uniformly, in a co-ordinated and sensitive manner. Essentially, the National Policy Framework aims to aid the implementation of the Act. To date, the Minister has not finalised the National Policy Framework despite the fact that it was mandated to do so within one year of the coming into operation of the Act.¹²⁸

Conceptualisation of GBV

The NAP does not engage meaningfully with a definition of GBV, and therefore the way in which the document conceptualises GBV is unclear. The link between GBV and gender norms is not clearly articulated either.

Punitive or Preventative

The NAP balances its focus between preventative and deterrent measures,¹²⁹ but within the Coordination section of the NAP, it is suggested that the Secretariat of the coordinating structure could possibly be located within the National Prosecuting Authority. This could result in the implementation of the plan being skewed towards deterrent measures, or at least the possibility that prevention measures could become de-prioritised.¹³⁰ While strong deterrent punitive measures are essential, and work must take place to ensure that offenders are brought to justice, these should be balanced by a sufficient focus on prevention measures in order to address the root causes of GBV.

Engaging with Men

There are a number of activities aimed at engaging with men,¹³¹ but there is a lack of focus on gender norms transformation and the need to challenge hegemonic notions of masculinity. Some of the work also employs the use of vague terms such as “promote positive values”¹³² and “transformative change”.¹³³ While the NAP does attempt to connect patriarchy and the

oppression of women,¹³⁴ there are no priority actions linked to this objective. There are no plans to educate men on the ways in which they can support victims of GBV.

The NAP acknowledges that many studies and opinion surveys have found that “disturbing” attitudes towards gender violence persist in South Africa, such as the attitude that the abuse of women by men can be justified, and is often provoked by women; and that men feel oppressed by the recent push for women’s rights.¹³⁵ While the plan outlines many proposed actions to address attitudes and change mindsets, it does not clearly articulate that it is attitudes such as these which need to be challenged and changed. For example, although it acknowledges that some men report feelings of oppression in the advent of women’s rights, it does not outline plans to mitigate this, such as highlighting the benefits of gender equality for men.

“There are no plans to educate men on the ways in which they can support victims of GBV”

While plans are described to develop a GBV Prevention Strategy and Framework for Schools, review Life Orientation curricula, print a GBV prevention manual entitled “Opening our Eyes”,¹³⁶ and strengthen psycho-social and mental health care for victims/survivors of gender based violence¹³⁷ and for care-givers,¹³⁸ the NAP does not include plans to prioritise psycho-social support for children who have been forced to witness violence. This is important given the clear evidence from many studies across the world that indicate that boys who grow up in homes where they are exposed to violence are at much greater risk of subsequently perpetrating violence and having a range of other problems including a greater likelihood of depression, substance abuse, and involvement in criminal activities.¹³⁹

The *Sexual Offences Act*, the *Domestic Violence Act* and the *Protection from Harassment Act* do not address the need to implement primary prevention strategies that engage with men to prevent gender-based violence, domestic violence and sexual harassment.

The Violence that Men Experience

The *National Sexual Assault Policy* states that, “Risk of male rape is not known beyond generally high risk in prison populations”.¹⁴⁰ Not only does this seem to disregard the seriousness of sexual violence in prisons, as no further attention is afforded to this topic, it also ignores the potential for men to be victims of rape.^{xiii} This can cause men to feel reluctant to report such incidents, perpetuating the perception that such sexual violence does not take place. Recent studies have examined the levels of forced sex among men and boys, and have also found that among men who have raped, the proportion of men who had themselves been raped by a man was nearly three times greater than that found among those who had not been raped (17.2% v. 6.3%).¹⁴¹ However, the policy does acknowledge that men can be victims of sexual assault.¹⁴² There are no plans within any policies addressing gender-based violence to address violence that occurs within same-sex relationships, or the very high levels of violence perpetrated between men. While violence against women and children should be treated as a priority, all cultures of violence should be addressed.



^{xiii}This refers to the potential for men to be raped by other men and women (although it is noted that the latter occurs much more rarely). Men such as refugees, migrants, boys and members of LGBTI communities are especially vulnerable. This would imply that the Sexual Assault Policy needs to be updated in the wake of the Sexual Offences Act (Amendment Act no.32 of 2007), p. 20, which stipulates that both men and women can be raped.

3 Sexual and Reproductive Health and Rights (SRHR)

Men's needs as clients of sexual and reproductive health services are addressed to a certain extent within South Africa's HIV policies, mostly through the attention paid to medical male circumcision. However, South Africa does not have a policy that focuses on sexual and reproductive health and rights broadly, but rather addresses SRH through maternal and child health policies. Immediately, this causes the needs of men, and the roles they can play, to be diminished. As such, the ways in which policies address the role of men in family planning and as women's SRH partners; youth's experiences of sexual and reproductive health; and the potential of men as advocates for change is uneven and does not have a sufficiently transformative agenda.



