

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



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

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Introduction

Evidence shows that effectively engaging men for gender equality can have benefits for women, children and men themselves.¹ In light of this, Sonke Gender Justice, 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 have been produced from this analysis.

This report provides an analysis of policies, laws and plans³ in Sierra Leone. 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 four 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); and
4. Parenting.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

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Country Context

| | |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Population | 5.3 million people ⁶ |
| Human Development Index | 158 out of 169 countries ⁷ |
| Gender Inequality Index ⁸ | 125 out of 169 countries ⁹ |
| Gini Index ¹⁰ | 62.9 out of a possible 100 ¹¹ |
| Adult Literacy Rate | 41.4% ¹² |
| Primary School Attendance | 66.2% ¹³ |
| Unemployment | 80% ¹⁴ |
| Life Expectancy | 56.13 years (women: 58.6; men: 53.6) ¹⁵ |
| Maternal Mortality Risk | 1 death for every 8 births ¹⁶ |
| Infant Mortality Rate | 89 deaths per 1 000 live births ¹⁷ |
| Child Mortality Rate | 140 deaths per 1 000 live births ¹⁸ |
| HIV and AIDS | 49 000 people living with HIV, prevalence rate of approximately 1.5% ¹⁹ |
| Female Genital Mutilation | 35–40% of females underwent the procedure in 2010 ²⁰ |
| Gender-Based Violence | 1 477 cases of Domestic Violence reported (Jan–Aug 2009) ²¹ |
| Legal Context | Constitution (1991) supreme law. If customary law is in conflict with existing laws or common law it will not prevail, but if statutory law (which takes precedence) is in conflict it can be amended or repealed. ²² |

Summary of findings: Sierra Leone's efforts to engage men through public policy

Although Sierra Leone's *National Strategic Plan on HIV and AIDS 2011–2015* was published in 2011, it has not incorporated a sufficient focus on gender issues, or on the need to engage with men. With the passing of the *Sexual Offences Act* in August 2012, it is hoped that the political will to address gender-based violence (GBV) in Sierra Leone will continue to strengthen. Unfortunately, Sierra Leone's sexual and reproductive health (SRH) policies do not sufficiently address men's SRH needs, and do not take advantage of the benefits that men can provide through supporting their partners' SRH. Certain policies that relate to parenting in Sierra Leone may reinforce traditional gender norms, rather than challenging such norms in order to encourage men to be more involved in parenting.

Generally, it is recommended that: policies and plans acknowledge the role played by gender norms and clearly plan work which will aim to transform gender norms; work is done to ensure that an action/strategic plan to prevent GBV is developed; and that parenting and SRH policies increasingly target and involve men.

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 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;
- Identify key areas and priorities for policy advocacy;
- Guide submissions, events, meetings or dialogues between civil society and government actors.

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 Sierra Leone: Engaging Men in HIV, GBV, SRH and parenting*, available at www.genderjustice.org.za. The topics included within the report (HIV, GBV, SRH and parenting) 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 lesbian, gay, bisexual, transgender and intersex (LGBTI) people. These gender norms instead can encourage men to engage in a variety of high-risk, negative and violent behaviour patterns.²³ 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;²⁴ expose women, children and LGBTI people to violence; serve as a barrier to women accessing their basic human rights; 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 to improving the health and wellbeing of both men and women.²⁵

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 and the pursuit of multiple sexual partners; and impacts negatively on their health seeking behaviour, making it less likely that they will access critical services such as testing, treatment and psycho-social support.

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 LGBTI people can be especially vulnerable to GBV. Homophobic attitudes are related to concerns that homosexuality is inconsistent with, and threatens, traditional constructs of masculinity. Extensive work needs to take place to promote an understanding of masculinity that is more accepting of diversity.

Sexual and Reproductive Health and Rights (SRHR)

Across Africa, sexual and reproductive health and rights (SRHR) are largely considered a women's domain. At the same time, women's SRHR are often compromised and out of their control. The result of this is twofold: it leaves women and girls to bear the burden of their own and their family's sexual and reproductive health (SRH), and it renders the SRH needs and responsibilities of men invisible. As such, men need to be enabled to prioritise their own SRH, as well as learn to support their partners in accessing SRH services, while always respecting their partner's rights over her own body 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 essential for the development of children and to building families and societies that better reflect gender equity and protect child rights. Around the world, work that relates to caregiving remains dominated by females. This places a great burden on women, and also perpetuates the idea that men are unable to care for themselves and for others. Fathering and caregiving roles in Africa 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 parents, who have the means to maintain their children, accountable for failing to deliver on their maintenance obligations.

Evidence for work with men and boys

A growing body of evidence exists highlighting 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 57 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. With two years follow up, participants reported fewer 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 VCT uptake, 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*.

How policy is important for engaging men

Public policies and engagement with the public sector are central to the goal of scaling-up this work, and achieving societal change in gender norms. Therefore, it is essential to build a shared policy agenda on engaging men and boys among civil society, national policymakers and regional bodies.

Policy is one of the collective forces that defines and sustains gender norms. Therefore, policy initiatives have the potential to lead to larger-scale changes in men's behaviours and attitudes relating to gender and health, and 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*ⁱⁱⁱ³⁷ and *gender synchronised*^{iv38} to ensure they do not reinforce negative societal values and norms.³⁹ This report, in reflecting on the gaps and weaknesses within policies, seeks to make recommendations in relation to these areas.

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".

It is nevertheless important to remember that policies and laws alone cannot effect 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.³⁸

MenEngage Africa

This report was developed on behalf of MenEngage Africa, a regional network formed 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 the continent. In particular, the network 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 – Sierra Leone

The table below provides an overview of the findings for Sierra Leone in each of the four 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 ^{vii} | 2. GBV ^{viii} | 3. SRHR ^{ix} | 4. PARENTING ^x |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Links between HIV and Gender addressed | Gender-Based Violence clearly conceptualised | 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 |
| 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 | Paternity leave provided for |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| Marginalised men's needs accounted for (e.g. Prisoners, MSM, refugees and IDUs) | | | Teenage fathers enabled and encouraged to be involved in children's development |
| Plans made to target men for Treatment and address health seeking behaviour | | | Imprisoned fathers enabled and encouraged to be involved in children's development |
| Plans made to encourage and enable men to become more involved in Carework | | | Migrant/refugee fathers enabled and encouraged to be involved in children's development |
| 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 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.

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

^{vii}The following documents were analysed: *Sierra Leone National AIDS Strategic Plan 2011–2015*.

^{viii}The following documents were analysed: *The Sierra Leone National Action Plan for the Full Implementation of United Nations Security Council Resolutions 1325 (2000) & 1820 (2008) (SILNAP)*, 2009; *The Domestic Violence Act of Sierra Leone*, No. 20 of 2007; *National Gender Strategic Plan*, 2009; *Gender Equality Act*, 2012; and the *Sexual Offences Bill*, 26 July 2012 (a copy of the *Sexual Offences Act* could not be located before going to print).

