Good practice for Addressing Violence against Women in South Africa

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ACRONYMS AND ABBREVIATIONS

GBV	Gender-based violence
MRC	*Medical Research Council*
NGO	Non-governmental organisations
MAP	Men as Partners
OMC	One Man Can
SGJ	*Sonke Gender Justice*
VCT	Voluntary Counselling and Testing

1. The gendered nature of violence in South Africa

Our interpersonal relations are written – shall I say it? – in blood. Our identities stitched together against brutal conditions (Ratele (2003) cited in Peacock, Khumalo, & Macnab, 2006: 73).

The only true non-racial institution in South Africa is patriarchy (Judge Albie Sachs)

This chapter reviews civil society efforts to address violence against women. The levels of death and injury that arise from violence in general in South Africa are incredibly high for a country not at war. One of the key drivers of violence in the country is gender-based violence (GBV) (Seedat, van Niekerk, Jewkes, Suffla, & Ratele, 2009). GBV, according to Dunkle et al., (2004) is commonly taken to comprise "physical, sexual, and psychological abuse from intimate partners, sexual violence by nonpartners, sexual abuse of girls, and acts such as trafficking women for sex" (230). Men may be targets of such violence (due to sexual orientation, for instance – see Mkhize, Bennet, Reddy, & Moletsane (2010)). However, "*women constitute the vast majority of people experiencing gender-based violence and men the majority of perpetrators*" (WOMANKIND worldwide, 2007: 8). Perpetrators are, in fact, most likely to be intimate male partners and the most common form of violence against adult women is intimate partner violence (van Vylder, 2005). Violence in South Africa is thus "profoundly gendered", as this chapter will explain (Seedat et al., 2009: 1011). This is evident when one considers violence-related statistics.

South Africa "continues to top international rankings of incidence of reported rape and sexual violence" (Britton, 2006:145). The country has amongst the highest levels of sexual and domestic violence perpetrated against women globally, despite its progressive legislation and commitment to a number of binding international treaties which obligate the government to promote gender equality and address violence against women (Sonke Gender Justice (SGJ), 2007a). "Young men (aged 15–29 years) [are] disproportionately engaged in violence both as victims and perpetrators. Half the female victims of homicide are killed by their intimate male partners and the country has an especially high rate of rape of women and girls" (Seedat et al., 2009:1011). It is estimated that in South Africa a woman is raped every 26 seconds (WOMANKIND worldwide, 2007) or killed by her intimate partner every six hours (SGJ, 2007a). This homicide rate of women by their partners is reportedly six times the global average (Seedat et al, 2009). In addition, in the South African context sexual orientation—or perhaps more correctly heterosexism—also becomes a salient issue with regard to violence against women. This is attested to by the increasing number of corrective rapes of lesbians in the country (Mkhize et al., 2010). The

significant under-reporting of such crimes, within the bounds of a patriarchal society, makes precisely assessing the level of violence difficult. However, as Britton (2006) points out, "it does not matter what the reported statistics are or what multiple is then used to determine the 'actual' number of rapes; whatever the number, it is simply too high" (146). Any amount of violence against women is a human rights violation of the most fundamental kind that undermines the support for gender equality given by the South African constitution (Britton, 2006).

In this chapter the term gender-based violence (or GBV) is used interchangeably with 'violence against women' (or 'men's violence against women'), in order to highlight the gender inequality in which much violence is embedded (Keesbury & Askew, 2010). The focus of this chapter is on what has been done in the country to address violence against women—specifically by civil society. The chapter begins by looking at the research that has tried to ascertain the causes of gender based violence, highlighting gender norms and power relationships as a significant factor. It then focuses on the South African context, sketching the broad backdrop against which GBV occurs and draws links between inequity, violence and gendered poverty, showing the interconnection between the disproportionate number of women and girls who live in poverty and the various forms of violence that is directed at them (Reddy & Moletsane, 2009). A review of what the research literature says about the costs and consequences is then provided. This is a pertinent issue when violence against women is viewed within the context of poverty reduction. The chapter then turns to a consideration of civil society interventions to reduce violence against women, including both international good practice and local lessons. Thereafter, some of the challenges and opportunities encountered by civil society are discussed and, in closing, recommendations are provided for future good practice models.

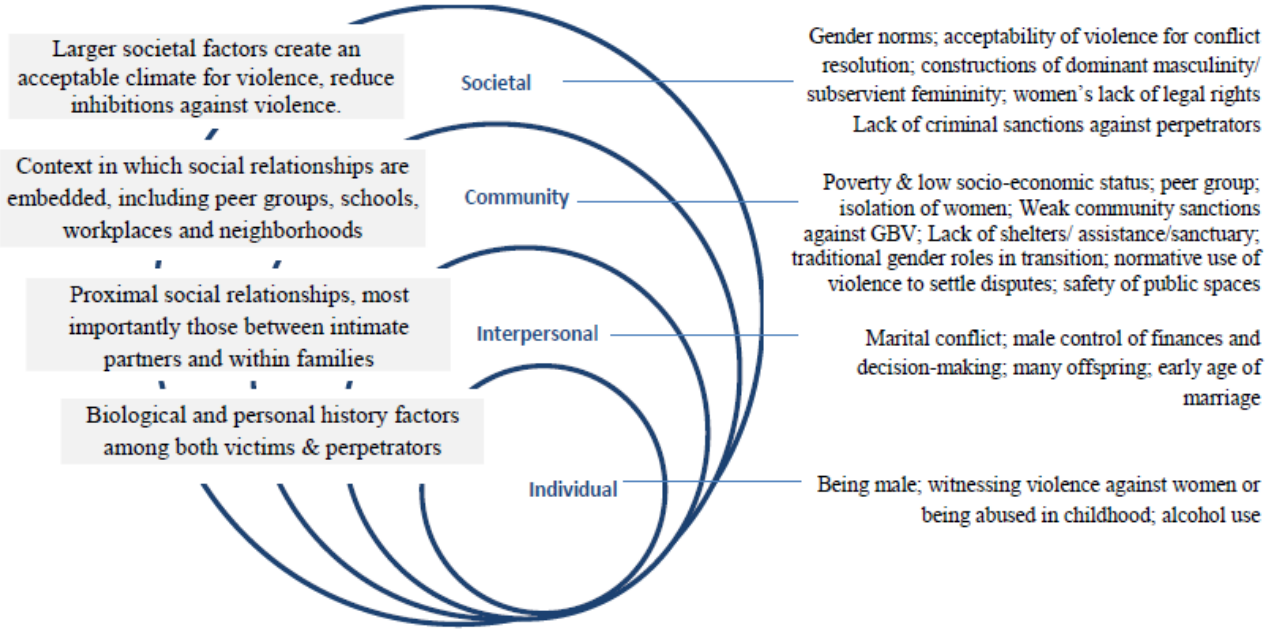
2. Literature review

2.1. Causes of gender-based violence

Violence against women is a complex and multi-layered issue, shaped by forces that operate at different levels. Socio-cultural norms play a significant role in levels of violence, meaning that the issue cannot be dealt with in isolation from social factors (Guede, 2004). The social factors driving the problem, which are addressed in depth in the following section, include, among others, patriarchal notions of gender, and poverty. Though these two issues are discussed separately, they are inextricably interlinked and in turn related to other individual risk factors, which act as drivers, such as the inter-generational

cycling of violence, exposure to violence, alcohol and drug abuse, the proliferation of firearms and weak law enforcement (Seedat et al., 2009).