Strengths

Men as Clients

Through the integration of HIV services into sexual and reproductive health strategies, men are positioned in policies as clients of SRH services.¹⁴³ There is a strong emphasis within the *National Strategic Plan on HIV, STIs and TB 2012–2016* on MMC and the need to integrate MMC into SRH services. There is also a particular focus in the *National HIV Counselling and Testing (HCT) Policy Guidelines* on Male Medical Circumcision (MMC). The focus deals both with improved service provision and IEC activities, and understands the benefits of MMC as part of a broader goal of improving reproductive health both for men and women. It explains that MMC "is an important and effective HIV prevention strategy. It is widely accepted that MMC not only confers partial protection against heterosexually acquired HIV infection but has other health benefits as well, reducing the incidence of STIs, penile cancer, phimosis and balanitis. Female sexual partners of men who have been circumcised have shown a decreased risk for cervical cancer."¹⁴⁴

In terms of family planning, the *National Contraception Policy Guidelines* (2001) and *The Comprehensive Primary Health Care Package for South Africa* refer to the need to improve and promote the provision, as well as "public awareness and understanding", of male sterilisation and vasectomy. The *National Contraceptive Policy Guidelines* also promisingly emphasise the importance of promoting "dual protection", i.e. using contraceptives and condoms in order to prevent both unintended pregnancy and HIV and STI transmission; and aim to increase access to female-initiated contraceptive methods, including the female condom.¹⁴⁵ The *National Strategic Plan for HIV, STIs and TB 2012–2016* emphasises that: "Appropriate contraception should be offered to all HIV-positive women and men at every opportunity, and contraceptive services should be integrated into Antiretroviral Therapy (ART) services".¹⁴⁶ The *Strategic Plan for Maternal, Newborn, Child and Women's Health (MNCWH) and Nutrition in South Africa, 2012 – 2016* states that one of its guiding principles is the "Empowerment of communities and families, including men".

Youth and Adolescents

A few of the policies create some space to initiate further strategies to address the varied and gendered experiences of sexual and reproductive health among youth. The *National HCT Policy Guidelines* present nuanced and gendered targets for interventions and strategies, and specifically include "prisoners and male youth in detention centres".¹⁴⁸

The *National Strategic Plan on HIV, STIs and TB 2012–2016* acknowledges that "pregnancy prevention education should be provided to young men and young women"; and that "Comprehensive education on sexuality, reproductive health, and reproductive rights, inclusive of life skills education, will be provided in all schools through the curriculum and co-curricular activities, to build skills, increase knowledge and shift attitudes, change harmful social norms and risky behaviour, and promote human rights values".¹⁴⁹

The *Strategic Plan for Maternal, Newborn, Child and Women's Health (MNCWH) and Nutrition in South Africa, 2012 – 2016* emphasises that it is "especially important to ensure that adolescents have access to reproductive health services, including contraceptive and pregnancy testing. All PHC [Primary Health Care] facilities should provide these services in a youth-friendly manner and ensure that all users (and their sexual partners) are empowered with information on sexual and reproductive health and contraceptive use". The plan also states that reproductive health services will be improved for adolescents through the provision of youth-friendly reproductive health counselling and services at health facilities and as part of school health services. It further states that the "Provision of health services for youth is guided by the Policy Guidelines for Youth and Adolescent Health, which outline five intervention strategies, namely promoting a safe and supportive environment, providing information, building skills, counselling and access to health services" and that "in 2011 47% of [PHC] facilities were accredited as being youth-friendly".¹⁵⁰

Men as Clients

Few policies progressively include men as clients in family planning strategies. *The Comprehensive Primary Health Care Package* (PHC Package) for South Africa, for example, makes gender neutral commitments to the provision of contraceptive services;¹⁵¹ and while the *National Contraceptive Policy Guidelines* note that men also need to be included in the provision of contraception,¹⁵² there is no discussion of IEC strategies to encourage men and boys to access these services.

While references are made to sterilisation services, other services aimed at addressing men's broader sexual and reproductive health needs are neglected, which is unsurprising given that almost all SRH policies are located within the spheres of maternal and child health.¹⁵³

Men as Partners

Few of the policies suggest concrete or implementable strategies to encourage men to act as partners in supporting women's SRH. For example, while the *Implementation and Guidelines of PMTCT* aim to expand service provision to involve "the partner and the family in order to ensure a comprehensive approach [to PMTCT]";¹⁵⁴ it lacks a clear discussion on how partners can be encouraged to support PMTCT and the guidelines fail to engage with the challenges that could be met with involving men in PMTCT processes. The same can be said of the *Strategic Plan for Maternal, Newborn, Child and Women's Health (MNCWH) and Nutrition in South Africa, 2012 – 2016*.¹⁵⁵ Policies also lack discussion and strategies about ways in which men, and broader communities, can support women undergoing abortions, as outlined in the *Termination of Pregnancy Act of 1996*.¹⁵⁶

The PHC Package indicates the need for "discussions of appropriateness of involving male partners in decisions and awareness of FP [family planning] methods/control of fertility".¹⁵⁷ While this ambivalence is understandable in the context of needing to empower women in traditionally patriarchal environments, much can be gained by encouraging open and safe communication between couples in order for men to become involved as equal and supportive partners in family planning decisions. Attempts should be made to challenge traditions of patriarchy that enable men to control women's SRH and work should be prioritised which seeks to transform gender norms around decision-making. While it is positive that the *National Contraceptive Policy Guidelines* emphasise the need for dual protection, the guidelines do not describe ways in which such a practice will be promoted among men, particularly how to address the power inequalities that often result in women having limited decision-making power over the use of male condoms. Men have

the potential to play an important role in promoting and actualising dual protection, especially given that such an approach to safe sex would generally require both partners to participate. The emphasis on dual protection within the guidelines provides the opportunity for increased education around condom use, decision-making, and open and equal communication between partners, which should be emphasised.

