



A Gender Analysis of Targeted AIDS Interventions (TAI)

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JOHAP The Joint Oxfam HIV/AIDS Program in South Africa seeks to strengthen the civil society response to HIV/AIDS through supporting integrated community-based services for HIV prevention and care, including a focus on gender and sexuality and the rights of people living with, and affected by, HIV/AIDS.



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Acknowledgements

Executive summary 4

1. Introduction: gender, HIV and masculinity 5

2. Brief introduction to TAI and its projects. 7

3. Gender analysis of TAI and its work 8

3.1. The brief by oxfam/johap 8

3.2. The methodology: 8

Data collection 8

Data analysis 8

4. Findings 9

4.1. Elements of gender construction revealed 9

Elements of a desirable masculinity 10

Gender roles 10

Men's behaviour and hiv 11

Women as vectors of disease 11

Control of sexual relations 11

The intersection of economics and gender 12

Sugar daddies 13

Sport as a site of gender construction 14

Men as victims of the gendered system 15

4.2. Competition and change in gender construction 16

4.3. TAI's gender-based interventions 18

4.4. Learning experiences and recommendations 19

Learnings from the programs 21

Learnings from peer educators 21

Learnings from TAI 21

Other gender-specific learnings 22

5. Conclusion 23

Appendix 1: Focus group case discussion 24

Appendix 2: Outline of format of focus group discussion on relationships 24

Appendix 3: Outline of format of focus group discussion on rape 24

Appendix 4: A debate organised by peer-educators within the schools 25

References 26

This Report looks at the work of the Targeted AIDS Intervention (TAI) Project, an NGO in Pietermaritzburg, South Africa, which is dedicated to HIV education and training, especially with men and boys.

There has been a growing realisation of the importance of gender at the centre of the HIV pandemic and HIV/AIDS must be understood as a 'gendered' disease. In the past, much HIV intervention has focussed on women. But if there is to be a major change in the current HIV/AIDS pandemic, it is the behaviour of men, as well as that of women that must change.

However, if the risk behaviours of men are to undergo substantial modification, the very construction of masculinity itself must be called into question.

Therefore, this Report looks at the impact of TAI's work on both changing risk behaviour to reduce HIV, as well as the role their work plays in creating personal change toward broader sustained gender equality.

TAI's work has been facilitated through the South African Football Association, as well as with younger boys still in school. Both projects use a 'peer-educator' model, where an initial group of boys are recruited and offered training, and then encouraged to share the skills they have learnt with their peers.

Key findings of this Report include:

- The role sport plays as an important site of gender construction and maintenance.
- An important intersection of economics and gender, especially the influence that poverty, economic need and material desire have on relationships between men and women.

- Using existing structures that have credibility within the communities (e.g. SAFA and schools) has clearly strengthened impact of the intervention.
- The 'bottom-up' approach that TAI uses in its interventions by empowering peer educators makes the process both participatory and collaborative.
- The process of being listened to by an adult and listening to one another's stories is in itself an intervention strategy and offers much benefit.
- The programs and interventions of TAI appear to have been very successful in attaining their HIV risk behaviour related goals.
- Greatest success has been with younger boys, demonstrating the efficacy of interventions in earlier, rather than later adolescence.
- Overall, there was not a great deal of evidence of emerging alternative patterns of masculinity.
- For a holistic and integrated approach to changing the gender system, TAI should consider including girls and women in their intervention programs.
- However, an important contribution of TAI is the creation of an alternative space within which boys can explore the meaning of masculinity, thus sowing the seeds for sustained change in the current gender system.

Overall, TAI's focus on boys is an appropriate, novel and progressive approach to dealing with HIV/AIDS. The work undertaken for this JOHAP/Oxfam project on TAI has clearly demonstrated the value of a partnership of academic institutions and NGOs in dealing with social crises, such as the HIV pandemic.



Gender, HIV and masculinity

HIV/AIDS is the largest international health threat, with ever increasing rates of infection. Not only are the rates of infection for women dramatically increasing, but in many respects women bear the largest portion of the responsibility for HIV/AIDS. It is women who bear the burden of anxiety about being HIV/AIDS infected, and the anxiety about their children and families being infected (Lindegger, 1994). It is women who bear the burden of persuading their partners to practice safe sex, and women who care for the HIV positive and terminally-ill family members with AIDS. It is women who form the backbone of the infrastructure of care for those with AIDS, and women who are ultimately responsible for AIDS orphans. In the light of this, it is understandable that much of the work on HIV/AIDS prevention has been directed at women (Kippax, Crawford & Waldby 1994). But, ironically, the very behavioural strategies that are likely to be most effective for reducing the spread of HIV/AIDS, viz. condom use and faithfulness to one partner, are the strategies that are least in the control of women. Women bear the burden of persuading their men to practice safe sex according to these strategies. In many countries, the highest rates of HIV infection are among women whose only risk factor is that they are faithful to male partners who are unfaithful to them (Foreman, 1999). In general, women assume far greater responsibility for all aspects of HIV (ibid.).



While there has been a growing realisation of the importance of gender at the centre of the HIV pandemic, gender issues have often been interpreted as women's issues, and many HIV interventions have placed an even greater burden of responsibility on women, with a tendency to overlook the constructive engagement of men (VSO, 2003). But Foreman (1999, p.vii) boldly proclaims that, 'the HIV epidemic is driven by men' (1999, p.vii). Despite their levels of infection, men are less affected by HIV and the AIDS crises than women, but more responsible for the transmission. 'In short, men determine the path of the disease. Only prevention programs that directly address men's sexual and drug-taking behaviour can significantly reduce the rate at which the global HIV/AIDS epidemic spreads' (ibid., p.vii). But there is a general unwillingness on the part of men to regard HIV/AIDS as a problem that concerns them, seeing it rather as a problem of the

While much HIV intervention to date has focussed on women, if there is to be a major change in the current HIV/AIDS pandemic, it is the behaviour of men as well as that of women, or even primarily that of men, which must undergo dramatic change.

other, 'a disease of Otherness' (Kippax, Crawford & Waldby, 1994, p.321). There is also a general paucity of research and intervention programs for men regarding HIV/AIDS. In addition, there is also a male privilege within AIDS policy, 'which attempts to protect heterosexual male bodies and to maintain masculine sexual freedom in the age of HIV' (ibid., p.S321).