^{ix}The following documents were analysed: *National Youth Policy*, 2003; *National AIDS Policy Draft*, 2007; *Reproductive and Child Health Strategic Plan 2008–2010*; *Reproductive Health Services Annual Progress Report*, 2007; *National Health Sector Strategic Plan 2010–2015*; *Ministry of Health National Health Policy*, 2002; *Free Health Care Strategy Document*, 2009.

^xThe following documents were analysed: *Domestic Violence Act*, 2007; *Refugee Protection Act*, 2007; *Child Rights Act*, 2007; *Constitution of Sierra Leone*, 1991; *Education Act*, 2004; *Sierra Leone Educational Sector Plan 2007–2015*; *National Youth Policy*, 2003; *National Health Sector Strategic Plan 2010–2015*; *Reproductive and Child Health Strategic Plan (Draft) 2008–2010*.

HIV and AIDS

I

Sierra Leone has a relatively low national prevalence rate, which has almost stabilised around 1.5%.⁴³ Recent statistics classify Sierra Leone as being one of the 56 countries that have stabilised its HIV levels, and are beginning to reduce the incidence of HIV by 25%.⁴⁴ Their *National Strategic Plan on HIV/AIDS* outlines various strategies to address the spread of HIV, but does not adequately account for how such strategies will achieve their objectives. Gender is referred to, but none of the strategies engage with the need to address gender norms in order to change behaviour. The needs of men in the context of HIV, and the benefits of engaging with men to reduce the spread of HIV, are not included.



Strengths

Sierra Leone's *National Strategic Plan on HIV/AIDS* (NSP) asserts that some aspects of Sierra Leone's HIV/AIDS Prevention Act are considered discriminatory and are being reviewed.⁴⁵

Gender and HIV

The NSP refers to the issue of gender and gender inequality on a number of occasions.⁴⁶ The NSP recognises that "Gender inequalities, sexual based gender violence, poverty and HIV/AIDS-related stigma and discrimination" all significantly contribute to the continuing spread of the infection;⁴⁷ and that gender related issues are "key drivers" of the epidemic.⁴⁸ The NSP articulates a commitment to advocate for "greater and meaningful gender-responsive inclusion of PLWHIV [People Living With HIV] in the HIV response in Sierra Leone";⁴⁹ and aims to promote the "removal of cultural and traditional barriers/practices that impede access to reproductive health information and services".⁵⁰ The NSP also sets a target that 80% of registered organisations engaging in HIV communication interventions should address gender inequalities through gender mainstreaming.⁵¹

Prevention

The NSP identifies that the use of condoms is still very low in Sierra Leone with less than 10% of the population reporting (in 2008) the use thereof, and that there is also no national condom policy in place.⁵² The NSP commits to: scaling up the social marketing of condoms, including female condoms, and lubricants; increasing the number of distribution outlets;⁵³ scaling up the distribution of free and socially marketed male and female condoms and water-based lubricants; engaging religious and traditional leaders to discuss HIV prevention; and involving media networks in condom promotion.⁵⁴ It also asserts that a condom policy should be developed.⁵⁵

It is outlined that advocacy and sensitisation of communities should take place in order to promote the protection of people living with HIV (PLHIV), and women, including education on human rights,⁵⁶ and that this should also target religious, community and traditional leaders as they are the custodians of culture and tradition.⁵⁷

In discussions on the prevention of mother-to-child transmission (PMTCT) of HIV in the NSP it is noted that increased male participation is needed.⁵⁸

Sierra Leone's *Draft National HIV/AIDS Policy* carefully places all strategies for prevention and treatment within a broader framework of achieving gender equality.⁵⁹ The draft policy notes that "uptake [of voluntary counselling and testing] can be improved when voluntary counselling and testing services are organised to take into consideration the special needs of men, women, girls and boys, as well as the social status of the client."⁶⁰

Treatment and Care

The NSP notes that as there are no policies in Sierra Leone relating to home-based care or orphaned and vulnerable children (OVC), it will commit to developing and disseminating national policies on these issues.⁶¹ It also commits to training people living with HIV (PLHIV), as well as community-based organisations, NGOs and communities to provide home-based care services and to engage more with the community to support the needs of PLHIV.⁶²

Marginalised Men

The NSP acknowledges the difficult circumstances related to working with sex workers, men who have sex with men (MSM) and injecting drug users in Sierra Leone. It states that "the 2011–2015 NSP will have the challenge of de-criminalising them and work with all most at risk groups"⁶³ and that "Programmes will have to adopt innovative ways to reduce HIV transmission among these groups". The NSP commits to scaling up HIV prevention among the most-at-risk populations, as well as promoting and protecting the rights of these groups.⁶⁴ The NSP defines most-at-risk populations as including female sex workers and their clients, fisher-folks, traders, transporters, intravenous drug users, men having sex with men, long-distance drivers and members of the uniformed services. The NSP emphasises the need to plan interventions *with* most-at-risk populations.⁶⁵

The *Draft National HIV/AIDS Policy* positions men, along with women and other groups, as clients with specific needs within the improved service provision agenda. The Draft Policy further indicates the need to pay particular attention to traditionally vulnerable and discriminated groups, which include prisoners, people in same-sex relationships and mobile populations, as discrimination often makes them vulnerable to HIV and AIDS.⁶⁶ The policy is therefore nuanced and calls for service provision to be sensitive to varying experiences.

Gender-Based Violence

The NSP articulates a commitment to “address social, economic, and cultural factors responsible for increased vulnerability of women and girls to HIV infection particularly sexual-based gender violence”⁶⁷ and highlights the need for the general population to be sensitised on laws that particularly relate to sexual and gender-based violence.⁶⁸ It also highlights the need for communities to be sensitised on the availability and use of post-exposure prophylaxis, particularly for victims of sexual abuse.⁶⁹

Gaps

Gender and HIV

While gender inequality is identified in the NSP as a key consideration that informed the development of the Strategic Plan, no mention is made of gender norms in terms of being contextual or contributing factors in the spread of HIV.⁷⁰ The NSP acknowledges that gender-related issues are “key drivers” of the epidemic,⁷¹ but then outlines very few interventions to address gender-related issues. The commitment to “address social, economic, and cultural factors responsible for increased vulnerability of women and girls to HIV infection particularly sexual-based gender violence”⁷² is vague and no further detail is provided. Issues such as low condom use, alcohol abuse and multiple partners are cited as contributing factors to HIV spread⁷³ but there is no discussion as to how gender norms contribute to such behaviour patterns, or how work seeking to address such gender norms would address some of the root causes of such behaviours.