The *Strategic Plan for MNCWH and Nutrition in South Africa, 2012 – 2016* mentions that men, along with women and children, should be mobilised and empowered to participate in efforts to improve their health at individual, household and community levels.¹⁵⁸ However, there is no discussion around the need to address gender norms that discourage men from prioritising their health, or taking part in their partners' and families' SRH.

When discussing the human papilloma virus (HPV) and cervical cancer the *Strategic Plan for MNCWH and Nutrition in South Africa, 2012 – 2016* does not mention the need to increase medical male circumcision^{xiv} in an effort to address HPV transmission or educate men on the prevention of HPV and cervical cancer.¹⁵⁹

Youth and Adolescents

Discussions of youth are rarely gender sensitive or make gender transformative suggestions. Notably, the conception of youth in the *National Youth Policy* is ungendered. Where occasional references to a gendered youth are found in other policies, there is very little in terms of follow-up strategies or specific programmatic interventions. Similarly, while the *Strategic Plan for MNCWH and Nutrition in South Africa, 2012 – 2016* emphasises the need for youth-friendly SRH services, there is no acknowledgement of the different SRH needs of young men and women, the importance of being inclusive of sexual diversity, or the need to actively encourage boys and young men to become more involved in their own SRH and supportive and aware of women's and girls' SRH. There is also no explanation provided on what constitutes "youth friendly" services, no guidance on how to implement these services, nor how the provision of these services would be measured.¹⁶⁰ In terms of contraception, there are no explicit discussions regarding the power imbalances that occur in inter-generational relationships and how to mitigate for this.

Men as Advocates

The policies pay almost no attention to the potential for men to act as advocates for change or influence community gender norms and access to SRH. There is also no mention in any of the policies of the potential for men to act as role models to other men, to promote gender-equitable SRH behaviours and supportive relationships.

^{xiv} Almost all cervical cancers are caused by HPV. Female sexual partners of men who have been circumcised have shown a decreased risk for cervical cancer; *National HIV Counselling and Testing (HCT) Policy Guidelines*, 2010, Section 5, p. 14.

A problem analysis outlined in the *South African Population Policy* points to the absence of men in parenting.¹⁶¹ The policy analysis indicates that there are few policy and legislative documents which are designed to advance men as parents and caregivers in increasingly participating in, and supporting, the development of their children. Gender transformative work should be conducted to strengthen men's roles as parents and caregivers. Research involving a time-use survey confirms that South African men, considered to be present in the lives of their children, were found to only spend only ten percent of their time in child care tasks for children under age seven.¹⁶²



Strengths

Men and Maternal Health, Neonatal and Infant Care

The *Infant and Young Child Feeding Policy* includes plans related to education on how to provide love and care.¹⁶³ The policy hence recognises that providing love and care can be taught and is not linked to biological abilities related to a person's sex. Such education efforts could counter the common traditional belief which assigns women parenting areas involving the provisions of love and care, and assigns men to traditional male parenting areas such as maintenance and decision-making.

Enabling Marginalised Fathers to be involved in their Children's Development

Men caring for other men's children and single fathers are example of groups that benefit from the *Children's Act*, which states that a mother or another person who has parental responsibilities and rights of a child can form an agreement to manage parental responsibilities and rights with any person having an interest in the care, well-being and development of the child.¹⁶⁴ Both a man and a woman (parents or other care-givers) can receive custody or guardianship by a court following a divorce¹⁶⁵ and are eligible for a child support grant if he or she is the primary care-giver of that child.¹⁶⁶

Encouraging Men to support Children's Health

In terms of prevention of violence against children, the *National Policy Guidelines for Youth and Adolescent Health* call for a strategy that educates parents about non-violent disciplinary techniques to reduce their dependence on corporal punishment and other forms of violence.¹⁶⁷ The policy therefore moves towards alternate disciplinary techniques for parenting and away from violence and corporal punishment – practices which are often closely linked with dominant forms of masculinities.

Men and Maintenance

The *Maintenance Act* (1998) stipulates that the duty of supporting a child (in or out of wedlock) is an obligation which the parents, biological or adoptive, incur jointly and that the contribution towards the maintenance of the child is determined by each parent's financial means.¹⁶⁸ The Act allows courts to order employers to deduct maintenance from a parent's salary and provides for maintenance courts, as well as for maintenance officers and investigators to trace fathers and gather information

about both parents where necessary.¹⁶⁹ Contravening a maintenance order constitutes a criminal offence for which a conviction gives rise to a fine or imprisonment. The language used in the *Maintenance Act* is gender neutral, implying that both parents are equally liable to maintain the child and would therefore also include same-sex parents.

“This is especially true of parenting where the division of roles and responsibilities between women and men often exacerbate gender inequalities in other areas of life”

Gaps

Enabling Men's Involvement in their Children's Lives

The *National Gender Policy Framework*¹⁷⁰ hardly mentions men or fathers except in terms of a situational analysis of women and men with an emphasis on current gender inequalities. It could prove ineffective to work towards gender equality, and hence change gender relations between men and women, whilst excluding men. This is especially true of parenting where the division of roles and responsibilities between women and men often exacerbate gender inequalities in other areas of life. The policy framework does not discuss the potential role that men and boys can play as fathers in achieving gender equality.