Figure 1: Ecological model of factors associated with violence against women



Source: adapted from Taft (2003) and Bott et al., (2005)

Due to the interconnection of causal factors, an ecological approach that combines individual level risk factors with community and society level factors is advocated. This model is illustrated graphically in figure 1 above. Many researchers have used an ecological model as a way to examine the combination of risk factors that increase the likelihood of violence against women in a particular setting (Bott, Morrison, & Ellsberg, 2005). Such an approach, endorsed by the World Health Organisation, captures the inter-relationships of all potential influences on men's motivation to abuse women, including the wider impact of forces within the community and society (Taft, 2003).

At the most fundamental level, endemic violence against women is inextricably interlinked to gender norms Regardless of the form the violence takes (i.e., physical, sexual, psychological) it is related to the low social status and deep-seated devaluation of women and girls (Heise, 2011; Vogelman & Eagle, 1991). South Africa's especially high rates of violence against women in South Africa can be contextualized and explained against the historical backdrop of hostility and inequity entrenched by colonial and apartheid patriarchies (Britton, 2006; Moletsane, et al., 2010). As a result, Black women

have suffered the multiple oppression of being Black, poor and female. Nevertheless, all South African women, irrespective of racial categorisation have historically been publicly silenced and "obstructed from participation in formal political life" (Britton, 2006:148). Women were relegated to the private sphere of domesticity and childrearing, while men—especially White Afrikaners—enjoyed the economic freedom of paid employment, as well as the relative power and status that this brought (Du Pisani, 2001; Morrell, 2006).

Significantly, gender-based violence is both a consequence of gender power inequities and a means that inequities are maintained (Jewkes et al., 2010; Bloom, 2008). Men use violence to maintain dominance over women and other men. For instance, in South Africa rape functions as a way of keeping women and homosexual people in check and perpetuates a *status quo* of benefit to White, middle-class, homophobic renditions of manhood (Britton, 2006).

Though men are overwhelmingly the perpetrators of violence against women, research indicates that South African men are not a homogenous group and thus hold a wide range of opinions about violence against women and a significant number want to be proactively involved in reducing this violence (Peacock & Levack, 2004; SGJ, 2007a). In addition, patriarchal gender norms have a "double-edged nature" (Peacock & Levack, 2004: 177) and also affect men's health negatively; for example, promoting risky behaviours, promiscuity and preventing medical help-seeking (Ringheim & Feldman-Jacobs, 2009). Thus, patriarchal gender norms also compromise men's health and well-being (SGJ, 2007). Hence, men also experience vulnerabilities and needs as a result of gender norms, though these cannot be equated with women's challenges and do not negate the global, aggregate power imbalance between women and men (Barker et al., 2010).

Attaining gender equality and fostering healthier gender norms requires a nuanced understanding and a consideration of the broader socio-economic context, including the ways that gender-based power, poverty and violence intersect. Power inequality, GBV and gendered poverty are interlinked (Moletsane et al., 2010). In this vein, it is important to recognise that in South Africa, these gender norms and relationships are situated within a socio-economic context characterised by high levels of inequality, limited social welfare services, and high levels of generalised violence (SGJ, 2007a). Research indicates a strong relationship between socio-economic inequalities and violence, particularly the risk of GBV and GBV is particularly problematic in impoverished and less developed settings (Seedat et al., 2009).

Women living in poverty, especially in rural or remote communities, are particularly susceptible to violence (Benjamin, 2007; WOMANKIND worldwide, 2007). Lack of economic rights and the concomitant economic dependency on men increases women's vulnerability to violence, particularly of a sexual nature (Greig, Peacock, Jewkes, & Msimang, 2008).

Despite the connection between poverty and GBV, in South Africa, little consideration is given in violence reduction efforts to the broader socio-economic forces as part of the context in which men's violence occurs. The connection between men's violence, HIV/AIDS and broader socio-economic forces requires greater attention. It is also critically important that attention is focused on women who are poor and/or marginalised in other ways. These women may suffer inordinately due to the economic costs of violence perpetrated against them, for instance due to the costs medical treatment or foregone earnings due to absence from work (UNFPA, 2005 & 2006; de Vylder, 2005).

In addition to economic costs and consequences, violence effects women's health, both in the interim (e.g., chronic, undiagnosed pain, forced pregnancies, sexually transmitted infections) as well as indirectly or in the long-term (e.g., depression, mental health issues and attempted suicide) (UNFPA, 2005 & 2006; de Vylder, 2005). Sexual and reproductive health is a particular concern and men's constructive engagement, which is discussed more fully later in this chapter, is seen as integral for promoting women's sexual and reproductive health (Ringhein & Feldman-Jacobs, 2009). There has also been increased attention to men's health as an equally significant concern (e.g., Alan Guttmacher Institute, 2003). It has been noted, for instance, that same norms that promote violence against women also drive men's risky behaviours and make both women and men vulnerable to HIV infection (Ellsberg & Betron, n.d.; Ferguson et al., 2004; Greig, et al., 2008; SGJ, 2007a & b; WHO, 2010).

Globally, studies confirm the interlinkage of violence against women and HIV (WHO, 2010). "GBV is increasingly recognised as a critical driver of the HIV epidemic in many settings, particularly in sub-Saharan Africa where the incidence of HIV infection is growing at alarming rates among woman in particular" (Ellsberg & Betron, n.d.:1). Research indicates that GBV makes females especially susceptible to infection, through rape, coerced sex and the inability to negotiate appropriate contraceptive use. In addition, stigma and shame related to both violence and HIV may prevent them from seeking timely medical intervention, if they seek help at all (Ellsberg & Betron, n.d.). (See Campbell et al. (2008) for more on this topic.) Not only are women at greater risk of being infected,

they are also disproportionately affected, since they bear the greater care and support for those with AIDS-related illnesses (SGJ, 2007a). The connection between GBV and HIV has also been confirmed by South African studies (e.g., Abrahams, Jewkes, Hoffman, & Laubsher, 2004; Dunkle et al., 2003, 2004a & b; 2006 2007; Jewkes, et al., 2006; Jewkes & Abrahams, 2002; Jewkes, Dunkle, Nduna, & Shai, 2010; Jewkes, Levin, & Penn-Kekana, 2003; Jewkes, Penn-Kekana, Levin, Ratsaka, Schrieber, 2000; Jewkes, Sikweyiya, Morrell, & Dunkle, 2009; Wood, Lambert, & Jewkes, 2008 a & b). There is therefore a need for integrated strategies that address GBV within the context of HIV (Ellsberg & Betron, n.d.; Jewkes, et al., 2006) and most experts maintain that primary prevention of GBV is a more effective strategy for reducing both GBV and HIV prevalence (Ellsberg & Betron, n.d.).