Prevention

The NSP sets a low target for the percentage of the population who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission. The target for the population as a whole is for 50% of all people in Sierra Leone to have comprehensive knowledge on HIV and AIDS by 2015.⁷⁴

The NSP notes the need to develop and implement strategies for demand creation for HIV testing services, but does not mention the need to address health seeking behaviour,⁷⁵ despite the fact that only 8% of men in Sierra Leone have ever had an HIV test, as opposed to 13% of women; this is despite the fact that more men than women were found to know where to access an HIV test (27% for women and 33% for men).⁷⁶ The NSP identifies a need for gender-friendly and gender-sensitive testing services, and sets a target of 80% of all adults being able to access such services in an equitable and sustainable way by 2015,⁷⁷ but it is unclear what is meant by gender friendly.

The NSP acknowledges high HIV incidence rates within marriage or regular partnerships but offers no strategy to address the issue of HIV transmission within marriage.⁷⁸ In terms of condom use by most-at-risk populations, the NSP sets a target that 80% of most-at-risk populations should use condoms consistently by 2015, but stipulates that this should be with non-marital partners.⁷⁹ There is no discussion around the need to address and change men’s attitudes towards condom use.⁸⁰

In the list of priority groups, men are only addressed through being part of a smaller group, whether it be prisoners, clients of sex workers or miners.⁸¹ Men as a group in themselves are not prioritised.

Within the assertion that increased male participation is needed within PMTCT processes,⁸² there is no explanation as to how this could be achieved, why involving men is beneficial to PMTCT processes or any steps that should be taken to ensure no harm is caused to the mothers accessing these services. While male participation is beneficial, single mothers should never be made to suffer for attending PMTCT without a partner and steps should always be taken to ensure that mothers are not forced to disclose their status to partners who may become violent.

Male circumcision is not mentioned in the NSP at all.

The *Draft National HIV/AIDS Policy* does not discuss the ways in which behaviour change campaigns can be targeted specifically towards men. Furthermore, there is no discussion about prevention strategies focused particularly on men, such as voluntary medical male circumcision (VMMC). The draft policy states that while HIV testing should be voluntary, testing will be made mandatory for all those in the army, police or prison service for “purposes of establishing fitness.”⁸³ This raises serious concerns in terms of human rights and the rights of people living with HIV. (The NSP however, does outline plans to strengthen compliance with human rights guidelines with regard to mandatory testing and discrimination).⁸⁴

Treatment and Care

Stigma and discrimination are identified as factors deterring people from accessing antiretroviral treatment.⁸⁵ Poor health seeking behaviour is not identified and no plans are made to address men’s attitudes towards treatment.⁸⁶

Community involvement is highlighted as an important strategy with regards to strengthening HIV treatment, care and support.⁸⁷ There are no plans to specifically attempt to involve men, motivate them to become involved in care work, or transform gender norms which suggest care work is the domain of women.

It is suggested that income-generating activities be provided for care-givers of orphaned and vulnerable children.⁸⁸ No suggestions are made to involve men in the care of vulnerable children, or challenge the gender norms which cause many men and women to believe that men would not be suited to such a task.

Marginalised Men

The HIV prevalence rate for men who have sex with men, 7.5%, is much higher than many other population groups in Sierra Leone⁸⁹ and yet there are no interventions described which are specifically tailored to meet the need of MSM.⁹⁰ While many commitments are made to focus on most-at-risk populations and their needs, there are no plans which differentiate between the different groups.

Prisoners are only mentioned once, and no specific interventions are described for them.⁹¹

Gender-Based Violence

There are no discussions on sensitising men on how they can support victims of GBV,⁹² or how to engage men to become involved in GBV prevention to reduce the spread of HIV.



There appears to be no specific policy in Sierra Leone which completely focuses on the issue of gender-based violence (GBV) prevention. The engagement with men within existing policies related to GBV is very weak. Serious steps need to be taken in Sierra Leone to curb GBV and it would appear that the steps that have been taken thus far are inadequate. To date, Sierra Leone has focused its policies and plans on punitive measures and has severely neglected the need for prevention measures. While this focus on punishment is understandable, as Sierra Leone's punitive measures do require serious redress, this needs to be balanced by a similar focus on prevention, in order for real change to take place. Sierra Leone passed the Sexual Offences Act in August 2012, which it is hoped will strengthen the national response to GBV.



Strengths

Conceptualisation of GBV^{xii}

Sierra Leone's Domestic Violence Act (No.20 of 2007) defines domestic violence comprehensively, stating that this includes: physical or sexual abuse; economic abuse; emotional, verbal or psychological abuse; harassment; and conduct that in any way harms or may harm another person.⁹³ Abuse, harassment, economic abuse, intimidation and physical abuse are also all broadly defined.⁹⁴ Sexual abuse is notably defined as "the forceful engagement of another person in a sexual contact, whether married or not"^{xiii}.⁹⁵ Similarly, sexual abuse is defined as "sexual conduct that abuses, humiliates or degrades the other person or otherwise violates another person's sexual integrity, whether married or not".⁹⁶

Two years after its first introduction in parliament, Sierra Leone's *Sexual Offences Act* was passed in August 2012.^{xiii} It is hoped that this will strengthen the political will and response to preventing GBV in the country.

The *Sexual Offences Bill* defines sexual penetration as "any act which causes the penetration to any extent of the vagina, anus or mouth of a person by the penis or any other part of the body of another person, or by an object".⁹⁷ This is sufficiently broad and allows for both men and women to be considered victims of rape. The Bill states that "marriage of a defendant and the victim shall not be a defense to an offence under this Act".⁹⁸ A minimum sentence of five years and a maximum sentence of fifteen years is stipulated for rape.⁹⁹

The *National Gender Strategic Plan* acknowledges that men and women have been socialised into believing that women are inferior: "Socio-cultural beliefs teach that women are subordinate to their male counterpart and are socialised to see themselves as inferior";¹⁰⁰ and that such beliefs are an impediment to achieving gender equality.¹⁰¹

Punitive or preventative

In 2009 Sierra Leone established a National Committee on Gender Based Violence to prevent and respond to GBV-related issues.¹⁰² The Committee has three thematic areas of focus: Legal and Protection, Survivors Support, and Prevention.^{103,xiv}

Engaging with Men

The *National Gender Strategic Plan* outlines plans to "Train traditional and religious leaders on increased women's participation in governance".¹⁰⁴ The *Sierra Leone National Action Plan of United Nations Security Council Resolutions 1325 (2000)*

& *1820 (2008)* (SiLNAP) outlines plans to "Conduct Training of Trainers on gender equality, gender mainstreaming concepts and gender analysis techniques for decision-makers, opinion leaders, policy implementers and administrators, [and] tribal authorities at national and local levels".¹⁰⁵ The SiLNAP also outlines work to "Develop behavioural change communication messages" and plans to disseminate them through a variety of media: "cultural activities, TV, radio drama discussion and public outreach campaigns in schools", in both formal and non-formal settings.¹⁰⁶