The *South African Population Policy* acknowledges that women often assume the primary responsibility for the care of children while also taking on domestic and economic responsibilities.¹⁷¹ The policy however does not recognise the need for men to become more involved in care giving, or domestic responsibilities, in order to alleviate the burden on women, and enrich the lives of men through increasing their involvement in their families' lives.

Paternity Leave

The Basic Conditions of the Employment Act grants female employees four months' maternity leave.¹⁷² A male employee is granted three days of annual paid family responsibility leave when, for example, his child is born or becomes sick.¹⁷³ The law therefore reinforces the mother as the primary caregiver in the early stages of the child's life. Men are therefore not supported to a similar extent as women to become engaged in their children's birth, initial development and care. The early stages of childcare are critical in that they can often structure patterns for future parenting roles.



5 Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Rights

South Africa has progressive laws which aim to protect LGBTI communities from discrimination, and do not criminalise homosexual practices. However, policies and laws are often not translated into practice on the ground and hate crimes against LGBTI persons have not been criminalised.



Strengths

Legal Status

Homosexuality is legal in South Africa. Section 9 of the *Constitution* states that: "Everyone is equal before the law and has the right to equal protection and benefit of the law."¹⁷⁴ Section 9 further explicitly prohibits unfair discrimination on the grounds of sexual orientation and gender.¹⁷⁵ This is a progressive change from sodomy laws under the previous regime that criminalised homosexual practices.¹⁷⁶ Same-sex marriage is also legal in South Africa. In 2005, Justice Sachs declared that South Africa's statute defining marriage as the union between a man and a woman violated Section 9 of the *Constitution*.¹⁷⁷ The *Civil Union Act* was later passed, stating that a civil union is the "voluntary union of two persons who are both 18 years of age or older, which is solemnised and registered by way of either a marriage or a civil partnership."¹⁷⁸ In line with this, homosexual couples are allowed to adopt children. In the case of *Du Toit and Another v. Minister for Welfare and Population Development and Others*, the Constitutional Court struck down provisions of the *Child Care Act* that prohibited adoption by same-sex couples on the grounds that the *Child Care Act* violated Section 9 (3) of the *Constitution*.¹⁷⁹

Thus, in line with South Africa's *Constitution*, the anti-discrimination laws are concerned with upholding the stipulations of equality, including the protection of LGBTI communities. The *Promotion of Equality and Prohibition of Unfair Discrimination Act* (2000) provides recourse for victims of LGBTI discrimination in the ambit of civil law as well as for hate speech and harassment based on a person's gender and/or sexual orientation. In the context of GBV, violence perpetrated against LGBTI persons can be brought before an Equality Court in the form of unfair discrimination under the Act. In a similar vein, Section 9 (3) of the *Constitution* explicitly states that: "The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, ...sexual orientation...and birth".¹⁸⁰ LGBTI organisations are legal within South African society and have played a vital role in advocating for LGBTI rights and law reform to ensure the protection and equality of LGBTI people in South Africa.¹⁸¹

Services

There is some attempt in policies to be more sensitive to the needs and concerns of MSM, particularly SRH health policy.¹⁸² Most recently, the *2012–2016 National Strategic Plan for HIV, STIs and TB* asserts that no one should be denied access to services, on any grounds, including gender identity and sexual orientation; and that health services staff will be provided with adequate training on human rights.¹⁸³

Gaps

Legal Status

While sexual orientation is mentioned several times in the *Promotion of Equality and Prevention of Unfair Discrimination Act*, sexual orientation is not specifically mentioned in the preamble or in the objectives of the document. The Act also does not criminalise and regulate hate crimes in the ambit of criminal law. Hate crimes such as rape, assault, murder etc. perpetrated against LGBTI persons because of their actual or perceived sexual orientation and/or gender identity are tried as ordinary criminal offences under which the elements of hate or the motive of hatred are not compulsory to bring to the attention of the courts. The criminalisation of hate crimes against LGBTI persons could prove essential in addressing the increased reported perpetration of rape against LGBTI persons.

Services

While LGBTI people do officially have access to SRH services, and some policies try to address their specific needs, in practice the government has developed almost no services specifically tailored to meet the needs of LGBTI groups. It has been found that health workers often have a negative attitude to LGBTI communities and MSM seeking health services.¹⁸⁴

General Discrimination

Although South Africa's laws regarding homosexuality are progressive, social acceptance trails behind as is evidenced by the violent prejudice underlying occurrences of the rape of lesbians in South Africa and widespread violence perpetrated against gay men.¹⁸⁵ No policies have been put in place to provide for anti-homophobia campaigns – in particular to challenge concepts of masculinities which lead to harm against LGBTI persons - or community mobilisation to increase LGBTI people's access to their rights.



Recommendations – South Africa

Based on these findings, a number of recommendations can be made to enhance a focus on engaging men and boys for gender equality within laws and policies in South Africa. **Policymakers** should consider these adjustments to policies and consult with relevant organisations in doing so. **Civil society organisations** should advocate for such changes and hold governments to account in terms of implementation. **Donors** should prioritise these issues, supporting civil society organisations and governments to take forward such work.