Foreman (1999) argues that 'Women are vulnerable to HIV; men are at risk... Most women are vulnerable because they have limited opportunity to protect themselves; many men are at risk because they refuse to do so - 'often deliberately, it seems' (ibid., p.viii). Even where men are aware of their risk of HIV, they are less inclined to protect themselves. It is this that leads Foreman to hold men responsible for the HIV crisis or to blame men (ibid.). But Foreman goes on to argue that 'the responsibility for transmitting HIV lies less with individual men or with men as a group than with widely-accepted concepts of masculinity that underpin the behaviour of millions of men across the globe' (ibid., p.x).

For the reasons just cited, HIV/AIDS must be understood as a gendered disease, especially a function of the construction and performance of masculinity. But masculinity is not a property of individual men, but a socially-constructed phenomenon, an everyday system of beliefs and performances that regulate behaviour between men and women. While much HIV intervention to date has focussed on women, if there is to be a major change in the current HIV/AIDS pandemic, it is the behaviour of men as well as that of women, or even primarily that of men, which must undergo dramatic change.

Foreman (1999) argues that enabling 1,000 men with several partners to use condoms and/or to sterilise needles is likely to have a far greater impact on the spread of HIV/AIDS, than intervening with a thousand women. But men's attitudes and behaviours, it is argued here, largely emerge as a by-product of the very construction of masculinity in various cultures. Therefore, if the risk behaviours of men are to undergo substantial modification, the very construction of masculinity itself must be called into question and challenged.

In the light of these considerations there have been increased calls for HIV intervention to include a substantial focus on men and masculinity, and for men to be constructively and intricately involved in various aspects of HIV/AIDS.

This report focuses on the work done by the Targeted AIDS Intervention (TAI) Project, an NGO in Pietermaritzburg, South Africa, which is dedicated to HIV education and training especially with men and boys. TAI can be seen as a good example of a HIV/AIDS project which has responded to the call for the constructive engagement of men. This report is essentially a gender analysis of the work of TAI, and the performances of masculinity of the young men among whom their intervention is carried out, in order to better understand the role of masculinity and intervention with men in the HIV/AIDS field.

Brief introduction to TAI and its projects.

Targeted Aids Interventions (TAI) is an NGO based in Pietermaritzburg, KwaZulu-Natal, South Africa. Gethwana Makaye, a talented woman motivated by the desire to contribute towards a healthy society, heads this small but dynamic organisation.

Realising the dramatic effect of HIV on women as described in the introduction, TAI began their HIV intervention work with women. However, Gethwana and her team soon realised that it was the gendered nature of female-male relationships that thwarted their attempts to protect women through empowering them with knowledge and life-skills. Initially TAI sought to educate women to the hazards of HIV/AIDS and the modes of transmission, and believed by empowering these women with skills would assist them in protecting themselves from disease in general, and HIV infection specifically. Once their training was complete women attempted to put into practice what they had learned but they were met with resistance, and often abuse, which left them disempowered to make any significant change in their HIV risk.

It was primarily this realisation (in 1998) that motivated TAI's focus to shift exclusively to men. It is interesting that this shift was synchronised with the international realisation of the need for gendered AIDS interventions to have a greater focus on men (VSO, 2003). Arguing that while men hold a position of power in social interactions, it is through 'training men to use their power creatively' that men might protect themselves and thus their female partners. Working within a social system of gender inequality, and by using

the contextually defined nature of gendered relationships, TAI planned to impact the behaviour that puts men and women most at risk for contracting HIV and AIDS.

In order to facilitate the entry into a network of men as a means of carrying out their work, TAI contracted with the South African Football Association (SAFA) and targeted the amateur football league in KwaZulu-Natal as a site through which gender-related HIV intervention might be developed. Through the structures of SAFA, TAI obtained access to the many local football clubs that capture much of the attention of many young men in South Africa. Thus the Shosholoza Project began as an HIV/AIDS education campaign operating through the network of soccer players, attempting to use the language, beliefs and behaviour around soccer as a creative medium for facilitating change in the risk behaviours leading to HIV infection.

A further development in the strategy of TAI occurred in 2000. An important finding that became apparent to the TAI staff in their dealings with young soccer players between the ages of 16 and 24 is that they had been sexually active for some time, and that these boys were entrenched in the local construction of hegemonic masculinity which played a major role in enhancing and maintaining many of the behaviours that put them, and their female partners, at risk of HIV infection. It was from here that a new project was initiated, called the Inkunzi Isematholeni, focussing on HIV/AIDS education among younger boys still attending school. The aim of this project is to influence younger boys through education and role modelling before they become sexually active and influenced by the 'older boys' with higher levels of HIV

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In order to reach many young men, and for their message to be acceptable to them, TAI decided that they would need to become familiar with the discourses and practices around soccer, as a means of intervening in a meaningful, "bottom-up", way. To this end, the Shosholoza and the Inkunzi projects have used a peer-educator model, where groups of young boys are recruited and offered training in HIV/AIDS, and then encouraged to share the information and skills they have learnt with their peers.

Focus group discussions, workshops and debates are held to allow the sharing of experiences and for facilitated discussions of HIV/AIDS. Through the encouragement of the TAI staff, the boys suggest initiatives through which they might disseminate the HIV/AIDS knowledge and skills they have acquired.



Gender analysis of TAI and its work.

3.1. The brief by Oxfam/JOHAP

The Joint Oxfam HIV/AIDS Program (JOHAP) currently provides funding and technical support to NGOs and CBOs based in the KwaZulu-Natal and Limpopo provinces. It is their specific goal at this time is to ensure that the quality and cohesion of the civil society response to HIV/AIDS is improved as a result of its support for the development, documentation, evaluation and dissemination of good practice in HIV/AIDS work.

By identifying approaches to HIV/STI prevention work, that effectively address gender and sexuality issues, with a particular focus on young people, and through analysing and documenting these approaches, JOHAP is able to contribute in ways that strengthen civil society's response to the HIV/AIDS pandemic.