Violence against women is correlated with high social, health and economic costs not only to the individual but also to society at large (Abrahams & Jewkes, 2005; de Vylder, 2005; Heise, 2011; UNFPA, 2005; WOMANKIND worldwide, 2007). It is therefore impetrative—from the perspective of individual human rights and societal wellbeing—that GBV is addressed. Civil society has played a major role in doing so. Civil society organisations are critical partners for government's strategies to reduce violence against women. There has been at least a decade of sustained collaborative work between civil society—including NGOs and researchers—and a number of statutory sectors, particularly the health sector, justice system, and the police service (Seedat et al., 2009). Grassroots organisations, coalitions and government–civil society initiatives have united to provide a range of services, including: training sessions, empowerment programmes, face-to-face and group counselling, shelter and intervention services, legal assistance and rape crisis centres (Britton, 2006). This task has been challenging, owing to the violent legacy of the apartheid state as well as governmental budgetary limitations. Partnership with civil society—both Non-governmental organisations (NGO) and the business community—has alleviated some of the resource constraints (The Presidency, n.d.). Furthermore, civil society organisations are frequently at the forefront of direct work with survivors, providing them with shelter, psychosocial and legal support and other services (UNIFEM, 2012). In addition their role as strategic partners, civil society organisations have conducted much research that has significantly contributed to understandings of violence and ensuring effective responses (The Presidency, n.d.). Some organisations (e.g., *Men as Partners Network* and *Sonke Gender Justice*) have also been involved in policy and advocacy work (Peacock &Levack, 2004). The remainder of this chapter concentrates on civil society efforts in relation to gender-based violence. The explicit focus in

this chapter is on efforts to *prevent* future partner violence, that is, primary prevention, as is explained in the following section.

3. What works to *prevent* men's violence against women?

Primary prevention goes to the heart of the issue and attempts to change the low status of women, gender roles and power imbalances by targeting the underlying norms, attitudes, and behaviours of individuals, communities and society (Mullick, Telfo-Menziwa, Williams, & Jina, 2010). The rationale for concentrating on primary prevention is because many experts agree that it "is a more effective strategy for reducing both GBV as well as HIV prevalence" (Ellsberg & Betron, n.d: 3) than secondary or tertiary prevention strategies that concentrate on ameliorating the effects of violence. However, primary prevention is an aspect of programming that has received less attention within existing programmes and in the evaluation literature (Heise, 2011) and the South African government's attention has been largely focused on tertiary prevention (Seedat et al., 2009). This is most likely because interventions that aim for the primary prevention of GBV are the most challenging to implement and assess (Mullick et al, 2010).

In considering which prevention programmes work to prevent violence against women, this section first reviews promising international practice and then zooms in on South African experiences. In so doing, it is important to note that there is a lack of rigorous programme evaluations and thus a general lack of data to support recommendations for best practices in the field. In addition, most of the programmes lack quality systems for monitoring and evaluating their progress (Bloom, 2008). There have been some reviews which identify effective programmes that do monitor and evaluate and highlight those which appear to be promising. In particular, on the basis of a review of the evidence gleaned from evaluations, AIDSTAR (2012) has identified a number of gender transformative[i] programmes aimed to address GBV, which are categorised as: (1) interventions with preliminary evidence that reflects emerging promise; (2) those with intermediate evidence reflecting good promise; and, finally, (3) those with good evidence that reflects high promise. These programmes are tabulated below and are drawn on in the remainder of this review for illustrative purposes.

Table 1: Promising gender transformative interventions for addressing violence against women

Name	Category	Country
Bridges to End Violence	1	Nigeria
Intervention with Microfinance for AIDS and Gender Equity (IMAGE) Study	1	South Africa
Kivulini Mobilizing Communities to Prevent Domestic Violence	2	Tanzania

Memory Book Project	1	Zimbabwe
One Man Can	1	South Africa
Programa H - Promoting more Gender-equitable Norms and Behaviours among Young Men	2	Brazil
Refentse Project ("Resilience in the face of adversity"): Post Rape Care	3	South Africa
Stepping Stones: Promotion of Life Skills and Sexual Well-being in Rural Communities through a Standardized Training Package	2	Uganda

Taken from: http://www.aidstar-one.com/promising_practices_database/search?tid=206&x=27&y=10 (July 2012)

3.1. International promising practice models for the prevention of violence against women

Evaluations of international interventions highlight the following **five key lessons**. Examples of programmes that illustrate each of these lessons are provided.

Lesson 1: Gender transformative prevention programmes, with a critical and nuanced understanding of gender, are most effective

Gender transformative programmes, which aim to transform gender roles and promote equitable female-male relationships, are generally found to be more effective than programmes that do not acknowledge the importance of gender roles (gender neutral) or that are merely 'gender sensitive'. For instance, Barker, Ricardo, and Nascimento (2007) found that gender-transformative programmes had a higher rate of effectiveness than other interventions aimed at men and boys. Significantly, however, successful gender transformative interventions are also based upon a critical and nuanced understanding of gender (Macleod & Tracey, 2010). Such an understanding would translate into the following features, as identified by Barker et al., (2007):

- Take an explicit/implicit social constructionist approach (i.e., they understand sex and gender to be socially constructed rather than based on a biological reality).
- Critically discuss or question traditional, inequitable attitudes about gender within the intervention.
- Take into account the other power dimensions and social realities facing participants.

Example:

Programa H, Brazil [Category 2]

This programme has been replicated in several parts of Brazil and throughout the world. As table 1 above indicates, this intervention is rated by AIDSTAR (2012) as having intermediate evidence and good promise. The goal of this programme is to encourage young men to question some of the patriarchal norms related to manhood, including the costs related to such constructions, as well as the benefits of gender equitable behaviours. According to AIDSTAR (2012), Program H, "uses educational workshops, lifestyle campaigns, innovative approaches to attracting young men to health facilities, and a culturally sensitive impact evaluation methodology" (unpaginated). The core components include:

(1) a validated curriculum (with a manual series and an educational video);
(2) a social marketing campaign;
(3) a research-action methodology for reducing barriers to young men's use of clinic services;
(4) a culturally relevant validated evaluation model (the Gender Equitable Attitudes in Men (GEM) Scale)

One of the key lessons learned from this programme is that, although it might take time, gender-related attitude and behaviour change is possible, as discussed further in the following sub-section.

Lesson 2: Cultural norms can be changed

Contrary to the widely-held view that it is unfeasible to attempt to transform community gender norms, or that the process is too lengthy, evidence suggests that it is possible for well-designed programmes to effect tangible and measurable change within a programme's time-frame.

Examples:

- *Stepping Stones*, Uganda [Category 2]; IMAGE, South Africa [Category 1]
- SASA!/Raising voices, Uganda

Both *Stepping Stones* and IMAGE have been shown to be particularly effective in reducing sexual and gender-based violence and have subsequently been rolled out in other locations, including South Africa (Mullick et al., 2010). The SASA!/Raising voices project is a community-mobilisation project designed to alter gender power relations and thereby address both violence against women and HIV (Heise, 2011). This programme illustrates the importance of grounding the issue of GBV (and HIV) in people's actual experiences in order to change people's attitudes (Ellsberg & Betron, n.d.).