» I. HIV and AIDS

- i. **MMC roll-out guidelines must be finalised.** The South African National AIDS Council (SANAC) and the Department of Health must develop standard guidelines for the rolling out of the MMC campaign. These should: ensure that all circumcisions are safe, that the wellbeing of the patient is prioritised and that the same protocols and procedures are used in all sites and across all provinces; integrate gender equality training within the roll-out package; and outline steps to mitigate for disinhibition. Experts in the field of gender equality training should be consulted to assist develop the gender sensitisation package.
- ii. **The Department of Health should develop and implement strategies to increase men's use of condoms,** including communication strategies aimed at influencing men's attitudes towards condom use, and mobilisation and distribution strategies to increase men's access to condoms when and where they need them. Work needs to take place to better understand men's current opinions and attitudes towards condoms, and then, based on those findings, strategies should be developed to effectively increase condom use. Condom use should be normalised in the context of all sexual relationships and should start at an early age so that by the time boys reach adulthood it is normal and accepted to use condoms regularly. Condom promotion and distribution efforts should also be used as an opportunity to educate men about the importance of always respecting women's rights to negotiate whether, and how, sex takes place. Distribution and access to female condoms should also be strengthened
- iii. **Develop strategies to increase men's uptake of testing and treatment services,** including significant expansion of non-clinic community-based services and the provision of more male-friendly clinic services, with particular emphasis on youth-friendly so that accessing services becomes normalised by adulthood. Strategies to recruit male staff into clinics should be devised. In order to support an increase in men's uptake of HIV services, steps should be taken to ensure that clinics can support such a demand.
- iv. **Develop and implement strategies to increase men's involvement in PMTCT programmes.** PMTCT strategies should increase men's involvement, and support for their partners' participation, in PMTCT programmes, while always ensuring that this causes no harm to the mother. The South African NSP should move beyond mentioning the importance of engaging men in PMTCT processes towards developing strategies around how this might be achieved, and acknowledging the challenges that could be faced, as well as the reasons why the involvement of partners has been shown to be beneficial to PMTCT processes.
- v. **The Department of Correctional Services (DCS) and the Department of Health should meet all the HIV prevention and treatment needs of inmates,** including by ensuring widespread availability of condoms, lubrication, testing, treatment for HIV and TB, adequate nutrition, by preventing rape in prisons, and by ensuring all DCS staff are adequately trained on HIV and AIDS prevention and treatment, as well as methods in sexual violence prevention. Concerted efforts must be made to address sexual violence in prison given the risks this poses for HIV and the grave violation of inmates' rights it represents.
- vi. **Increase men's involvement in HIV care, social work and the care of orphaned and vulnerable children** by implementing national media campaigns that promote gender equitable norms about care work and aim to challenge the gender norms which suggest that care work should be a female-only domain. SANAC should re-develop targets to support this work. Strategies should be designed on how to recruit men into such work, and other traditionally female careers, such as nursing, social work and counselling.
- vii. **HIV testing in schools must not compromise children's integrity.** If testing does take place in schools, rigorous steps would need to be taken to ensure that no child feels pressurised to test, and that the environment in which the test results are given is appropriately supportive and confidential and effective referrals are provided.

Example of Recommended Policy Language

"Men will be educated on how best to support their partners to access HIV counselling and testing services; and support their partners if they test positive through the use of behaviour change and media campaigns. Many women report that a fear of violence discourages them from testing. Strategies will also be developed to encourage men to support their male peers to test and support one another if they test positive."

Example of Recommended Policy Language

"Steps will be taken to incorporate into the Department of Education's curricula education aimed at boys (and girls) regarding sexual and domestic violence, gender and masculinities, with a view to changing adverse notions of manhood to gender-equitable thinking; encouraging an understanding of the fluidity of gender; and highlighting the impact of gender norms on violence and HIV and AIDS and HIV prevention. Teachers will also need to be trained in such a curriculum."

» 2. Gender-Based Violence (GBV)