It is in this vein that JOHAP commissioned a gender analysis of the work TAI has done with young men in and out of school. This work was done as part of the ongoing research project on masculinity and AIDS in the School of Psychology of the University of KwaZulu-Natal in Pietermaritzburg. The intention of this study is to investigate the gender issues which TAI encounters and to examine how TAI approaches gender and incorporates this into their HIV/AIDS interventions. Lessons, strengths and weaknesses that are discerned through this analysis are intended to enhance the work of TAI and other similar organizations.

Gender analysis is defined as a form of social analysis that considers both the differential impact that an intervention may have on women and men, and on the

relations between men and women (GETNET, 2004).

3.2. The methodology

In order to answer the questions: 'How does TAI incorporate 'gender' in HIV/AIDS intervention work?' and 'What lessons can be learned that contribute to TAI's current intervention strategy?' required an investigation involving the documentation that TAI has produced in reports and publications, the staff and organisation of TAI, and some of the boys and teachers who have been involved in the projects.

Personal contact with the staff of TAI and an experience of their projects was considered important, not only for gaining knowledge of TAI as a whole, but in order to develop a working relationship with the people of TAI, so as to facilitate the generation of a relevant and 'useful' report that can be owned by all the stakeholders.

Data Collection

Introductory interviews After a preliminary meeting with the director that introduced us to the culture of TAI, two interviews were conducted with the TAI staff (Pelele Mlangeni and Sizwe Mchunu) in order to be introduced to some of the components of TAI's work and to their 'gender' based understanding underlying the intervention strategies that TAI employs.

Site visits

Visits were made to several of the schools that participate in the Inkunzi Isematholeni project; a number of focus group (FG) discussions were held with school boys participating in the project (see Appendix 2 for outline focus group discussion). The FG discussions were recorded and detailed notes were taken as a means of revealing and understanding some of the gender components of the HIV risk of these boys,

and of the interventions undertaken by TAI. In addition, interviews were conducted with a sample of teachers who acted as TAI mentors, to gain their perspective on TAI's work.

Documentation TAI made reports, their own Focus Group findings, and publications available for analyses. Many of these documents were read and analysed in order to identify and reveal the gender-based nature of TAI's intervention projects.

Interviews

In-depth interviews were conducted with Gethwana Makaye and Sizwe Mchunu that sought out a deeper knowledge of the developments of TAI as an organisation, their motivations, their aims and their experience of working with boys and men.

At various points, the findings drew contrasts between reports based on focus groups and those from individual interviews. Individual interviews were not held with boys during the data collection. However, TAI's documents and interviews with TAI staff provided likely reasons/explanations for these contrasts.

Data Analysis

The analysis of the TAI documentation is informed by an understanding of gender as being a social construction. In this approach, for example, masculinity is viewed as a social construction rather than a universal, biologically based set of characteristics.

The TAI documents were read through in order to identify gender-related issues. Once an overall sense of the gender-based work of TAI was formed, particular gender-rich parts of the documentation were singled out for examination. The findings from teacher interviews, focus groups with boys and detailed interviews with TAI staff were then used to strengthen this gender-based analysis.



Findings

The findings of this study will be divided into a number of sections. First, some of the core findings around the construction and performance of gender will be presented, followed by an examination of whether there is evidence of any newly-emerging or hybrid forms of masculinity. This is followed by an examination of the way in which TAI's own interventions have been gender related, and some of their learnings around these interventions. Finally, some suggestions will be made for future gender-based work, based on the findings of this study.

4.1. Elements of gender construction revealed

Gender construction is the way in which a person, a group of people or a whole society builds an understanding of what it means to be a man or woman. The elements of the construction are the discourses, understandings, beliefs and perceptions that form the basis on which gender is developed and enacted. This construction of gender is revealed in the behaviours that men and women engage in.

The findings of this investigation show various factors shaping masculine identities, performances and gender relations which impact on HIV/AIDS risk. Particular attention will be given to some of the dominant representations of masculinity which emerged and some of the negotiations around a hegemonic (dominant) masculinity, the intersection of economics and gender, and sport as an important site of gender construction and maintenance.

Elements of a desirable masculinity

Much of TAI's intervention with boys has involved a reflection on how boys see men and masculinity. Interestingly, when asked what the desirable characteristics of a man are, the responses of boys are often first in negative terms. These responses seem to be based on their experiences of older men, including their fathers, which gives them some sense of what they do not like in these men, and therefore what they would like to avoid themselves. Some of these behaviours include excessive drinking of alcohol; beating of their wives; physical or emotional abuse of children, and 'going after other wives', i.e. fathers having sexual relations with other women (married or single).

Much of TAI's intervention with boys has involved a reflection on how boys see men and masculinity.

There is constant and repeated evidence, especially in the TAI focus group discussions, of abusive and violent behaviour by men towards women and children, men having multiple partners, and serial relationships with younger women. The frequency of these responses suggests that these are common patterns of behaviour among men, which are likely to play a major role in initiating and maintaining HIV risk behaviours. But these negative responses of boys also reveal some of their implicit, ideal notions of masculinity.

The definition of what a man is also more positively stated in characteristics that continue to reveal the construction of masculinity. They are represented by the following types of actions: Being trustworthy; providing for their families; offering leadership; advising others; being respected by others and caring.

But it is noteworthy that many of these characteristics, while positive and desirable, are expressed in a patronising way, such as providing material possessions to women and children, effectively maintaining men in positions of power. Implicit even in men's 'caring' behaviour is a control of women, through patronising behaviour e.g. giving advice, gifts, or material possessions. This is also true of father-son relations, where there is little indication of bonded father-son relationships, but rather the hierarchical giving-of-advice and material possessions. The boys also offer insight into aspects of masculinity by reporting on men's typical emotional responses, e.g. that men express aggression, but not hurt or weakness.