The *National Gender Strategic Plan* outlines activities aimed at increasing GBV survivors' access to health services, which include raising awareness among local authorities and communities about GBV, and available services, to promote survivor referral.¹⁰⁷ Included within this activity is the commitment of promoting "awareness raising and empowerment programs for women and men"^{xv} with regards to GBV.¹⁰⁸ A further activity described is to: "Conduct awareness-raising activities on gender, GBV, and its consequences for relevant actors, including authorities, service providers, and male and female community leaders".¹⁰⁹ The Plan asserts the importance of undertaking research on gender related issues such as customary laws and harmful/ discriminatory/ traditional practices.¹¹⁰

The *Domestic Violence Act* stipulates that a protection order may, at the request of the applicant or on the court's own motion, include a provision which directs the person against whom the protection order is brought to seek counselling or other rehabilitative services.¹¹¹

Gaps

There are no laws in Sierra Leone which outlaw female genital mutilation (FGM).¹¹²

It is noted within the SiLNAP that the major impediments to the full application of the laws which have been passed, remains the non-domestication of the Convention on the Elimination of All Forms of Discrimination against Women, and the non-repeal of Section 27(4)d of the 1991 Constitution, which is discriminatory against women in the areas of marriage, divorce, burial, adoption, inheritance and other areas that influence gender relations at the domestic level. The SiLNAP notes that it would appear that a referendum may be required to expunge this discriminatory section of the Constitution; the Action Plan notes that such a referendum "may not happen soon".¹¹³

Conceptualisation of GBV

Sexual abuse is also defined within the *Domestic Violence Act* as including the transmission of HIV.¹¹⁴ This effectively criminalises

^{xi} Within Sierra Leone a number of laws, policies and plans have been developed to address the issue of gender inequality but, as far as could be found, there is no specific action plan or policy that specifically relates to the prevention of gender-based violence. The legislation and policy framework in Sierra Leone includes the *Sierra Leone National Action Plan of United Nations Security Council Resolutions 1325 (2000) & 1820 (2008)* (SiLNAP) (2009); the *Policy on the Advancement of Women* (2000), a *National Gender Mainstreaming Policy* (2000) (both not located); the *Registration of Customary Marriage and Divorce Act: the Domestic Violence Act*; and the *Devolution of Estate Act* (all 2007 and referred to as the Gender Acts); an accompanying *National Strategic Roll-Out Plan for the three Gender Acts 2009–2011* (not located); an *Anti Human Trafficking Act* (2005); the *Gender Equality Act* (2012); the *Sexual Offences Act* (2012) (only 26 July 2012 Bill located); and the *National Gender Strategic Plan 2010–2013*. Many of these laws and policies address gender-based violence, and as such, the documents that were located have been analysed for the purposes of this scan.

^{xii} Own emphasis.

^{xiii} A copy of the Act was not located before going to print.

^{xiv} Unfortunately, no documents were located that relate to this committee.

^{xv} Own emphasis.



the transmission of HIV, which has been identified as an ineffective method of curbing HIV spread, as well as a hindrance to work that aims to reduce HIV stigma and encourage testing.¹¹⁵

While a minimum sentence for rape is important, five years could be regarded as inadequate.¹¹⁶ The *Sexual Offences Bill* stipulates that marriage can be used as a defence when the defendant is married to a person with a mental disability whom they are engaged in caring for.¹¹⁷ While it is important for disabled people's sexual rights to be recognised, it may be more beneficial to assert that mental capacity to legally consent should be determined on a case by case basis, rather than marriage be provided for as a defense.

There is no commitment, within any of the policies available, to address the violence that LGBTI people are vulnerable to.

Punitive or preventative

The policies which refer to GBV in Sierra Leone place a heavy emphasis on punitive, rather than preventative measures.¹¹⁸ The workplan of the *National Gender Strategic Plan* does not outline any work that focuses on prevention, but rather focuses on the punishment of perpetrators, and the support of survivors of sexual and gender-based violence (SGBV).¹¹⁹ While these are very important steps to be taken, such steps should be complemented with clearly detailed work which seeks to engage men on issues of GBV, and seeks to transform gender norms in order to address the root causes of gender inequality and GBV, in order to prevent such violence. The *National Gender Strategic Plan* also suggests that punitive action be instituted for men who impregnate young girls, but offers no plans for the prevention of pregnancies.¹²⁰ There are also no accompanying plans to engage men and boys around issues of gender equality or gender norms transformation.

It is understandable why such a focus has to be placed upon punitive measures within Sierra Leone, as it could be argued that the state of dysfunction within the justice system requires serious attention. It was reported that in 2009, out of 927 sexual abuse cases and 1 543 cases of domestic violence reported in Sierra Leone, there were no convictions.¹²¹ This suggests however, that an improved focus on the *implementation* of punitive measures is needed, as well as on prevention efforts.

Gender norms and Engaging with men

While the SiLNAP emphasises the need for gender equality and female empowerment, men are not recognised as necessary players in the quest to achieve these goals. There is no acknowledgment that targeting men in such work will greatly add to its success.¹²² The SiLNAP describes one of its activities as "Building alliances with gender friendly men and women at all levels",¹²³ but there is no discussion around what is meant by a gender-friendly man and how to produce more gender-friendly men. The SiLNAP outlines a lot of work that focuses on ensuring that women are represented in decision-making, especially in democratic and governance processes.¹²⁴ No work is described to engage men on the importance of women being represented during such processes, in order to ensure that men are supportive of such important measures. Pillar Three of the SiLNAP states that the rehabilitation of perpetrators is incorporated within their aims, but there are no activities which address this within the detailed plan of this pillar.¹²⁵ The SiLNAP is very reactive, and does not include within its strategy of prevention ways in which to address root causes of violence against women, including challenging notions of masculinity that encourage men to assert their dominance over women.¹²⁶

Similarly, the *National Gender Strategic Plan* outlines the mandate of the Ministry of Social Welfare Gender and Children's Affairs, which does not include any work that seeks to engage men in efforts around gender equality.¹²⁷ A stipulated activity of the Gender

Strategic Plan is to "Develop and implement a Behaviour Change Communication strategy to educate government authorities, opinion leaders and the general public about gender, power, human rights, GBV and available services".¹²⁸ As men are not specifically stipulated, it can be assumed that work may not be tailored towards them and therefore may prove less effective. While the *National Gender Strategic Plan* identifies that awareness-raising should be targeted to both women and men,¹²⁹ the indicator for this work only includes the number of women benefiting from awareness raising events held, with the participants lists being cited as the means of verification. This would imply that if no men were included, this would not be seen as falling short of their goal.

Thus, while there are efforts to engage with a wide audience regarding GBV and to raise awareness and sensitise the public, as well as decision-makers about GBV, there is little effort to specifically engage with men around issues of GBV in order to address the underlying causes of this violence and challenge negative notions of masculinity.