Lesson 3: Comprehensive, multi-faceted strategies work best

Owing to it multi-faceted nature, addressing GBV requires comprehensive, multifaceted strategies that heed structural factors (like poverty, education, housing, unemployment) and the socio-cultural. Rather than stand-alone themes/projects, a coordinated, complementary response promotes change at multiple levels (Guedes 2004). Joint programming of this kind can:

- contribute to progress towards other Millennium Development Goals;
- improve the effectiveness and coverage of HIV-prevention programmes and thereby contribute to universal access to prevention, treatment, care and support;
- advance other areas of social and economic development, including reducing poverty and increasing educational attainment;
- advance the promotion and protection of human rights and thereby contribute to a decrease in VAW and increase in access to needed services;
- address other important health outcomes beyond HIV: STIs and infertility, unwanted pregnancy, maternal morbidity and mortality, child health, mental health, substance use, education and economic productivity (WHO, 2010: 25).

In particular, violence against women, gender inequality and HIV are cross-cutting issues. "HIV programs would be wise to integrate components to address gender-based violence" (Guedes 2004: 86). Including violence against women and gender inequality as central programmatic components of HIV prevention increases the overall impact of these programmes, including their cost efficiency (World Health Organisation (WHO), 2010). Such approaches necessitate strengthening multi-sectoral collaboration.

Examples:

- *Bridges to end violence*, Nigeria [Category 1]
- *Kivulini*, Tanzania [Category 2]

Two examples of promising interventions that take a joint approach are the Nigerian Bridges to end violence programme and the Tanzanian Kivulini programme (see table 1 above). These programmes used a combination of community-based approaches—including awareness, education, engagement, and outreach—as well as legal advocacy. The Kivulini project, which reached over 75 000 people in one year, also incorporated economic empowerment and capacity building into the intervention, while the Bridges to end violence intervention established community fora and hotlines to the Ministry of Women Affairs and police stations. Both included HIV/AIDS-related education or information (AIDSTAR, 2012). The SASA! Project, mentioned above, also takes a joint approach and is currently under evaluation (Heise, 2011).

Lesson 4: Community mobilisation is effective

Community mobilisation is a part of many promising interventions. This approach works within an ecological model, because it reaches beyond the individual level to the social setting, including relationships, social institutions, gatekeepers, community leaders and so forth (Barker et al., 2007). Such approaches comprise a range of social change strategies and should expand upon workshops and community education approaches (SGJ, 2007a). "Integrated programmes and programmes within community outreach, mobilization and mass-media campaigns show more effectiveness in producing behaviour change" (Barker et al., 2007: 5). This approach is deemed to be effective because it:

- shifts gender violence into the public sphere;
- reduces community tolerance for such violence;
- creates an environment where perpetrators fear their actions (Guedes 2004).

Involving communities in combatting violence against women is important for changing the perception that this issue is a simply a women's issue. Based on this premise, involving men in programmes is seen as vital. Along with men's greater visibility, advocacy approaches to demand an end to men's violence against women have also been noted to be successful (SGJ, 2007a).

Example:

Stepping Stones, Uganda [Category 2]

This successful programme uses participatory learning activities based on adult education theory, Freirean models of critical reflection and conscientising (WHO, 2010). This methodology is based upon the premise that education and critical reflection is a means of raising consciousness in order to liberate people from a 'culture of silence' and is particularly relevant to impoverished communities.

Lesson 5: Rights-based and empowerment approaches are crucial for success

Women's empowerment is crucial for reduction of violence against them and to conscientising them regarding their rights (Holmes, Jones, Vargas, & Veras, 2010). It is important that "both men and women—feel capable and empowered to act on changed attitudes in their own personal lives as well as in their communities" (Ellsberg & Betron, n.d.: 3). One way of achieving this is to help people to feel capable and energized by concentrating on their strengths and community assets as well as solutions and potential action strategies. Since men have frequently been stigmatised and stereotyped as risky or as 'the problem' in relation to violence against women "[t]he challenge is to promote responsibility for sexism but to do so in a respectful way without labelling all men as violent and blame-worthy. Supporting and challenging teachers and other mentors of young men is crucial to successful outcomes" (Ringheim & Feldman-Jacobs, 2004: 36 – 37). The rights-based approach, which underpins South African legislation and policy, can be a useful way of assisting men to appreciate and comprehend how contemporary gender roles infringe human rights, which were hard won during the country's struggle for democracy. It is possible to demonstrate how oppressive gender power relations mirror historical and class race relations. It is especially important to involve young men—and youth in general—and to address norms and behaviours before they become fixed (Guedes, 2004).

Examples:

- *Puntos de Encuentro*, ?
- *SASA!/Raising voices*, Uganda
- *One Man Can*, South Africa

Puntos de Encuentro and SASA! provide tools for dialogue in everyday life that do not require an expensive new project or a highly skilled facilitator. The South African One Man Can (OMC) programme provides action toolkits.

3.2. Local promising practice for the prevention of violence against women

A range of interventions have been conducted by South African civil society including media campaigns to raise awareness and shift gender norms, peer training and community-based workshops, and gender transformative programming (Heise, 2011; Seedat et al., 2009). This section deals with successful approaches and discusses examples actual interventions, as summarised below. Note, however, that approaches are not necessarily mutually exclusive and in practice there may be overlap.

Table 2: Overview of approaches reviewed in this section

Type of intervention	Example of actual programme
1. Awareness campaigns	*Soul City*
2. Community-based interventions	*Men as Partners* (MAP)
3. Gender-transformative programming • *Gender-transformative programmes for **men*** • *Gender-transformative programmes for **youth*** • *Gender-transformative programmes for **women***	 *One Man Can* *Stepping Stones* *IMAGE*

3.2.1. Awareness campaigns

Awareness and advocacy campaigns (also be referred to as social marketing campaigns or Behaviour Change Communication) are one of the most common strategies used to prevent GBV in low- and middle-income countries (Guedes, 2004; Heise, 2011).

Table 3: Advantages and disadvantages of awareness campaings

Advantages	Disadvantages
• useful for "breaking the silence" about violence against women (Heise, 2011; WOMANKIND worldwide, 2007) • provide a platform for advocacy projects (Heise, 2011)	• "generally ill-suited to the complex task of shifting social norms … [because they] are seldom intensive enough or sufficiently theory-driven to transform norms or change actual behaviours" (Heise, 2011: 14 - 15)

A number of South African campaigns have been conducted in, many utilising the edutainment (or education-entertainment) strategy, to address the issue of GBV. This entails the purposeful design of media messages that simultaneously amuse, entertain and instruct, so as to increase the knowledge of audience members, create favourable attitudes, alter social norms, and covert behaviours. The advantage of such an approach is that it may be especially appealing to younger people and affords the opportunity to target those who are still being socialised (Guedes, 2004). Consequently, awareness-raising campaigns are frequently used in schools (WOMANKIND worldwide, 2007).