Gender roles

There is also a tendency to maintain traditional social roles e.g. there is little reference to assisting partners in daily chores (e.g. housework or homework), which keep women in positions of subservience. The patterns of behaviour that men and women are expected to perform in society and in relation to one another are defined in the construction of masculinity. Men are primarily understood to be providers for their partners and for their families. As stated above, this provision is of material and financial kind. This provision includes providing rules and the making of decisions for the family, and extends to providing this sort of guidance to the community. Men assume a position of power and consider it important to their manhood to be seen to be in control, e.g. fathers always having the final say even when it is clear to everyone that they are wrong.

Much of the household work is allocated to the women and men do not assist with the care of children. This assignment of women to the home and the children appears to ascribe certain responsibilities to women, which becomes an abdication of responsibility on the part of men. But if men see women as responsible for the care of families and children, they also hold them accountable for pregnancy of daughters and for the transmission of HIV, including from mother to child.

These boys, however, hold an ambivalent position in relation to this dominant construction of gender. On the one hand, there is an unquestioning acceptance of the role of woman in the home looking after men and children. This relates particularly to young girls, who are seen as the servants of men and boys, even being sent on errands in the middle of the night. But on the other hand, there is some explicit recognition of the abuses involved in such assignment of roles, with comments such as 'overworking girls is an abuse'. However, through a gender-based construction of social roles, there appears to be a failure to recognise these abuses, and also the unequal balance of power in the relationships of men and women.

Interestingly, boys report that the abuse of women is often considered to be the fault of the women themselves, and the data suggests several sources from which it arises.

- Abuse may arise from the refusal of women to surrender to what is seen as the inevitable and apparently legitimate power of men;
- Abuse is described by some boys as a result of women's tempting men by wearing seductive clothes;

- Women and girls are described as 'dishonest', which suggests that they cannot be trusted, leaving the men in the righteous position of power with the role of correcting and punishing their wrongs;
- Finally, some boys suggest that fathers seem to think that they have the right to sex with their daughters, and that this is not really abuse.

Men's behaviour and HIV

Reports from boys suggest an ignorance of HIV among men. Further, men do not see it as their responsibility to protect themselves or their children from HIV. In fact, men hold their wives responsible for HIV infection of children, which is made possible through the construction of women as untrustworthy and as wholly responsible for sexually-transmitted diseases. Unsafe sexual practice, in particular having many sexual partners, is justified through metaphors around risk behaviours of men e.g. 'We cannot only eat one kind of food', which are often based on the double standards around sexuality and gender, and which sanction multiple sexual partners for men but not for women.

Women as vectors of disease

In the reports from boys, it was commonly accepted that women were seen as vectors of disease, so that they need to be avoided for boys' own sense of self-preservation. Examples of these beliefs are apparent in many of the extracts from a school debate facilitated by TAI on 'Are women to be blamed for the spread of HIV/AIDS?'. For example,

- women choose to be commercial sex workers (CSW) and tempt men;
- women are promiscuous;

- women attract men by wearing seductive clothing;
- HIV positive women intentionally attempt to infect men;
- women 'allow' their children to contract HIV;
- women's desire for money makes them seduce men.

Control of sexual relations

In general, boys see males as legitimately in control of sexual relations, and one of the marks of a successful man is sexual prowess and performance, and ability to hold and satisfy multiple girlfriends. Lindegger (1994) reports that women see themselves as having little share in decisions about sex, including the manner or time of sexual intercourse, highlighting the dominance men have over women. But boys in the TAI project also report evidence of control of sexual relations by women, and there are many reports of girls 'dumping' boys, placing boys in less powerful positions, to the detriment of their own sense of masculinity. The most popular reasons for girls 'dumping' boys are that they do not satisfy women sexually or are not sexually-active enough. Another reason that boys get 'dumped' is if they do not have enough money, again suggesting that the control of sexual relations is in the hands of women. This, and other evidence, raises an interesting relationship between economics and gender.

The Intersection of Economics and Gender

While this investigation of TAI's work and data has revealed clear evidence of gendered aspects of HIV risk, especially related to the construction of masculinity, the findings also reveal considerable evidence of the intersection of gender and economics.

The influence economics has on gender extends beyond simply the financial exchange between a commercial sex worker and their client. There is pervasive evidence in the focus group discussions of the influence that poverty, economic need and material desire have on relationships between men and women, providing an additional context within which the construction of masculinity puts men and women in risk of HIV infection. Women are especially at risk of HIV infection because of their financial dependence on men, for their own needs and those of their children. Women's expectations of possible material gain they can expect from men plays an important role in making them vulnerable to some risk from behaviours of men. TAI's focus group reports reveal that many girls and women look to men to provide them with money, cell phones, clothes, smart cars, and houses. This is a commonly described phenomenon. The VSO report, *Engendering AIDS*, (2003) described the '3 C's – cell phones, clothes and cars', that often put women at risk in relation to men. The desirability of men with financial independence and the means to pay for outings and the ability to bestow gifts, contributes to the notion of a 'real man' as one having this capacity. Further, it is the very need or desire for these economic advantages that predisposes women to accepting conditions which put their own

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health at risk e.g. unprotected sex, 'trusting' their male partner against their better judgement, or being one of his multiple sexual partners.

According to the boys involved in the TAI focus group discussions, girls prefer older men to boys of their own peer group because they have more money. There is evidence to suggest that for some women, including younger girls, the reason to partner with an older man who shares his money, is to be able to contribute to their own family's survival. The money that they receive because of their sexual affiliation with a particular man is used to purchase food or other household necessities for their home. Older men in turn often prefer younger girls because they are less likely to be HIV-infected.

In the words of one focus group participant, another reason girls prefer older men is because 'Women want the status of being seen to be in love with rich businessmen driving expensive cars and living in beautiful houses'. The desire to own cell phones, new clothes ('a dress for the party'), and to have someone who will drive them around has become a motivating

factor in determining male-female relationships. Being able to boast about such relationships with others 'is seen as an honour', suggesting that women derive some sense of personal worth as extensions of the men that they had become dependent on. There are very strong indications in the focus groups of girls/women finding wealthy men attractive and being willing to play their expected roles in return, but often at the risk of their own health.