The Centre for Accountability and the Rule of Law (CARL) in Sierra Leone describes the *Strategic Roll-Out Plan* for the three Gender Acts as having three sections: enforcement; public education; and monitoring/data collection. CARL describes the Public Education section as aiming to give a "broad public understanding of the three acts and the gradual absorption of their provisions into acceptable norms of behaviour by individual and communities".¹³⁰ CARL comments that "Attempts to change customs are likely to be controversial and inspire resentment and anxiety, particularly among men".¹³¹ It is difficult to comment further on whether the roll-out plan adequately mitigates for this potential backlash as a copy of the plan could not be located. Apparently the roll-out plan does identify that men and women need to absorb the same messages.¹³² It could be argued however that messages need to be deliberately tailored to reach men and women.

The SiLNAP notes that community members are encouraged to play a part in community policing, which enables "women and men to report cases of SGBV [sexual and gender-based violence] and all its forms".¹³³ While this is described as enabling men to report cases of SGBV, no work is outlined which would seek to specifically encourage men to report SGBV. Work is also detailed in the SiLNAP to address the needs of victims of SGBV, and increase reporting of SGBV,¹³⁴ but no work is described to educate men on the ways in which they can support victims of SGBV, and how they can support victims to report cases of SGBV.

While much work aims to engage with decision-makers, and the community at large, there is no work which aims to equip men (or women) to become advocates for change in their communities, and influence their peers to embrace change.

Although the 2012 *Gender Equality Act* was developed to "address and redress gender imbalances in elective and appointive decision making positions and to provide for related matters"¹³⁵ [sic], this recently drafted document does not discuss the subordinate status of women in Sierra Leone and how this is connected to negative gender norms that place men in powerful positions (which they often abuse). While the Act serves a very important purpose, it does not extend towards discussing how gender inequality can result in violence.

The violence men experience

There is no acknowledgement of the violence that men can experience at the hands of other men, and how this can possibly be a risk factor in terms of increasing the likelihood of men perpetrating violence towards women as a way of re-asserting their masculinity and dominance. This is an especially glaring gap given that Sierra Leone is a post-conflict country.

Sexual and Reproductive Health and Rights (SRHR)

Sierra Leone's policies do not adequately position men as clients of family planning services, as partners in supporting women's sexual and reproductive health, and as advocates for change. The policies dealing with adolescents and youth, however, include young men.



Strengths

Men as clients

Sexual and reproductive health is defined in the *Reproductive and Child Health Strategic Plan* as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes."¹³⁶ This definition opens a space for sustainable strategies to include men (and women) as clients in sexual and reproductive health (SRH) service provision beyond urgent plans to deal with immediate SRH concerns.

Men as Partners

There are a few general references to the role that men can play in supporting women's sexual and reproductive health. For example, The *National Health Sector Strategic Plan* states that "men need to be made aware of the importance of women seeking healthcare."¹³⁷

Adolescents and Youth

The *Reproductive and Child Health Strategic Plan* offers significant discussions about how to address young men and women's sexual and reproductive health. It refers to the need to raise "awareness on gender relations and role of men"¹³⁸ among adolescents, and then commits the public health sector to a male-targeted strategy to enable this sensitisation through "group counselling on myths and misconceptions on sex related issues and problems."¹³⁹ The use of group counselling opens a space for young men to influence behaviour in their communities and support one another while challenging "myths and misconceptions on sex related issues and problems."¹⁴⁰

Other strategies targeting young men's involvement with sexual and reproductive health issues include the

provision of condoms and information on emergency contraception, risk reduction counselling, syndromic management of sexually transmitted infections and referral services, and multi-purpose health check-ups for identifying disabilities and chronic problems.¹⁴¹ These strategies treat young men both as clients and partners in SRH strategies, and build a solid base to engage with the strategies aimed at young women – such as contraceptive services and referral for unwanted pregnancy – to inclusively overcome some of the challenges related to adolescent sexual and reproductive health.

The *National Strategic Plan on HIV/AIDS 2011–2015* identifies that most facilities in Sierra Leone do not offer gender-friendly youth services¹⁴² and therefore

emphasises that youth-friendly centres should be established and that staff of such facilities should be equipped with youth-friendly skills.¹⁴³

"The *Reproductive and Child Health Strategic Plan* offers significant discussions about how to address young men and women's sexual and reproductive health"

Gaps

Men as Clients

There is insufficient focus on men's roles and responsibilities in family planning programmes, across

all the policies on sexual and reproductive health and rights (SRHR). The focus of these policies is primarily on overcoming structural obstacles that prevent women accessing family planning services, which, although an essential priority, should be conceptualised more broadly. Having explicitly noted the multiple health issues in Sierra Leone, and thus the need to prioritise some over others, men's sexual and reproductive health is a peripheral subject in each policy. For example the *National Gender Strategic Plan* is completely silent on men's SRHR needs and how providing these benefits women too.¹⁴⁴ Although space to engage with a sustainable inclusion of men's sexual and reproductive health is provided for through the explanation of SRH in the *Reproductive and Child Health Strategic Plan*,¹⁴⁵ this is



not touched on again with regard to men's specific and varying reproductive and sexual health needs.

Men as Partners

Despite various policies' concerns with the high rates of maternal mortality, there are very few suggested plans to include men as partners in supporting women's sexual and reproductive health. The *National Gender Strategic Plan*, for example, makes no suggestion that men should become involved in supporting or promoting women's sexual and reproductive health and rights.¹⁴⁶ In general the policies situate women's access to sexual and reproductive health care within the sphere of public health service delivery, and rarely discuss how this relates to the broader community, or their partners and families. There are no strategies outlined to sensitise men on the sexual and reproductive health rights of women and girls.

Youth and Adolescents

While the *Reproductive and Child Health Strategic Plan*

provides for young women to access ante-natal classes and institutional support for primigravidas (women who are pregnant with their first baby), there are no equivalent suggestions of how young men can support these young women, nor is provision made for how they should engage with teenage pregnancy.

Men as advocates

Other than in reference to boys' sexual socialisation, there is little discussion of men's larger role in the community. GBV is acknowledged as an obstacle to ensuring women's sexual and reproductive health and rights, but this concern is not translated into any policy strategy and thus no strategies are devised to include men in GBV prevention efforts. Steps should be outlined to educate men on the sexual and reproductive health rights of women and girls in order to create role models and advocates who will promote women's safety and freedom of choice and control in terms of sexual and reproductive health.



Parenting

Policies and legal documents related to parenting in Sierra Leone do not generally highlight the need for action to modify the roles and responsibilities of men and women in relation to parenting to enhance gender equality. Some laws and policies, to the contrary, re-establish traditional gender roles by emphasising that women should bear more responsibility than men in childcare.