- i. **Articulate a clear understanding of GBV.** As there is no universal definition of GBV, policies and plans should articulate *their* conceptualisation of what GBV means, what actions constitute GBV and what they consider the underlying causes of GBV to be, so that it is clear what their strategies aim to address. When terms such as “positive values”, and “change mindsets” are used, they should be qualified, as the meaning of such terms is often subjective.
- ii. **The 365 Day National Action Plan to End Gender-Based Violence (NAP) must be updated.** The plan must be supported by, and receive input from, a variety of government departments as well as CSOs, as GBV is a highly cross-cutting issue. The plan should then be monitored by a department or body equipped to prioritise all of its aspects so as to ensure a balance between prioritising punitive and preventative measures. The plan should be adequately costed and budgeted for.
- iii. **Work with men and boys to prevent and eliminate GBV must be prioritised.** Government should prioritise the passing of legislation or the amendment of existing legislation to create legal obligations for government to work with men and boys. Such legislation should contain implementation plans and monitoring and accountability mechanisms that are triggered when government fails to fulfil their obligations. In the interim, the DWCPD should approach Cabinet to issue a resolution compelling government to work with men and boys to prevent and eliminate GBV including through the allocation of budgets by the treasury to all applicable government departments. National Treasury should allocate greater funds to enable work with men and boys to fulfil existing policy obligations to prevent and eliminate GBV.
- iv. **Actions and strategies should be developed to address factors that increase the likelihood of men using violence.**¹⁸⁶ Such actions and strategies need to highlight to the public the negative effects of masculine gender norms and their links to violent behaviour; and therefore the need to transform such norms.
- v. **Government must implement policies and programmes to investigate and deepen our understanding of what drives violence against women:** 1) norms of manhood that grant men the expectation of authority and dominance and a sense of entitlement to women's bodies and an expectation of impunity when they violate women's rights, 2) children's exposure to violence in the home, 3) high levels of alcohol consumption, 4) easy access to guns, 5) high levels of violence amongst men.
- vi. **Policies and plans should demonstrate that masculine gender norms and stereotypes will be addressed.** The NAP outlines plans to “highlight and transform the gender inequalities and stereotyping within home and society at large”.¹⁸⁷ Often when stereotypes are referred to, it is unclear whether such work will move beyond challenging female stereotypes. Such plans should demonstrate that *masculine* gender norms and stereotypes will also be addressed. The links between notions of masculinity, gender norms and issues such as GBV should be clearly articulated.
- vii. **Prioritise the scaling up of psycho-social services.** In addition to trained social workers and school psychologists to help children recover from exposure to domestic violence and violence in their communities, government must develop plans to increase the availability of psycho social services available for men and women in order to support healthy relationships and open communication. Social norms work should be conducted in order to encourage both men and women to access such services. When men are struggling, they should feel as if they have somewhere to turn, so that they are supported to avoid violent behaviour.
- viii. **Highlight that gender equality is not a zero-sum proposition for men and women.** Policies should emphasise that men have much to gain from gender equality and the transformation of dominant male gender norms. Religious and traditional authorities would be ideal ambassadors for this message. Furthermore, the need for ordinary men to act as advocates for change within their own peer groups and challenge the culture of impunity which surrounds GBV should be highlighted. The NAP outlines plans for training on legislation and human rights for men and boys;¹⁸⁸ such work should include a focus on what men stand to gain through gender equality in order to ensure that men do not feel as if they are being treated solely as potential perpetrators.
- ix. **Intervention strategies should build on opinion surveys.** It is essential that the methodology used for proposed opinion surveys is rigorous, as assessing people's attitudes and values to issues such as gender equality is a complex process. The results of such surveys should then be effectively incorporated into the development of intervention strategies. This process needs to be well planned, and adequately budgeted.
- x. **Prevent violence in prisons and scale-up rehabilitation programmes.** Adequate consideration should be paid to the violence men experience in prison, both because this is a violation of their human rights and because it can trigger men to perpetrate violence against women, children or other men after leaving prison. Rehabilitative and diversion programmes should also be provided for men who have not yet been convicted of any crimes, but who wish to address their violent behaviour.

Example of Recommended Policy Language

“Masculine gender norms will be addressed and transformed through work developed to educate the public regarding the negative consequences of masculine gender norms and their relationship with behaviour patterns such as GBV. Such work will seek to transform the attitudes that men need to be superior to women and/or are entitled and justified to demand sex from women or abuse women, as well as norms which can lead to men using violence as a way to demonstrate their masculinity in order to compensate for feelings of failure. In order for such behaviour patterns to be avoided, all of the above notions associated with masculinity need to be transformed.”

» 3. Sexual and Reproductive Health and Rights (SRHR)

- i. **Family planning and other SRH policies need to position men more centrally as clients.** Provision should be made for men seeking to access contraception and there should also be a stronger focus on Information, Education and Communication (IEC) strategies to encourage men to access these services, particularly for young men so that it becomes a normal part of sexual maturity to access preventive SRH services. Greater provision for men's SRH issues, such as cancers, infertility, STIs, impotence and other sexual dysfunctions should also be accounted for.
- ii. **Men's potential role as supportive partners should be strengthened in all SRH policies.** Policies and laws which concern women's SRH should be strengthened by noting the potential role that men can play in supporting women, particularly those undergoing PMTCT and abortion procedures. Such policies should also address teenage pregnancy, both in terms of encouraging men to take responsibility for their role in preventing teenage pregnancy, as well as for supporting the mother. While men should be encouraged to take equal responsibility for family planning, it should always be emphasised that every woman should have ultimate control and autonomy over her own body and all decisions relating to her own SRH.
- iii. **Include a gendered understanding of youth's experience of sexual and reproductive health.** All youth policies should be brought into line, reflecting a gendered understanding of youths' experiences of sexual and reproductive health, as well as an inclusion of sexual diversity. Based on this, policies should seek to address issues of service provision.
- iv. **Policies should explicitly serve traditionally excluded or vulnerable communities such as prisoners.** Policies that relate to prisoners should clearly indicate the need to provide lubrication and condoms suitable for anal sex, as well as a requirement that health service providers be trained to address rape and other forms of coercion and sexual violence.¹⁸⁹ Inmates should also be assured of the availability of a range of services, such as post-exposure prophylaxis and personal safety, in the event that they choose to report a rape or any other form of sexual violence. Effective strategies need to be put in place to deal with pervasive and damaging stigmas and attitudes relating to gender and sexuality amongst both staff and inmates.
- v. **Comprehensive SRHR education for youth.** Policies and laws should work to integrate SRH services and other relevant polices within comprehensive SRHR education for youth, such as ensuring access to contraceptives in schools. Campaigns should also be developed to raise awareness on the potential risks and negative consequences that can arise from inter-generational relationships. Such campaigns should aim to challenge the impunity that surrounds such relationships and try to ensure that girls have access to the support, education and resources they need to make their own decisions.
- vi. **HIV and SRH policies should provide clear strategies for addressing and transforming gender norms to achieve gender equality,** for example, in documents such as the *Traditional Circumcision Act* and *HCT Policy Guidelines*.
- vii. **Men should be engaged as advocates for SRH.** All policies should include a strategy to encourage men to act as role models for gendered sexual and reproductive behaviour change in their communities.
- viii. **Men and key marginalised groups should be explicitly mentioned as important beneficiaries in SRH service provision and behaviour change.** Due to traditional associations between women and reproduction, it is important to explicitly name men as important actors in SRH service provision and behaviour change. This however, should not compromise the importance of addressing women's SRH needs. Rather, language needs to suggest how including men and boys in these policies can be mutually beneficial for both men and women. Language should also address and name vulnerable, or typically excluded, communities, such as men who have sex with men.