Therefore, the evidence from TAI's records and focus groups strongly suggest that women play an important role in the maintenance of certain patterns of gender behaviour and discourse, even if motivated by economic deprivation and need, putting them at risk of HIV. A patriarchal gendered system is reinforced as women play out the roles expected by men, including one in which men are in control of the sexuality of women. 'Girls like men with money because they want to satisfy their needs like buying expensive clothes, When a woman has an appointment with a man that she loves she will dress to kill with clothes that tighten her body for the sake of impressing the man that she loves'.

Interestingly, boys indicated that girls might prefer older men because they seem to take the sexual needs of women more

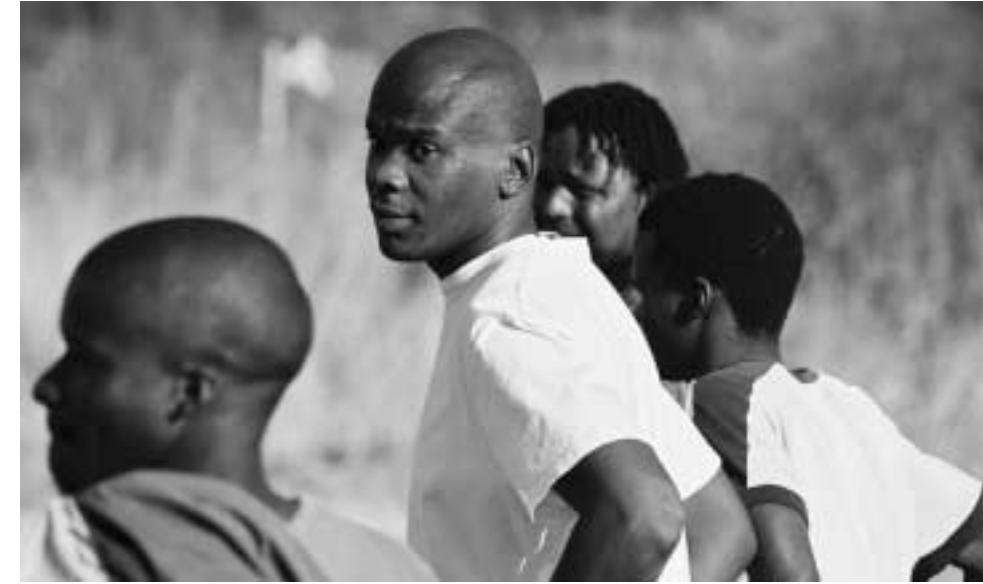
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seriously. Whether this is due to an older man's sexual experience or whether girls are claiming the older men satisfy them sexually as a form of flattery has not been explored. In any event, this phenomenon and the reasons behind it are reported by a particular set of boys without knowing whether this would also be the expressed view of women.

Sugar Daddies

One of the most commonly described phenomena at the intersection of economics and gender is the occurrence of 'sugar daddy' relationships. This refers to relationships between younger girls or women and older men, for whom they perform sexual favours in return for material reward. This phenomenon is widely reported in the TAI documents and focus groups, but also in other reports (VSO, 2003). As discussed above, it is apparent that the source of this is largely economic need, and an awareness of this is revealed in many of the stories in the focus group discussions. The response of the boys in the TAI intervention program to this phenomenon takes on a practical, and somewhat defensive, tone.

On one level, the boys are offended by this practice because they are disadvantaged due to not having the economic resources needed to compete with the sugar daddies. This suggests their desire to compete with these older men, thereby showing some acceptance of the practice. But there is also strong opposition to the practice, indicating ambivalence in their response. A competitive strategy that emerged in the discussions was to "form a partnership with the woman to ruin this man's life by abusing his money". Practically, and probably to retain some sense of control, the boys consider the option of 'dumping' a girl who



has taken up relations with a sugar daddy in order "to avoid heartache", suggesting that it is their own interests that boys have at heart. Another rationalisation is to avoid these girls who are seen as 'vectors of disease'. However, all these responses suggest that in some respects these boys are not opposed to the practice as such, but rather the fact that they are disadvantaged by their own lack of economic resources.

A particularly disturbing variant of the sugar daddy phenomenon is seen where teachers take girls in class as sexual partners. The discourse around this phenomenon is enlightening. For example "One learner said that he knew of a grade 5 girl who is in love with the school principal." Another is where "primary school girls fall in love with taxi conductors to get money". The language of "being in love with" is an interesting discourse around such abusive relationships, based on sexual and status

gain for men and economic or status gain for women.

Thus, it is apparent that sugar daddies play an important role in maintaining skewed gender relations. This phenomenon appears to have been assimilated into social relations and hence been afforded some acceptance. There was some evidence of the occurrence of "sugar mommies", but the response to the advance of women on boys, and indeed the notion itself, was very negative, again providing evidence of a double standard of sexual relations. Many boys expressed shock when this possibility was raised, and the reported response of any boy who was approached by a 'mommy' is that he ran away.

Sport as a site of gender construction

Research and literature on masculinity suggests that sport occupies a powerful place in the construction and maintenance of a “masculinist social system” (Burstyn, in GETNET p.17), since “[s]port celebrates masculinity because at its core is the ideology that powerful men have the right to control.” Sporting functions provide a socially sanctioned place for male closeness and the assertion of themselves as physically tough, strong and aggressive, united in their goal of obtaining success (Messner, 1987). Soccer, for the majority of young black men, is a site for the display of physical prowess, emphasising fancy footwork and skill as a means to dominate. Thus, sport offers the opportunity for enacting and worshipping hegemonic masculinity (Lindegger & Durrheim, 2001).

Sport and sporting achievement provides an important context for the living-out of a gender system, endorsing particular patterns of gendered behaviour such as multiple girlfriends or girls sharing a desirable boy (see the story used for discussion - *Appendix 1). Soccer players, especially soccer stars, are thus a realisation of the ideals of hegemonic masculinity: fit, tough, competitive, well resources, and having ‘ideal’ bodies.

For most young boys, the soccer field is an important site of gender socialisation, whether they are players or spectators. Faithful and stout support for a team is considered very important, while playing for a team (local or league) is afforded star status. Being associated with these stars gives one a particular masculine status and desirability, thus girls often present

themselves to these men desiring to be in relationship with them. Some of the stories told suggest that soccer stardom is seen as legitimatising a variety of sexual abuse of women, including the practice of having multiple women as sexual partners, and that girls and women are especially likely to accept such abuses from soccer stars.