Strengths

Plans made to enable and encourage men to be involved in Maternal Health, Neonatal and Infant Care

The *National Health Sector Strategic Plan* calls for community mobilisation to address gender dimensions at the household level, and for men to be targeted to make them aware of the importance of women seeking health care. Both women and men are hence targeted directly with tailored information on the importance of seeking health care. This is important, as only providing information to men via women can put unnecessary pressure on women to single-handedly strengthen men's engagement and change gender roles, and does not maximize the potential of engaging men to enhance maternal health.

Men enabled and encouraged to be involved in Children's Health

The responsibilities, duties and rights of every parent in Sierra Leone are outlined in the *Child Rights Act*. These include: protecting the child from violence; providing good guidance, care, assistance and maintenance for the child;¹⁴⁷ and having the right to parenting programmes.¹⁴⁸ No parent (married or not, living together or not) is allowed to deprive a child of welfare, dignity, respect, leisure, health and education and shelter.¹⁴⁹ Both women and men are included in the broader term "parent" and the parenting areas span over both traditionally female and male tasks.

Single/non-biological fathers enabled and encouraged to be involved in children's development

It is possible (following the *Child Rights Act*) for a parent,

family member or any person who is raising a child to apply to a Family Court for custody of the child, and any person who has been caring for a child may apply for periodic access to the child.¹⁵⁰ Custody is hence a possibility for both fathers and mothers as well as, for example, other male caregivers. The act also states that any person can adopt a child if they are at least 30 years old and have resided with, and taken care of and maintained, the child for more than 6 months.¹⁵¹ The Act therefore does not appear to discriminate on the basis of sex, and the actual caregiving role guides the adoption process. This allows for men to adopt legally¹⁵² and indicates that single men and men caring for other men's children have access to custody and adoption.

“...this Act therefore has the potential to marginalise the role of the father or the male caregiver, which would directly influence a man's ability to be present and engaged in a child's life”

Men legally required to maintain their children, irrespective of marital status with the mother

The *Child Rights Act* states that a mother can receive maintenance for a child whether married to the father or not. The maintenance shall include, for example, medical expenses for the duration of her pregnancy, delivery and a periodic allowance

for the maintenance of the mother during her period of pregnancy and for nine months after the delivery.¹⁵³ The father of the child is legally liable to maintain the child, whether the child is born within marriage or not.¹⁵⁴ The Court must consider the income and wealth of both parents (or the person legally liable to maintain the child), and the financial responsibility with respect to maintenance of other children when making a maintenance order.¹⁵⁵ It is possible to be sentenced to a fine or imprisonment (not exceeding six months) if a person legally liable fails to supply the necessaries for the child.¹⁵⁶ If a parent is bearing a disproportionate financial burden due to the neglect of parental duties by a co-parent he can apply for financial or other relief.¹⁵⁷

Gaps

Plans made to enable and encourage men to be involved in Maternal Health, Neonatal and Infant Care

The *Child Rights Act* states that a Family Court shall consider the best interests of the child and the importance of a young child being with his/her mother when making an order for custody or access. Apart from this, other relevant factors which affect the outcome include the age of the child and that it is preferable for a child to be with his/her parents. The need for continuity in the care and control of the child is also stated.¹⁵⁸ The call for continuity in the care of the child could result in the mother being the preferred custodian (if she is likely to care for the child in the initial stages of his/her life), and existing gender roles could therefore influence the outcome of this process. While the safety of the mother and child should never be compromised, the interpretation of this Act therefore has the potential to marginalise the role of the father or the male caregiver, which would directly influence a man's ability to be present and engaged in a child's life.

The roles and responsibilities of different actors in

the child's life are defined in the *Child Rights Act*, and both men and women are included in the use of the term "parent" throughout the text. The Act states that guidance from different actors should follow tradition and cultural standards¹⁵⁹ and does not emphasise that the current socially expected roles and responsibilities of women and men *require transformation* in order to involve women and men in different parenting areas. While traditional and cultural standards play an important role, this approach should complement and not suppress the need to address and transform gender roles.

Adequate maternity and paternity leave provided for

It appears that no statutory benefits for maternity or paternity leave are provided for in Sierra Leone, and employers instead provide medical care for employees and their dependants through collective agreements.¹⁶⁰ This could mean that maternity and paternity leave could exist in different forms in Sierra Leone depending on specific collective agreements, but that there appears to be no national minimum standard. This may specifically affect a parent's ability to spend adequate time with their newborn child.



Recommendations – Sierra Leone

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 Sierra Leone. **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. **The root causes of behaviour, which drive HIV spread, must be addressed.** HIV interventions should be planned which incorporate work on gender norms transformation, addressing the root causes of behaviour in order to reduce the spread and impact of HIV. Such interventions should address the ways in which gender norms influence alcohol abuse, low condom use, poor health seeking behaviour, risk-taking and multiple sexual partnerships. The training of peer educators should include training on gender norms transformation and the costs of hegemonic notions of masculinity for men, women and children.
- ii. **More effort needs to be made to engage with men around issues such as HIV testing, condom use and treatment.** Men need to be specifically targeted to address their attitudes towards condom use, accessing HIV testing and treatment services and risky sexual behaviour patterns.
- iii. **Men need to be engaged in HIV-related carework.** Gender norms transformation work should be conducted in order to encourage and enable men to become involved in home-based care for HIV positive people and the care of children who have been orphaned or made vulnerable due to the HIV epidemic in Sierra Leone. Women should be included within such efforts to engage men. Men and women working together will help to counteract resistance from those who may believe that men are not suited to carrying out such work.
- iv. **Medical Male Circumcision should be made available for men who wish to access such a service.** Studies have proven that voluntary medical male circumcision (VMMC) can reduce a man's chances of contracting HIV, as well as other STDs. As such, VMMC facilities should be made available for those men wishing to undergo the procedure, especially as such protection will also benefit their partners.
- v. **Policies should go beyond encouraging people to use condoms with non-marital partners.** All sexually active people should be encouraged to use male and female condoms, including marital partners. If this is not encouraged, the stigma attached to condom use and its association with distrust will not be challenged.
- vi. **Men need to be encouraged to support the prevention of mother-to-child transmission (PMTCT) processes.** Strategies should be developed around how men will be enabled and supported to become involved in processes preventing mother-to-child transmission of HIV; and how this should allow men to become more involved in broader health services and parenting.¹⁶¹ Such steps should always include the development of strategies to ensure that no harm is caused to the mother in the process.
- vii. **Interventions should be tailored to suit different vulnerable groups.** For example, interventions for sex workers must be different to interventions for the clients of sex workers, or men who have sex with men, or prisoners etc. Research should be conducted into the needs of such groups and interventions designed accordingly.
- viii. **Men need to be engaged to prevent gender-based violence (GBV).** Work around gender-based violence and the spread of HIV needs to engage with men in order for them to become partners in GBV prevention work.
- ix. **Repeal HIV criminalization legislation.** Any laws which effectively criminalise the transmission of HIV should be assessed and repealed, if possible, as it is likely that such laws will achieve more harm than good.