Example of Recommended Policy Language

"Women's partners will be enabled to act as a support during pregnancy and in the case of abortion. Because reproduction is often seen as a women's responsibility, it is important to pay particular attention to activities which encourage men to become involved as partners in supporting and respecting women's sexual and reproductive health."

Example of Recommended Policy Language

"Information, Education and Communication campaigns should be adopted to encourage men to act as role models within their communities for safe and responsible sexual and reproductive behaviour. These campaigns should be integrated with gender equality training and form part of a gender transformative framework."

» 4. Parenting

- i. **Men should be explicitly included as key partners in policies related to parenting.** Policies and legislation which seek to enhance gender equality (including a more equal approach to parenting involving men and women in different parenting areas) should explicitly include men as relevant partners in gender transformation work.
- ii. **Men must be held accountable for their responsibilities as parents.** Men who are able to pay maintenance but who renege on this responsibility must be held accountable. The State must ensure that men are obliged to pay maintenance in accordance with the law, and as such the functioning of maintenance courts must be strengthened.
- iii. **Solutions to women's double burden should include government-supported childcare and advance men's role in parenting.** It is imperative that gender norms and notions of masculinities and femininities that impact negatively on gender equal parenting are exposed, and that policies recognise the potential for change in gender roles between women and men. Solutions therefore do not only need to include government-supported childcare to decrease the double burden of women, but should also promote men's role in parenting.
- iv. **Policies should be supported by an operational plan and sufficient funding.** Since legal equality and policy inclusion in regards to parenting do not transform into social equality and actual programming by default, policies need to be supported by an operational plan and adequate funding. The Department of Social Development and other relevant departments should ensure that this is prioritised.
- v. **Paternity leave should be provided for.** Unequal support for men and women as parents should be amended through adding paternity leave to the current provision of maternity leave in order to enhance men's role in parenting. This should take place in conjunction with gender norms transformation measures to ensure that paternity leave will not cause an increased burden for the mother; and is utilised effectively by the father for the purposes of parenting. This facilitation of men's and women's presence and involvement in the birth and subsequent development of their children will aim to contribute towards gender equal parenting and to reduce the burden of responsibility which is often placed upon women.

Example of Recommended Policy Language

"A more gender equal approach to accessing parental benefits will be developed to increase men's involvement in maternal health, neonatal and infant care (areas which often exclude men). The aim is to allow for both women and men to be involved and active parents from the onset of the child's life. One of the prioritised changes involves a more gender equitable form of paternity leave, in conjunction with measures to ensure that paternity leave will not cause an increased burden for the mother; and is utilised effectively by the father for the purposes of parenting."



» 5. Lesbian, Gay, Bisexual Transgender and Intersex (LGBTI) Rights

- i. **Work needs to be done to actualise anti-discrimination laws and to criminalise hate crimes.** Despite South Africa's existing progressive laws, homophobia and transphobia remains a challenge. Actualising existing anti-discrimination laws on the ground entails stricter law enforcement, sensitisation of service providers and campaigns that target homophobic and transphobic attitudes and social stigmas. Such campaigns should appeal to local leaders to take a firm stance in preventing homophobia and transphobia within their communities and ensuring a safe and healthy environment for everyone, irrespective of sexual orientation. The necessity for the criminalisation of hate crimes should be framed as a state duty in terms of the state's constitutional duties and in direct effort to address the perpetration of rape that is evidenced by increased reporting.
- ii. **Policies must seek to address the underlying causes of homophobia.** As such, work should be planned to address rigid categories such as "masculine" and "feminine" and cultivate an understanding of gender that is more fluid. Rigid notions of how men and women "should" behave influence people in society to reject and discriminate against LGBTI people. Work should be developed which aims to eradicate such strict categories of "masculine" and "feminine" and what is "acceptable" behaviour for men and women, and encourage a more accepting attitude towards the fluidity of people's gender.
- iii. **Work aiming to increase the acceptance of LGBTI communities should be embraced by gender organisations.** As work aiming to address homophobia is linked to gender work, gender organisations should promote the rights of LGBTI people as part of their mandate.
- iv. **Policy and legal language should be as inclusive as possible.** It is important for policies and laws to avoid hetero-normative assumptions about people, and inferences to opposite-sex practices and relationships, which therefore exclude LGBTI people, should be avoided. SRH education and messaging should be gender neutral and inclusive of sexual diversity in order to challenge problematic gender norms and advance the rights and wellbeing of LGBTI populations.