Example: Soul City
Description: *Soul City* is an NGO that attempts to promote social change, health and development (Usdin, Christofides, Malepe, & Maker, 2003). On the basis of research, the campaign integrates social issues into popular, high-quality entertainment formats (Guedes, 2004). Its multi-media awareness campaign is estimated to reach between 12 million (Macleod & Tracey, 2012) and 16 million (Guedes, 2004) South Africans. This is achieved "through a prime time television programme, a daily radio drama, booklets on health topics, a publicity campaign that keeps *Soul City* within public awareness, and adult education and youth life skills materials" (Macleod & Tracey, 2010: 56). The fourth series of *Soul City*, in which GBV was a major focus (Usdin, Scheepers, Goldstein, & Japhet, 2005), reached 16.2 million people. This series tackled a range of issues such as, domestic violence, sexual harassment and date rape (Guedes, 2004).
Strengths: A capacity-building focus that serves to foster of cultural relevance and appropriate local solutions through the recruitment of local staff (WHO, 2010).
Challenges: "the potential for divided loyalties, issues of brand association and responsibility for impact, and building and retaining adequate local skills" (WHO, 2010: 22).
Evaluation: Identified by a number of sources as a promising programme (Guedes, 2004) and as "effective" (Barker et al., 2007). An evaluation of *Soul City 4* shows a "consistent association between [the series] and positive change" (Usdin et al., 2005, 2443). Both qualitative and quantitative evaluations indicated that the series is associated with: • increased knowledge and awareness after exposure to the series • positive impact on attitudes around violence were also affected (e.g., the private nature of violence against women, appropriate responses to such violence and attitudes about its seriousness). • increased interpersonal communication about the violence against women and help-seeking behaviour • increasing women's self-efficacy by informing them of their rights and facilitating access to services, as well as raising general awareness about gender roles and equity • facilitating the creation of an environment conducive to social change (e.g., implementing a help-line and other services). However, as is the case with awareness campaigns, evaluators have not been able to determine whether an actual change in violent behaviour toward women occurred and important attitudes regarding gender roles and the cultural acceptability of violence toward wives remained unchanged (e.g., as head of the home a man may beat his wife; it is culturally acceptable for a man to beat his wife) (Guedes, 2004).

3.2.2. Community-based interventions

Community-based work with men and boys, as well as with women and girls, is widely implemented and seeks to promote new gender ideals aimed at eliminating the use of GBV (Greig, et al., 2008). Though community-level interventions vary considerably, ranging from one-off workshops to training that is incorporated into existing platforms (e.g., clubs or micro-finance groups), in order to be successful, it is imperative that such interventions should be embedded in a larger programme of sustained intervention and engagement and based on thorough formative research (Heise, 2011).

Example: Men as Partners *(MAP)*
Description: The MAP programme is a community intervention that adopts a rights-based approach and has men at its centre (Peacock & Levack, 2004). The programme has a broad focus based on the recognition that gender inequity contributes to both AIDS and violence against women in South Africa and that men have a personal investment in challenging harmful and restrictive gender roles (Bott et al., 2005; Guedes, 2004). "Working with individual men in community settings, the programme emphasises the link between gender violence and HIV and AIDS and promotes active male involvement in reducing both epidemics in South Africa" (UNICEF, n.d.: 43). It aims to (1) transform the attitudes and behaviours that compromise men's own health and safety, as well as the health and safety of others; and, (2) to encourage men's active responses to GBV and the HIV/AIDS epidemic (Peacock, 2007). This programme involves community-based education workshops conducted by female and male facilitators with men and mixed gender audiences, at workplaces, trade unions, prisons and faith-based institutions and so on (Botts et al., 2005; Guedes, 2004). Community Action Teams also comprise an integral part of *SGJ's* approach and encourage transformation at both individual and community levels (Sonke, 2007c). The processes adopted are "participatory and non-directive, acknowledging the experiences that all participants bring with them. Central to any MAP workshop is the discussion of gender issues – reflecting on participant values about gender, examining patriarchal gender roles, understanding the power dynamics that exist based on gender, assessing gender stereotypes, and sharing male and female perspectives on gender" (Peacock, 2007: 4). **Challenges:** Some of the challenges particular to this programme are reported by Guedes (2004). These include resistance within communities; women's and men's deeply rooted patriarchal and conservative attitudes; and dependency of peer educators and community action teams on programme stipends. **Evaluation:** The work conducted by MAP has been called "pioneering and internationally-renowned" (SGJ, 2007a: 21). This intervention was classified as "promising" in a World Health organisation review of global programmes aimed at men/boys (Barker, et al., 2007). The preliminary evaluation of MAP suggested that in comparison to control groups, a higher percentage of participants believed in equal rights for women and men and that intimate partner violence is wrong (UNICEF, n.d.). Subsequent evaluations have shown some positive changes, as summarised in table 2 below (Guedes, 2004), as did qualitative evaluations (Bott et al., 2005). However, there were some areas that were highlighted as requiring further attention during training. For example, there were only slight or moderate increases in participants' understanding of different forms of GBV and of rape as motivated by power rather than sexual desire (Guedes, 2004).

3.2.3. Gender transformative programming

Research indicates greater efficacy for interventions aimed at transforming ideas about gender than those interventions that are individual-focused and target risk behaviours alone (Dunkle et al., 2007). Implementing agencies have also recognised that changing gender norms necessitates working with both women and men—even if they are addressed separately in same-gender groups. Consequently, there has been a general injunction to adopt "gender synchronised" approaches; i.e., using the same programmatic umbrella or partnering with other organisations to address (a) men and boys; (b) youth; and (c) women (Heise, 2011). We shall deal with each of these programme types in turn.

(a) Working with men and boys

Global evidence indicates that men need to be actively engaged in supporting women's empowerment as well as the health and well-being for families if violence against women is to be eradicated (Ringheim & Feldman-Jacobs, 2009). South Africa is widely recognised as a leader of some of the most significant interventions and research focused on men and gender equality and pioneering work with men to achieve gender equality is occurring in South Africa (Peacock, Khumalo, &McNab, 2006; SGJ, 2007a). Yet, for the most part, "[w]ork to involve boys in achieving gender equality currently receives very little attention from either government or civil society" (Sonke, 2007b: 7). In addition, the following shortcomings have been noted in the past (SGJ, 2007a):

- adoption of overly narrow approaches
- use of one-off workshops that do not duly consider audience or seek community involvement

Such an approach cannot promote sustained change and attempts have since been made to do so, notably by *Sonke Gender Justice's* (SGJ) *Network's* flagship project, *One Man Can* (*OMC)*, which builds upon the MAP programme (discussed above) (Peacock, 2007). *SGJ* is a South African-based NGO that works across the continent to reinforce government, civil society and citizen capacity to support men in taking action to promote gender equality, prevent domestic, sexual and GBV, and reduce the transmission and effects of HIV/AIDS. The organisation focuses on providing support to ensure that men's commitment to preventing violence against women is sustained.