Example of recommended policy language

"Research will be conducted into the underlying causes of certain behaviour patterns such as multiple sexual partnerships, low condom use, alcohol and drug use, transactional sex, inter-generational sex, and a high level of commercial sex networks. Such research will explore the possible gendered motivations for such behaviour, such as masculine gender norms which suggest that in order to be considered a 'real man' one needs to have many girlfriends, take risks, drink heavily, demonstrate one's sexual prowess, be dominant and violent and to not show 'weakness' through seeking healthcare. Interventions will then be designed around such concepts, with the aim of addressing such gender norms and transforming them."

¹⁶¹ For more on the reasons why HIV transmission should not be criminalised, please see Edwin Cameron, Scott Burris and Michaela Clayton, 'HIV is a virus, not a crime: ten reasons against criminal statutes and criminal prosecutions', *Journal of the International AIDS Society*, 11:7, 2008; or also http://www.soros.org/initiatives/health/focus/law/articles_publications/publications/10reasons_20080918.

» 2. Gender-Based Violence (GBV)

- i. **GBV work should balance punishment with prevention.** While much work on addressing punitive measures in Sierra Leone is obviously necessary, work addressing the prosecution of GBV offenders, and the development of efficient systems to support GBV survivors, should be complemented with detailed strategies which aim to *prevent* GBV. Such work should seek to engage men on issues of GBV prevention, and seek to transform gender norms in order to address the root causes of gender inequality and GBV.
- ii. **A specific action plan on the prevention of GBV should be prioritised.** It is important for the Sierra Leone government to demonstrate political commitment to the prioritisation of GBV prevention and intervention efforts. Specific campaigns focusing on prevention efforts are therefore needed in order to effect long term change. Female Genital Mutilation should also be banned, as has been done in a number of other African countries.
- iii. **Work to encourage men to challenge the culture of impunity amongst their peers must be strengthened.** Work should be planned to encourage men to personally challenge the culture of impunity regarding GBV perpetration among their peers and become advocates for change in terms of gender norms and gender equality. This essentially results in men having a positive effect on each other's behaviour, rather than condoning the violence perpetrated by others through their silence. Strategies to sensitise those involved in the legal and justice system should also be developed to ensure that women's rights are realised.
- iv. **The influence of traditional and religious leaders and tribal authorities should be harnessed** to effectively impact on the attitudes of other men regarding GBV. Influential institutions which have the potential to affect large-scale change must be engaged with to influence men's attitudes towards gender equality, gender norms and GBV.
- v. **Behaviour Change and Communication (BCC) strategies on GBV should be detailed.** Plans involving behavioural change communication messages should describe in more detail how such messages will be constructed and how they intend to address behaviour. Such plans should also include work around the concept of gender norms transformation.
- vi. **Rehabilitative services should be offered to men who wish to address their relationship with violence.** Rehabilitation and counselling services should be available to all men, rather than only those who have already been convicted for perpetrating violence. Such services should engage with gender norms transformation and sensitise the participants to the effects of negative notions of masculinity.
- vii. **Activities should be tailored to target men.** The described awareness-raising activities and public education work on gender, GBV and its consequences should aim to specifically target men as partners in GBV prevention, and tailor messages to reach men, so as not to alienate them. Such work should include activities around gender norms transformation.
- viii. **Plan work which highlights that men benefit from gender equality too.** Men need to be sensitised to the benefits that they, as well as women, stand to reap through the achievement of gender equality and gender norms transformation, and the importance of gender equality, so that men become allies in this work, and not obstacles.
- ix. **Plan work to address violence against LGBTI people.** Lesbian, gay, bisexual, transgender and intersex (LGBTI) people are especially vulnerable to GBV. Work should be planned to ensure that services are available to LGBTI people who are GBV survivors, as well as work to address the underlying causes of prejudice related to people's notions of what is 'acceptable' and 'unacceptable' behaviour for men and women.

Example of recommended policy language

"The culture of impunity that surrounds GBV in Sierra Leone requires serious steps to challenge. Rigorous steps will be taken to improve the legal system dealing with cases of GBV; and efforts will be made to sensitise the public to their personal responsibility of challenging GBV. Specific efforts will be made to engage with men around this issue. This work will be aimed at creating a culture in Sierra Leone where GBV will not be condoned, will not go unnoticed, survivors will be supported rather than stigmatised and individuals will encourage their peers to similarly challenge the culture of impunity which currently surrounds GBV."

Example of recommended policy language

"Much more attention needs to be paid to the prevention of GBV in Sierra Leone. Interventions will focus on addressing the gender norms which contribute to GBV, and work will be conducted to especially target men for gender norms transformation work. Similar work will also be conducted with perpetrators to enable them to rehabilitate. As such, the underlying roots of GBV need to be addressed, rather than treating the symptoms."

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

- i. **Policies should address men as clients of family planning and other sexual and reproductive health (SRH) services.** Policies should detail ways to improve service provision and Information, Education and Communication (IEC) strategies to encourage men to access these services, address their own SRH needs, and see themselves as equally responsible for family planning and supporting women and children's health. Men should also be sensitised on the SRH rights of women and girls.
- ii. **Train service providers to be non-judgmental and able to address specific SRH needs of men, boys and LGBTI.** Service providers within sexual and reproductive health provision need IEC training to ensure that they are sensitive to the needs and concerns of men, boys and LGBTI communities. Service providers should be trained to treat all clients without prejudice or judgment, in order to make SRH services more accessible. Services should also be made available that are tailored to the needs of LGBTI people and men who have sex with men.
- iii. **The HIV Draft Policy should incorporate strategies to improve provision of voluntary medical male circumcision** and accompanying behaviour change programmes that engage with harmful gender stereotypes and practices. In addition to this, sexual and reproductive health services and education programmes should be integrated into army, police and prison training.
- iv. **All SRH programmes should suggest strategies that include men as partners to support women's SRHR, and in particular prevent maternal mortality.** For example, men should be encouraged to support partners undergoing abortion and PMTCT programmes, and should be encouraged to attend ante-natal classes. Such strategies should emphasise the SRH rights of women and girls so as to ensure that men never feel entitled to control or negatively influence women's SRH.
- v. **The Reproductive and Child Health Strategy should be strengthened** by discussing the role of young men in teenage pregnancy, the effects of teenage pregnancy on young men, and outlining strategies to create spaces to discuss gender roles and sexual behaviour, which also focus on sexual orientation.
- vi. **Men and boys should be engaged as SRH advocates for change.** The suggestions made in the *Reproductive and Child Health Strategic Plan* to position young boys and men as advocates for change and role models in their community through group counselling should be extended to all strategies to implement behaviour change and IEC strategies within communities.
- vii. **Men should be explicitly mentioned as important actors in sexual and reproductive health service provision and behaviour change.** Owing to the traditional associations between women and reproduction, it is important to explicitly name men as important actors in sexual and reproductive health service provision and behaviour change. This however, should not compromise the importance of addressing women's sexual and reproductive needs. Rather, the language needs to suggest how including men and boys in these policies can be mutually beneficial for both men and women.