The use of league soccer structures provided by SAFA was an appropriate and efficient way for TAI to initiate their Shosholozza project. Although less to do with identifying soccer as a powerful site for the construction and maintenance of masculinity than the practicality of ‘piggy-backing’ existing structures, TAI staff were also aware that both the SAFA structure and those it served were predominantly male. Their desire to challenge and change male behaviour made this an appropriate and smart choice.

Men as victims of the gendered system

Alongside the not unexpected finding that girls and women are victims of a patriarchal gender system, the findings of this study reveal that boys and men are also commonly victims of this system, despite the many advantages they derive. An important assumption about masculinity that actually victimises men is the idea that ‘men know everything’, which prevents them from being able to seek the advice of others, or look to appropriate sources of information. One example of this victimisation was revealed in the common assumption that the onset of wet dreams means that boys must now be sexually active, creating a considerable, but unquestioned, pressure on early adolescent boys. Part of the finding around this phenomenon was the discrepancy between the public and private space of masculinity. Publicly, men are expected to know everything, and they therefore pretend to know everything, including about wet dreams; privately, and secretly, they may realise their lack of knowledge, but fear being ‘found out’, therefore rather conforming to expected patterns of behaviour, such as compulsory sexual activity after wet dreams appear.

An important assumption about masculinity that actually victimises men is the idea that ‘men know everything’, which prevents them from being able to seek the advice of others, or look to appropriate sources of information.



The many sources of information provided by TAI, create a distinct impression that being a boy/man involves participating in a culture of deception around the expectations of masculinity, especially hegemonic masculinity, e.g. pretending to be highly sexually active and having multiple girlfriends. So important it is to be seen to be conforming to these rigid gender expectations that boys are pressured to give the impression of conformity at all costs, e.g. by reports of multiple girlfriends and considerable sexual experience.

But ironically, as mutual participants in this system of deception, boys are suspicious of one another, leading to attempts to check out the validity of claims, e.g. by contacting girls whom boys claim as their girlfriends or sexual partners. Interestingly in this investigation there was often a discrepancy between reports of personal behaviour in focus -groups and individual interviews e.g. number of girlfriends or amount of sexual experience.

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4.2. Competition and change in gender construction

It has been argued above that gender related behaviour is the expression of socially constructed notions of masculinity and femininity. Previous research and literature has argued that there is not just one version of masculinity, but many masculinities (Lindegger and Durrheim, 2002; VSO, 2003). Much as there were considerable reports of a dominant hegemonic masculinity among young boys, we were also interested in whether there was any evidence of diverse or hybrid forms of masculinity. It becomes an especially interesting question then, whether TAI's interventions aimed at change in HIV risk behaviour, are producing any new patterns of masculinity, especially some which are likely to be associated with reduced HIV risk behaviour, and changed patterns of gender relations which might reflect a more even balance of power. Contested versions of masculinity and the emergence of alternative masculinities indicate the potential for change to the gender system.

Within the documentation that TAI has of focus group discussions over the three years of working with young men and boys, there is some evidence of the emergence of competing masculinities. The evidence suggests that the source of the change is derived from outside gender relations than inside, meaning that change in gendered behaviour and gender relations is not primarily the result of interventions at changing the gender system as such, but rather from changes secondary to changed patterns of HIV-related risk behaviours. For example, there are many reports of changes among boys involved in the TAI projects in

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their number of sexual partners, but this is primarily motivated by an increased awareness of the need to reduce HIV risk. This will be explored in greater detail at a later stage, first the evidence of alternative masculinities and gender change.

There is a growing awareness amongst the boys of the unacceptability of certain patterns of behaviour, such as the abuse of women & children or the phenomenon of sugar daddies and older men attracting younger girls with money and gifts, but it is difficult to know whether this is a function of social desirability (the right thing to think) or of an emerging alternative construction of masculine behaviour. One sees some evidence for competing masculinities in their responses to sugar daddies, and the very desire to destroy the sugar daddies.

One of the most interesting examples of contest is seen in the issue of 'isigcebe' or the wearing of short skirts, with some of the boys seeing this as being responsible for inviting abuse and rape, whereas others hold less of this view, thinking, 'there is nothing wrong in wearing it', recognising the problem lies with boys or men rather than women.

Focus group discussions show the gradual emergence of 'caring' as an acceptable and appropriate performance of masculinity. This caring is, however, still shown in very instrumental and paternalistic ways e.g. fathers providing money for children's education, although there are also examples of fathers saying 'I love you'.

Further, there appears to be some emergence of patterns of role-behaviour among boys previously defined as the domain of women, e.g. cooking when mothers are at work or sewing squares with HIV related messages, representing new constructions of masculinity outside of traditional patterns.

Also, there were suggestions that even men who do not drink, are quiet at home or assist their wife in the domestic work can be seen as real men, in opposition to traditional norms of successful masculinity.

Other evidence of competing constructions of masculinity is seen in the diverse responses of children other than the peer educators in schools. Some peers are very supportive of proposed changes in male behaviour, while others accuse them of

However, overall there was not a great deal of evidence of competing patterns of gendered behaviour as alternatives to the hegemonic masculinity, although the TAI interventions do produce changes in boys' behaviour and do offer a space for alternatives to be explored.

trying to steal their girlfriends by setting themselves up as knowledgeable leaders within the group.

However, overall there was not a great deal of evidence of competing patterns of gendered behaviour as alternatives to the hegemonic masculinity, although the TAI interventions do produce changes in boys' behaviour and do offer a space for alternatives to be explored. While there is some evidence of change, virtually all the examples of emergent forms of masculinity are associated with protection against HIV risk e.g. limiting girlfriends, or delaying onset of sexual activity. This is congruent with the nature of the TAI interventions, and points to the space in which they operate. Unfortunately, even these changes are couched in the language of skewed gender relations, with one boy saying that by reducing the number of girlfriends from seven to four it benefits his girls as he is able to 'give them more love' than before.