Example of Recommended Policy Language

"Gender transformative Information, Education and Communication campaigns are to be integrated into school curricula, the workplace code of conduct and law enforcement agencies. The campaigns should include discussions about harmful stereotypes, prejudices and discrimination based on gender and sexual orientation, and society's notions of what is 'acceptable' male and female behaviour."

Example of Recommended Policy Language

"Gender transformative Information, Education and Communication campaigns are to be integrated into school curricula, the workplace code of conduct and law enforcement agencies. The campaigns should include discussions about harmful stereotypes, prejudices and discrimination based on gender and sexual orientation, and society's notions of what is 'acceptable' male and female behaviour."

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^{xv} The views expressed in this document are those of the authors and do not necessarily reflect the official views and positions of UNDP, UNFPA, SIDA, UN Trust Fund, UN Women, the United Nations, their employees and board members or any of their affiliated organisations.

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- ¹Please refer to endnotes 19-29.
- ²This refers to language within policy that specifically highlights: the need to engage men, the reasons for engaging with men (specifically the benefits for women), and why men should deliberately be targeted. Such language should also emphasise the need for gender norms transformation, and the variety of negative effects that gender norms can have.
- ³For a list of the policies included in the scan, please refer to the footnotes on p. 4.
- ⁴Great effort was made to locate all relevant policies and laws, but in some cases copies were unavailable.
- ⁵When this document refers to policies, it should be understood that this refers broadly to policies, laws, frameworks, guidelines and plans.
- ⁶The United Nations Trust Fund in Support of Actions to Eliminate Violence against Women (UN Trust Fund) is a multi-lateral grant-making mechanism supporting country-level efforts of governments and non-governmental organisations to end violence against women and girls. Established in 1996 by General Assembly resolution 50/166, the UN Trust Fund is administered by the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) on behalf of the United Nations system.
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Key Law and Policy Recommendations – South Africa

Based on the findings of this policy report, **policymakers** should consider the following adjustments to policies and consult with relevant organisations in doing so; **civil society organisations** should advocate for such changes and hold governments to account in terms of implementation; **donors** should prioritise these issues, supporting civil society organisations and governments to take forward such work.

HIV and AIDS: Increase men's uptake of HIV testing and treatment services; and address their attitudes towards condom use. Research should be undertaken to better understand men's attitudes towards testing and treatment services, and condom use. The results of this research should inform behaviour change communication strategies and support efforts to strengthen men's health seeking behaviour and influence men's attitudes towards condom use.

Gender-Based Violence (GBV): Update the 365 Day National Action Plan to end Gender Violence and prioritise work to transform gender norms. A National Action Plan to address GBV should be developed, costed and adequately budgeted. Government should prioritise the amendment of existing legislation to create legal obligations for government to work with men and boys. Government must implement policies and programmes to investigate and deepen our understanding of what drives violence against women, especially norms of manhood that grant men the expectation of authority and a sense of entitlement over women's bodies. Such policies should prioritise the transformation of gender norms that drive GBV and should urgently implement policies and programmes that ensure every child affected by violence has access to psycho-social support.

Sexual and Reproductive Health and Rights (SRHR): Men need to be positioned more centrally as clients and partners in SRH policies. Provision should be made to encourage men to access SRH services and take equal responsibility in issues such as contraception. Policies and laws which concern women's SRH should be strengthened by noting the potential role that men can play in supporting women. While men should be encouraged to take equal responsibility for contraception, it should always be emphasised that every woman should have control and autonomy over her own body and all decisions relating to her own SRH.

Parenting: Solutions to women's double burden should include advancing men's role in parenting. It is imperative that gender norms, such as how notions of masculinities and femininities impact negatively on gender equal parenting, are exposed and that policies recognise the potential for change in gender roles between women and men. Men must also be held accountable for their responsibilities as parents, while consideration should be given to extending paternity leave.

LGBTI Rights: Work needs to be done to actualise anti-discrimination laws on the ground and to criminalise hate crime. This involves stricter law enforcement; sensitisation of service providers; and campaigns which target homophobic attitudes and social stigmas. Such campaigns should appeal to local leaders to take a firm stance in preventing homophobia within their communities and ensuring a safe and healthy environment for everyone, irrespective of sexual orientation. The necessity for the criminalization of hate crimes should be framed in terms of the state's constitutional duties.

Interventions aimed at engaging with men and boys should:

- use positive and affirmative messages;
 - encourage men to reflect on the costs of hegemonic masculinity to men and women;
 - be evidence-based and use formative research;
 - make plans for ongoing monitoring and evaluation;
 - recognize that men are not homogenous
- and develop interventions that reflect men's different life experiences;
- use an approach that recognizes the range of factors shaping gender roles and relations; and
 - use a range of social change strategies – community education, community mobilization, media, policy development, and advocacy for implementation.