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."

Example of recommended policy language

"Sexual and reproductive health services will be made accessible to men and women in multiple circumstances, such as men who have sex with men, prisoners and sex workers."

» 4. Parenting

- i. **Policies need to complement gender-neutral terms, such as “parents”, with specifying necessary targeted action to enhance men’s roles and responsibilities in parenting.** An explicit ambition to change gender roles and enhance men’s engagement in parenting is often lacking in Sierra Leone’s laws and policies. Men are more commonly only included in the more generic term “parent”. Necessary actions for enhancing men’s roles and responsibilities in parenting should therefore be made explicit.
- ii. **Maternity and parental leave provisions should be developed on a national level in Sierra Leone (targeting both women and men).** The state should facilitate men and women’s presence and involvement in the birth and subsequent development of their children through setting a national norm on parental leave which strives towards gender equality in parenting. It should include a gender-equal approach to benefits to enhance *both* women’s and men’s chances to be involved and active parents from the onset of the child’s life and reduce the burden of responsibility which is often placed upon women. Such steps must be taken in conjunction with awareness-raising and behaviour change campaigns aimed at addressing gender norms, in order to lay the foundation for such a measure to be effective.
- iii. **Public childcare should be complemented with men’s increased participation in childcare.** Apart from expanding public childcare following the existing *Child Rights Act* in Sierra Leone, it is important to also expand the parenting roles and responsibilities of men to increase their involvement in their children’s lives to further more gender-equal parenting. Approaches such as information, education and communication campaigns involving male parents as role models, as well as formal provisions such as paternity leave, are useful tools in this process.
- iv. **Policies should emphasise men’s roles as important caregivers as early in the child’s life as possible and avoid potentially marginalising the father or the male caregiver based on traditional gender roles.** While protecting the safety of the mother and child, and acknowledging women’s important role during pregnancy and the initial stages of a child’s life, policies should ensure that they do not reinforce an uneven division of labour between male and female caregivers, which also shapes future unequal parenting patterns.

Example of Recommended Policy Language

“Different strategies will be used to enhance more equal parenting roles between women and men. Parental leave provisions will be developed to establish more equal opportunities for men and women to be active parents during pregnancy, birth and the early stages of the child’s life. Men’s role as caregivers will be enhanced through information, education and communication campaigns which focus on male caregivers as role models and the benefits of sharing parenting responsibilities for men and women.”

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- ¹ Please refer to endnotes 23-29.
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- ⁵ The 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 organizations 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. The views expressed in this publication are those of the authors, and do not necessarily represent the views of the UN Trust Fund, UN Women, the United Nations or any of its affiliated organizations.
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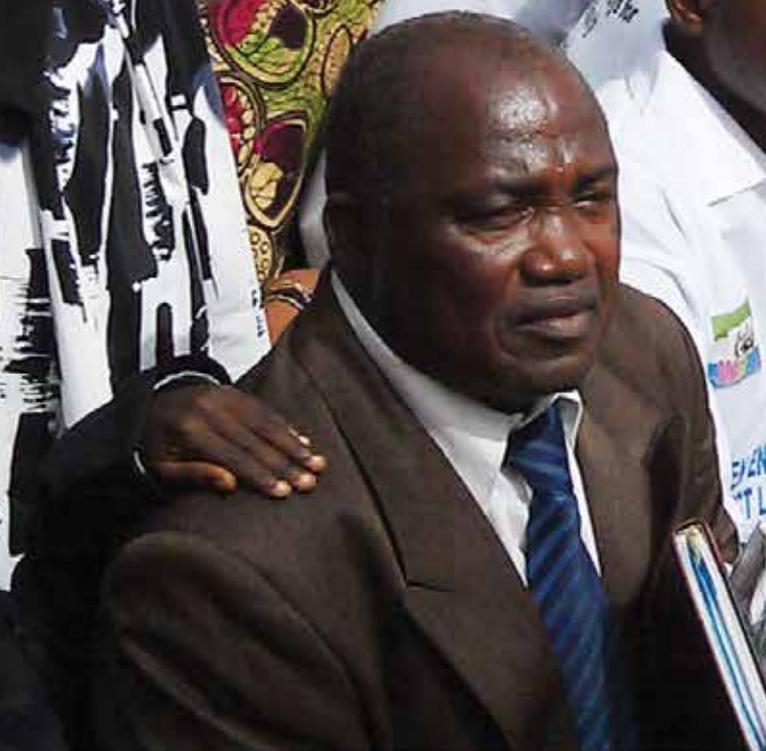
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THE IMPLEMENTATION OF LAWS AND POLICIES
ON GENDER EQUALITY IN SIERRA LEONE



Key Law and Policy Recommendations – Sierra Leone

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: Address the root causes of behaviour, which drive HIV spread. HIV interventions should be planned which incorporate work on gender norms transformation, addressing the root causes of behaviour in order to reduce the spread and impact of HIV in Sierra Leone. Such interventions should address the ways in which gender norms influence alcohol abuse, low condom use, poor health seeking behaviour, risk-taking and multiple sexual partnerships. The training of peer educators should include training on gender norms transformation and the costs of hegemonic notions of masculinity for men, women and children.

Gender-Based Violence (GBV): Develop an action plan for GBV prevention and work to encourage men to challenge the culture of impunity amongst their peers. GBV prevention work in Sierra Leone must be planned, budgeted for and prioritised. Interventions should be planned to encourage men to personally challenge cultures of impunity regarding GBV and become advocates for change, in order to have a positive effect on each other's behaviour, rather than condoning through silence the violence perpetrated by others.

Sexual and Reproductive Health and Rights (SRHR): All reproductive health programmes should incorporate strategies to include men as partners to support women's SRHR, and in particular prevent maternal mortality. For example, men should be encouraged to support partners undergoing abortion and prevention of mother-to-child transmission of HIV (PMTCT) programmes, and to also attend antenatal classes. Such strategies should emphasise the SRH rights of women and girls so as to ensure that men never feel entitled to control or negatively influence women's SRH.

Parenting: Public childcare should be complemented with men's increased participation in childcare. It is important to expand the parenting roles and responsibilities of men to increase their involvement in their children's lives to further more gender equal parenting. Information, education and communication campaigns involving male parents as role models should be undertaken, and maternity and paternity leave (accompanied by appropriate social interventions) provided for both men and women.

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;
- recognise that men are not homogenous and develop interventions that reflect men's different life experiences;
- use an approach that recognises the range of factors shaping gender roles and relations;
- use a range of social change strategies – community education, community mobilisation, media, policy development, and advocacy for implementation.