In some focus group discussions there was evidence of an emerging group of boys who are choosing to behave differently for reasons related to HIV risk. These boys describe themselves as different from the others, adding that they no longer experience shame at being different. This relates directly to what the British researcher on 'young masculinities'; Stephen Frosch (2002), terms 'current contradictions associated with the negotiation of masculine identities'. While some of the boys that the peer educators were training were responsive to the idea of changing their sexual behaviour, they report that a problem is that it often leads to consequences such as the loss of their girlfriends, potentially undermining their secure construction of themselves as successful or real boys. As pointed out above, many of the traditionally masculine behaviours of boys are expected by girls and in turn reinforced by the girls, and failure to perform in this way renders these boys as unsuccessful in their masculinity, presenting a particular challenge to the intervention programs.

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4.3. TAI's gender-based interventions

While TAI's primary aim is to educate boys about HIV risk, and to facilitate changes in HIV risk behaviour through a peer-based system, there is evidence that much of TAI's work has strong gender-based components, some of which are explicit, others of which are implicit.

The initial recognition of the importance of focusing on boys and masculinity in attempts to change HIV risk behaviour of women was one of the most important contributions of TAI, especially at a time when the majority of HIV intervention was aimed at women.

Furthermore, the realisation that the very construction of masculinity (e.g. in focus group questions like 'What does it mean to be a proper boy?') plays a major role in the creation of risks for HIV/AIDS, was in itself an extremely important gender-related phenomenon, later to be translated into various forms of intervention with soccer clubs, SAFA and boys at school. From the earliest days of TAI's work there has been a concerted attempt to research beliefs and practices around masculinity, and the implications that these have for HIV risk. These investigations have been published in a series of booklets (e.g. Inkunzi Isematholeni: How we see the world), which have been useful resources for further intervention with boys.

One of the most important contributions of TAI seems to have been the creation of an alternate space within which to explore the meaning of masculinity.

In the section above it was described that boys and men are often victims of the gendered system, trapped in an unquestioned pattern of deceptive

behaviour around hegemonic masculinity. One of the impressions that we formed in this investigation was that that TAI's interventions, and especially focus groups, provided a context within which it is possible for boys to begin to honestly reflect on these assumptions and practices around masculinity, and on their own behaviour, in the process seeing new possibilities of masculine enactment. Stephen Frosch (2002) describes a similar phenomenon when he says that masculine identities are being continually 'reinvented in the accounts they produce as they construct and deconstruct gender and identity' (p.4). The mere fact that boys are able to report the many stories of abuse of girls and women provides evidence of an emerging gender consciousness within a context where the dominant patterns of masculinity can begin to be re-negotiated. The very reporting of the dominant patterns of behaviour, begins to question these patterns, and represents a process of dis-identification with these dominant patterns of gendered behaviour, with the possibility of beginning to reconstruct the meaning of masculinity.

Many of the focus groups led by TAI have an explicit gender-based format, and boys are encouraged to begin to explore some of the many issues around masculinity and the implications of the construction of masculinity for HIV risk behaviour.

Appendix 2 provides a list of the questions commonly used for focus group discussions among peer educators. Other examples are seen in focus group questions on Power relations and gender-based violence and Rape (Appendix 3), and in debates facilitated in schools around various gender issues (see Appendix 4: Are women to be blamed for the spread of AIDS?).

Some of the earliest interventions by TAI were to facilitate changes in behaviour associated with risk of HIV infection and transmission, but with these changes representing changes in patterns of behaviour of boys towards incorporating elements of the behaviour stereotypically associated with girls. This may be seen as a typical example of external sources of gender change, that is changes motivated by considerations other than gender. Examples of this include: boys being involved in the establishment of vegetable gardens for children who are HIV+ or needy; initiating caring behaviours for pupils who have lost parents or family e.g. (comforting those affected); setting up AIDS memorial services for people who had died; designing quilts with HIV messages and messages of support for those who have lost family members; sharing pocket money and books; arranging parcels for the needy.

One of the explicit gender related interventions of TAI is the empowering of boys through alternate understandings of various phenomena through education, so freeing them from victimisation by the gender-based system, e.g. attempting to explain wet dreams, so as to free early adolescents from the faulty belief that this means that they must immediately become sexually active.

One of the most important contributions of TAI seems to have been the creation of an alternate space within which to explore the meaning of masculinity.



4.4. Learning experiences and Recommendations

It is apparent that there has generally been a very positive response from boys participating in the TAI programs. Also, the programs appear to have been successful in terms of their broad HIV aims. It is possible, however, to draw lessons from the responses of the peer educators, and from the many reports of boys in the program, which could be incorporated into TAI's future work and strategies.

Learnings from the programs

It seems that the greatest success has been with the younger boys i.e. in the

Inkunzi Isematholeni project, demonstrating the efficacy of interventions in earlier rather than later adolescence. TAI developed this project because of their observation that many of the older boys had already become sexually active and were more susceptible to the peer pressure that promoted a particular hegemonic masculinity (as defined above). The culture of deception about their sexuality meant that there was a discrepancy between what the boys were saying when in the company of their peers and when they were interviewed alone. Returning to their base-line survey of the boys in the regions they were working in, TAI staff realised that

many boys began some sexual experience by the age of thirteen. This implied that in order to impact on the debut of sexual activity, TAI needed to intervene in earlier adolescence. In targeting primary school boys TAI once again used an existing structure within which to work, thereby obtaining a credible, and easy, access to many boys. Because the South African Education Department has included Life-Skills and Health training in the curriculum 2005, has meant that many schools have welcomed the TAI project as part of their school timetable.

Using existing structures that have credibility within the communities (e.g. SAFA and Schools) has clearly facilitated entry into target populations increasing acceptance and participation by those targeted and therefore strengthening the impact of the intervention.