Example: *One Man Can*

OMC 'is a multifaceted, multisectoral, multimodal mass media and community mobilization campaign . . . [that] explicitly promotes activist and rights-based collective action and links with the historical anti-apartheid struggle and post-apartheid emphasis on building a human rights culture" (WHO, 2010: 23). It attempts to simultaneously address the risk of GBV and HIV (WHO, 2010). A particular strength of this campaign is its multi-sectoral collaborations. These include partnerships with other NGOs that have made a significant contribution to the field as well as with government departments (Peacock, 2007). The intervention makes use of interconnected participatory social change strategies, which are "mutually reinforcing, generate important synergies and promote multi-sectoral approaches" (Colvin & Peacock 2009: 12) and informed by extensive formative research. The following are outstanding features of the programme:

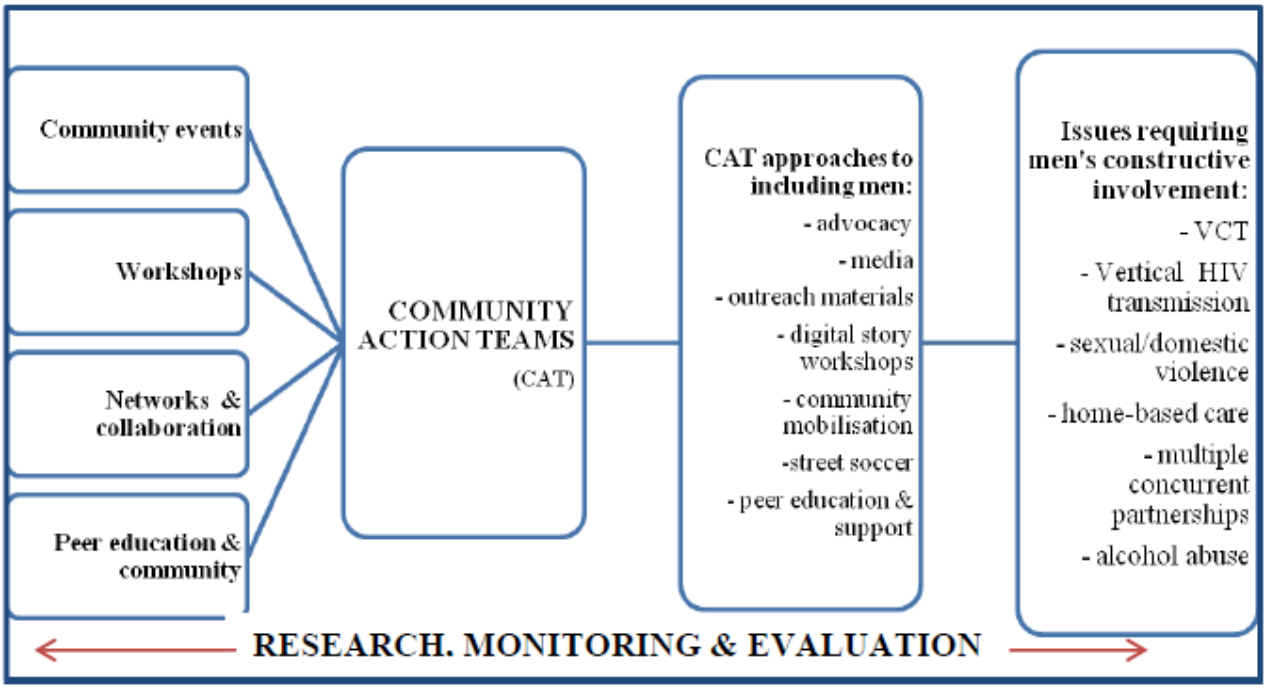
- *Empowerment & advocacy*: The founding premise is that men can be constructively involved in curbing violence against women. Positive messaging and constructions of masculinity are intended to mobilise men and boys to take action to end violence against women, reduce the spread of HIV, and to promote equitable relationships between women and men (WHO 2010; Feldman & Ringheim-Jacobs, 2009). The campaign "encourages men to work together with other men and with women to take action, to build a movement, to demand justice, to claim our democratic rights, and to change the world" (SGJ, 2007a: 33).
- *Ecological approach*: Based upon an explicit human rights approach, the campaign uses a social ecological model (discussed earlier) and is thus built upon a spectrum of change that occurs

across several levels, including: "building individual knowledge and skills, strengthening organizational capacity, building effective networks and coalitions, community education, community mobilisation, and working with government to promote change in policy and practice" (WHO, 2010: 23). This approach is graphically illustrated in Figure 3 below. This model shows the relationship between community education and mobilization, training, and changes in men's gender-related practices.

- *Sustaining participation and commitment at the social, political and economic level*: The campaign goes beyond prevention and awareness workshops to actively co-opt males into advocacy and care work. Materials, resources, and definite strategies are provided to participants in the form of an Action Kit (Sonke, 2007a).

The programme has reached tens of thousands of people and has been identified as a "promising practice" (USAID, 2012). A number of indicators were predetermined and targets set in order to monitor and evaluate its impact. The 2009 programme evaluation reported "very positive" findings overall and responses to the follow-up questionnaire items about reporting of GBV appear in the table below (Colvin & Peacock, 2009). While the main findings of the impact evaluation indicate that the OMC Campaign was effective in changing behaviour and attitudes at both the individual and community levels, the findings are limited in that they relied on a self-report format and qualitative data. It was therefore not possible to ascertain long-term changes in attitude or behaviour (Sonke, 2009). However, assessments of the programme's impact are on-going and "suggest that men who had attended at least one *One Man Can* event were likely to … intervene if they witnessed an act of gender-based violence" (WHO, 2010: 23).

Figure 2: One Man Can Community Mobilisation Model



Source: Colvin & Peacock, 2009

(b) Working with youth

A substantial body of South African research on young people, coerced sex and violence, especially within the context of HIV/AIDS (e.g. Jewkes et al., 2006; Jewkes, Penn-Kekana, Levin, Ratsaka,

Schrieber, 1999; Wood & Jewkes, 1997; Wood, Maforah, & Jewkes, 1998; Wood, Lambert, & Jewkes, 2008 a & b) has emerged in recent years. These studies highlight the need to address the underlying gender and power dynamics that contribute to violence against women (Dunkle et al., 2006). Globally, approaches to address GBV among young people have adopted various approaches, including: empowerment of girls and addressing gender norms among female and male teenagers and youths. Programmes that target the youth can assist in changing gendered norms and behaviours before they become firmly established. They may not only limit the amount of GBV that occurs at schools, where sexual violence is more common than many believe, but also set an example for the community regarding acceptable behaviour. Finally, youth programmes may also disrupt the inter-generational cycling of violence (Guedes, 2004).

Example: Stepping Stones

This programme was originally developed for use in Uganda in 1995 and has since been used in more than 40 countries, including South Africa. It is "a participatory HIV prevention programme that aims to improve sexual health by building stronger, more gender-equitable relationships and through this process seeks to reduce gender-based violence" (Seedat et al., 2009:1017). The programme utilises participatory learning approaches, based on adult education theory and Freirian models, involving critical reflection, role play, and drama in man-only or women-only groups and attempts to incorporate everyday realities faced by participants' lives into the sessions (WHO, 2010).

An assessment conducted by the Medical Research Council (MRC) showed significant reduction in intimate partner violence (SGJ, 2007a; Seedat et al., 2009; see also Dunkel et al. 2006 & 2007). This is the only intervention outside of North America to show a decrease in male perpetration of GBV (WHO, 2010). There were also changes reported in HIV risk behaviours, such as transactional sex and problem drinking (Greig et al., 2008; WHO 2010). The reason for the efficacy of this programme is that *Stepping Stones* "addressed gender norms and provided communication skills that could be used to build better relationships, which was seen as a valued outcome by both men and women" (Greig et al., 2008: S37). This project also draws attention to the role of interventions with women that empower them with relationship skills and questions the acceptability of GBV and ideals of femininity grounded either on subservience to men or promiscuity (Greig et al., 2008).

(c) Empowering women

"Women's empowerment and the development of their capabilities are closely related to their economic self-sufficiency" (UNFPA, 2006). The lack of a means to earn an income, limits the choices available to women, especially those who are already in abusive relationships. However, assisting women financially is not a simple matter, owing to widespread and deeply-rooted ideas regarding gendered labour roles as discussed at the beginning of this chapter (Moletsane et al., 2010). Evidence on the impact of micro-finance/micro-credit schemes on the status and power of women within the home and farther afield suggests that micro-financing/-credit programmes seem to work in two directions simultaneously (Bott,

Morrison, & Ellsberg, 2005): on one hand, these initiatives "reduce women's vulnerability to violence by strengthening their access to resources and making women's lives more public" (42); on the other hand, initiatives may "increase the risk of violence by challenging patriarchal norms and escalating conflict in the household" (42). The effects of income or employment, as well as property ownership, on women's risk of violence vary contextually; in some settings they serve a protective function, while in others the opposite (Heise, 2011). In South Africa, a meaningful decline in men's violence toward women has subsequently been related to women's participation in an economic and social empowerment initiative (Kim et al., 2007).

The challenge, therefore, is to find ways to maximise the benefits of micro-credit programmes, while mitigating or minimising risks. Programmers must never lose sight of the fact that gender norms play an important role in determining whether economic autonomy may actually increase women's authority and relative power. Research—particularly in relation to sexual and reproductive health—has shown that heterosexual marriage in particular functions as a site of male dominance and is a significant intervening factor in women's autonomy, regardless of income or education (DeRose, Dodoo, & Patel, 2002). Thus, Advocacy work might be needed to raise awareness about issues such as men's burden sharing within households and the importance of women's economic empowerment in terms of the economic costs of the lack of women's contribution to the labour force as a result of violence (Bott et al., 2005; UNFPA, 2005 – *cf.* Schuler, Hashemi, & Badal, 1998). In addition, involving women and collaborating with them to hear about the realities of their lives and what it is they want and need is important when planning interventions that seek to empower women (e.g., Lambrick & Travers, n.d.).

Example: *The Microfinance for AIDS and Gender Equity*, or IMAGE (Kim et al., 2007)
This South African initiative is repeatedly singled out as a success story. The poorest women in villages in a rural area of Limpopo were given loans and gender and HIV sessions were conducted during loan repayment visits (Mullick, et al., 2010). This "project showed significant reductions in IPV [Intimate Partner Violence] and strong trends in reducing HIV risk behaviour, by combining a microfinance intervention to relieve women's poverty with a gender-training programme and support for gender transformation within communities, including a focus on reducing gender-based violence" (WHO, 2010: 27). The combination of financing and explicitly addressing the implications of GBV are crucial for success, as Bott et al. (2005) stress. In an assessment in the project in rural Limpopo two years subsequent to the intervention there was a 55% decrease in the risk of sexual or physical partner violence targeted at women for the preceding year (Mullick et al., 2010; Seedat et al., 2009). Kim et al., (2007: 1800) assert that "women participating in the IMAGE intervention reported greater household communication and collective action, mobilizing their villages around a range of issues, including violence and HIV infection". As a result of this success, it was decided that the intervention should be rolled-out to 15 000 in the province (Seedat et al., 2009).

4. Challenges and opportunities for civil society

4.1. Collaboration with and support from government

The government's response to violence against women and HIV/AIDS has been inconsistent. This is largely due to the mammoth task of post-apartheid reconstruction and transformation. The approach has been characterised by poor coordination and inclusion of the NGO sector. Continuous attention needs to be directed at fostering and maintaining cohesion between the various stakeholders (Peacock & Levack, 2004). Nevertheless, the South African government has made some progress toward addressing violence aimed at women and more has been achieved where support has been received from senior government officials (Sonke, 2007a). Yet, by the same token, SGJ (2007a) highlights that the attitudes and actions of high profile political figures, as well as the (lack of) response from the state, potentially undermines any initiatives that have been undertaken (for instance allegations of rape and sexual harassment against senior male government officials). Likewise, those working in the NGO sector report a lack of buy-in, support, and participation from men in South African government in general, despite the isolated champions that do participate here and there. This is part of a broader, overarching difficulty that organisations encounter when engaging males. Resistance from men is possibly unavoidable, however, since preventing violence against women often requires working with men who hold negative attitudes toward women (Sonke, 2007a).

Britton (2006) points out another difficulty in relation to civil society-government partnerships. She maintains that working with government has not been simple or easy for civil society organisations owing to the political transformation that the country has undergone. As a result, civil society groups have had to walk the fine line between collaborating with the new democratic government while simultaneously monitoring its progress and avoiding being co-opted by it, particularly in light of the need to secure funding. Likewise, NGOs have had to balance their advocacy work with the consultancies they conduct for the government.

4.2. Funding and donor conditions

Funding is a particularly challenging aspect of NGO work, as mentioned in chapter #. This is owing to the tension between "maintaining autonomy or becoming 'technocratic handmaidens'" (Britton, 2006: 154). NGOs find themselves in a quandary, caught between meeting donor expectations or limitations and having their agenda appropriated by them. SGJ (2007a: 5) points out that one of the challenges in their work with men and boys is that international donor funding comes 'with strings attached'. This is

especially problematic when foreign donors adopt prescriptive approaches with little or no understanding of local realities. Given the limitation of state funds, NGOs are increasingly dependent on donor funding (The Presidency, n.d.; Sonke, 2007a). This is also a problem in relation to the work that NGOs frequently do for government on a contract or consultancy basis, since "despite the potential for co-optation, […] need to have stronger linkages with government to secure funding, ensure trust and facilitate collaboration" (Britton, 2006: 155).

4.3. Engaging men within feminist organisations

Engaging men has come to be seen by many as "the latest silver bullet to achieving gender equality" (Meer, 2012:3), but, as interest in men and masculinities in the policy and programming area has increased, so too has ambivalence amongst many feminists in the field about the "men agenda" (Cornwall & Esplen, 2010, unpaginated). "Many of those working in the field have remained hesitant, tentative, often hostile to the notion that men might be potential allies in the struggle for gender justice" (Cornwall & Esplen, 2010: 1). They argue that women's empowerment has fallen by the wayside because of the depoliticising effect of mainstreaming the gender approach. "Gender, stripped of ideas of male privilege and female subordination, [has come] to mean that women and men suffered equally the costs of the existing gender order" (Meer, 2012: 4) and feminists are concerned that such uncritical approaches may compound the marginalisation of women's interests (Baden & Goetz, 1997; Berer, 1996; 2004). This depoliticisation has been further complicated by the growing focus on men in research, policy and interventions.

A central concern therefore is how men ought to be included in interventions, as well as the role that men's organisations should play. The call for gender equity has increasingly been turned into a call for male involvement and participation, in some cases with little or no reference to women and/or little recognition of the fundamental power difference between women and men (Berer 1996). This is addressed (to some degree) by the 'men as partners' approach, discussed earlier. This approach attempts to retain a focus on female empowerment by addressing and engaging men as partners, both in the sense of being women's partners as well as in partnering with women to achieve this end goal. The focus is on involving men as instruments of positive change and aims to inform policies and interventions (Browner, 2005; Dudgeon & Inhorn, 2003; Greene, 2002). These interventions seek to address gender dynamics and many also concentrate on assisting men to question their gender roles in terms of the advantages and disadvantages that these bring them. These programmes seek to engage men

constructively in issues around GBV (e.g., Greig et al., 2008; Jewkes, Sikweyiya, Morrell, & Dunkle, 2009; Peacock & Levack, 2004; Stern, Peacock, & Alexander, 2009).

4.4. Opportunities

SGJ (2007a) identifies South Africa's history of rights-based activism and ability to mobilise people as a potential opportunity for the work of civil society. Peacock (2003) argues that organisations can draw "on the rich tradition of community organizing that succeeded in toppling the apartheid regime" in order to enlist men as activists in preventing violence against women. Therefore, although the county's history of hostility and social upheaval has left us a legacy of continuing violence, it also provides a unique basis upon which to build interventions and advocacy. Indeed, work with men has revealed some disturbing beliefs and attitudes toward women and gender equity, however, research also indicates that more than half of all men want to end violence against women and are willing to become constructive partners in this endeavour (Sonke, 2007a). "[A] body of effective evidence-based programming has emerged and confirmed that men and boys are willing to change their attitudes and practices and, sometimes, to take a stand for greater gender equality" (SGJ2007a: 18).

5. Recommendations and Policy implications

This chapter has explored violence against women within the South African context, highlighting how this issue is inextricably intertwined with socio-cultural norms pertaining to gender roles, poverty and the country's violent history. However, in reviewing the current efforts to reduce rates of GBV within the country, it is possible to see how certain interventions have harnessed the county's legacy of struggle and human rights activism to mobilise people to act against violence committed against women and girls (Peacock & Levack, 2004). This provides an important lesson for future interventions, namely, the necessity of adopting an overarching human rights perspective. Further important lessons were illuminated in the review of promising practices and international good practice in this chapter. These are summarised here as recommendations for future interventions. However, before doing so, it is important to recall that the evidence base for interventions to reduce violence against women, particularly in low- and middle-income countries, is compromised by the lack of rigorous evaluations of how effective they have actually been in reducing GBV. Thus, a major endorsement of this chapter is that priority must be given to the (meaningful) monitoring and evaluation of GBV reduction programmes, especially those that serve the most disenfranchised women and children in contexts of poverty (Heise, 2011). Further recommendations include:

- ***Approach the issue from a rights-based perspective***

This perspective underpins much of South Africa's relevant legislation and policy (Mkhize et al., 2009). Although there are still many obstacles and challenges with respect to the implementation of these policies, it is important to remember the success represented by, and potential that arises from, such rights-based legislation (Macleod & Tracey, 2010). Framing the issue in the rhetoric of rights also allows programmes to understand GBV as an infringement of women's human rights, and how oppressive gender power relations mirror those that have occurred, and still do occur, along other axes of difference such as race or socio-economic status (Peacock & Levack, 2004).

- ***Use a multi-faceted approach within an ecological framework***

Existing evidence points to the complexity of the issue of GBV. The phenomenon is multi-causal and different factors combine to increase the likelihood of different types of violence. However, we are without a doubt that socio-cultural norms that produce gender power disparities are an important contributing factor and, moreover, are the very same norms that contribute behaviours that promote the spread of HIV. It is therefore essential to adopt a holistic systemic or ecological framework that combines individual level risk factors with community and society level factors, including gender-based power differentials and relationships. In line with this approach, a multi-faceted, multi-sectoral, and multi-modal approach to programming is advocated. Successful and promising interventions have demonstrated that changing "deeply held beliefs about gender roles and relations requires comprehensive, multifaceted strategies" (Sonke, 2007a: 9). This includes attention to structural factors such as poverty or education. Stand-alone and one off workshop-type interventions are not sufficient to engender the sustained change required to reduce violence against women.

- ***Adopt a critical and nuanced view of gender***

Given the centrality of gender norms in the persistence and maintenance of violence against women, it is essential that programmes aim to transform gender norms. A number of gender transformative programmes were addressed in this chapter, including South African undertakings, which have gained international recognition. It cannot be stressed enough, however, that a critical and nuanced understanding of gender is essential for success (Macleod & Tracey, 2010). The following criteria comprise such an understanding, and are found in successful gender transformative interventions: (a) an understanding of gender as a social construction;(2) critical discussion and questioning of patriarchal attitudes about gender within the intervention; and (3) take into account the other power dimensions and social realities facing participants.

- ***Implement gender transformative programmes in dialogue with feminist principles***

Gender transformative approaches also recognise that violence against women will never be effectively eradicated unless both women and men are constructively involved in interventions. In constructively engaging men, it is essential that they are presented as capable partners—rather than problems or barriers to women's empowerment—and that men are involved at an early age, before negative beliefs and ideologies take a firm root. However, as South African work with men and boys has emphasised, it is imperative that those working with men collaborate closely with women's advocacy organisations and feminist principles (SGJ, 2007a). "Closer dialogue and accountability offers the potential for … more rigorous work with men and hopefully greater success in achieving gender equality" (SGJ, 2007a: 9).

- ***Embed economic empowerment programmes within broader initiatives***

When it comes to women's empowerment through economic means, programmes should be carefully monitored in order to ensure that women obtain the maximum benefits of such programmes, while risks are mitigated as far as possible. It is recommended that, for this reason, economic empowerment initiatives are embedded within a programme that also works to bring about community-level change, which facilitates the disruption that women's economic activity may bring to patriarchal gender relations.

In closing, it must be stressed that attention and resources should be devoted to ensuring that primary prevention is given due attention and that any efforts to reduce violence against women target the underlying norms, attitudes, and behaviours of individuals, communities and society. As indicated earlier, evidence suggests that primary prevention of violence against women is a more effective means of lessening GBV as well as HIV prevalence. Furthermore, a human rights perspective insists upon an emphasis on reducing GBV before it begins. However, insufficient attention has been devoted to primary prevention in the South African context (Ellsberg & Betron, n.d; Heise, 2011).

Focusing on primary prevention would mean adopting other important change strategies like advocacy for policy change or rights-based activism, which may be necessary to address structural level issues, like poverty, for example. Another significant policy implication is in relation to the recommendation of involving men in interventions. As noted earlier in this report, men are often viewed from a problem perspective. This is reflected in public policy where constructions of masculinity

> often become evident in law and policy when these instruments engage with the criminal, antisocial or destructive behaviors of men. Public policy is thus generally geared to limit, constrain or punish men's behavior. Much less often is policy framed as providing an opportunity to change constructions of masculinity [and femininity] in a positive way as part of a broader social project of building gender equity in society through constructive engagement with men and boys (Barker et al., 2010:54).

A crucial move, therefore, would be to frame policy in such a way that recognises the role of men as potential partners in changing detrimental gender constructions and the broader social project of building gender equity in society.

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[i] Gender transformative approaches encourage critical awareness among men and women of gender roles and norms, promote the position of women, challenge the distribution of resources and allocation of duties between men and women; and/or address the power relationships between women and others in the community, such as service providers or traditional leaders (USAID Interagency Gender Working Group cited in Heise, 2011: 17).