The use of the peer education model has, strategically, been equally successful. TAI realised early on that adolescent boys and young men do not necessarily identify with adults and have something of their own sub-culture. In order for their message to be heard and accepted, TAI realised the need to listen to, and learn from their target groups seeking to embed their message in the language and metaphor of these boys and young men, especially around soccer. Focus group discussions introduced the TAI staff to this information and to the issues and positions they would be dealing with. Through this method of co-creating the interventions, TAI was not only able to learn the language of the youth and use it to teach about HIV/AIDS, but were able to facilitate discussion about many other

issues raised by the boys that impact on the broader constructions of masculinity, thereby contributing to the development of alternative masculinities and change in the patterns of gendered behaviour and gender relations.

The other aspect of the peer education model is that many more boys than TAI could hope to directly target themselves would hear the messages and experience the impact of the intervention. Also, while TAI would have to work at their relationship with the group of peer educators, these boys would have immediate access to their peers, facilitating the spread of the message of safe and responsible living, and possibly even changes in gender relations.

Importantly, TAI is committed to the support of the peer educators as individuals and as a group through the processes of learning and internalising the changes proposed, and then the challenge of educating their peers. TAI also understood that the learning and internalising process could not be

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rushed and to spend the first year working with the small group before suggesting they develop strategies for reaching their friends, thus building resilience and self-esteem in the boys, and allowing them time to believe in what they would be teaching.

The 'bottom-up approach' that TAI has used in its interventions with the boys and young men allows an experience of empowerment that gives the peer educators the feeling that they are 'in-charge' of their projects. By encouraging the boys to develop and implement their own strategies to prevent the spread of HIV in their schools and communities with only minimal guidance from TAI, the process becomes participatory and collaborative. This sense of control is important for developing a belief in the program and what it stands for, and for a commitment that comes from investing oneself in the project.

Learnings from peer educators

Feedback from the peer educators is enlightening about their experience of participating in the TAI groups and their interactions with their peers.

Reportedly, '[t]he project is seen to have a certain coolness factor, where it is almost prestigious to belong to the group'. This attitude toward the peer educator groups might stem from several factors. Firstly, the group has an exclusive nature to it for two reasons: it is exclusive to boys, and the groups are limited to only 8-12 people. The exclusivity of a group may elicit the response of either desirability, or of opposition. It is an important point to consider not only for the acceptance of the message that is being spread, but also regarding the acceptance of the peer educators within their own peer groups. An example of this is that some girls believed that the project was only for boys since all the peer educators were boys. Also, if a perception of these boys as better than us develops there may be some resistance to the boys themselves creating a new tension within them between participating in the TAI group and belonging to their peer group.

The group discussions and the material that TAI teaches to the groups appears empowering enough for the boys to want to participate. Such empowerment has immediate, and positive, consequences for those involved that will impact on their lives as a whole. Being listened to by an adult, and listening to one another's stories is in itself an intervention strategy, and offers much benefit to the individuals involved. One of the reported difficulties of the peer educators beginning to interact with their peers regarding HIV is that they are seen to be on a mission to take the girlfriends of

others in the school (40). There is an element of distrust to the message of reducing the number of girlfriends one has where some boys think it is a strategy to pick up the girls that they 'dump'. Another difficulty experienced in working with school peers is that boys are easier to work with since the girls always think that you are trying to *propose love*.

Certain findings in this report provide considerable evidence of the important role played by girls and women in the maintenance of a gendered system which is exploitative of women. A very good example of the reciprocal role played by women in the maintenance of hegemonic patterns of behaviour is the opposition that came from girls who were opposed to the peer education program because it was 'affecting their source of income because their boyfriends are leaving them' once awareness of HIV/AIDS was raised. Given the important role that women play in maintaining a masculinist system, it is important that they are included in gender-based interventions. This suggests that for a holistic and integrated approach to changing the gender system, TAI should consider including girls and women in their intervention programs. While some preliminary data has been collected from women (as partners/girlfriends) through questionnaires, a more integrated approach is recommended. However, the experience of other programs working in similar areas, e.g. VSO-RAISA, has shown that such interventions are more effective if they target men and women separately (VSO, 2003).

Learnings from TAI

Mainstream approaches to gender change can be broadly divided into two groups; those focussing on the socio-political nature of the change required, and others that propose the primary importance of personal change for sustained gender equality. Interestingly, in entering the field TAI appears to have avoided this debate without disregard for either approach. Gethwana Makaye, the director of TAI, is very aware of the need for both socio-political/institutional change, and personal transformation. We gained the impression that TAI and its staff have cleverly managed to focus their work in a zone described by Donald Winnicott as the 'the transitional third space'. (Applegate, 1990, p.92) between the personal and the social-political-cultural.

Most of the TAI program is oriented to making people aware of HIV risks and self-protective behaviours. This has led to a certain amount of change in gender consciousness and gendered behaviour, but this has come about as a by-product of HIV interventions. While the intention of each peer educator's group is to disseminate information about HIV risks, the group dynamic does create a 'potential space' for personal reflection and change around gender.

Being listened to by an adult, and listening to one another's stories is in itself an intervention strategy, and offers much benefit to the individuals involved.





Other gender-specific learnings

In additions to the general learnings already described, a number of other gender-specific learnings may be gained from this investigation of TAI and its work among young men.

First, the work of TAI demonstrates that it is possible to effectively and creatively intervene among young men, regarding both HIV-risk and gender. Even if TAI's work is specifically geared to changing HIV-related behaviour, their work has demonstrated that young men and boys are willing to address issues of gender, if given an appropriate space and context for this to take place, even if they demonstrate considerable ambivalence about questioning and changing the elements of the gendered system. This is a heartening finding.

Second, while the work of TAI is specifically geared to men and boys, the findings of this study clearly demonstrate that women and girls make an important contribution to the maintenance of a gendered system,

even if this is especially because of their economic vulnerability and need. Therefore, for effective and lasting gender changes to be negotiated, it is necessary to incorporate girls and women into this process.

However, TAI's own work demonstrates, and this has been supported by other similar work (VSO, 2003), that it is better to target men and women separately.

Third, the findings of this study clearly demonstrate that men are as victimised by a gendered system as women. While the social construction of masculinity clearly plays a major role in creating and sustaining HIV risk, this does not mean that individual men are personally responsible for this situation, or that they are not helpless victims. One of the most fascinating findings to emerge is the way in which boys are trapped in a cycle of deception which arises from the pressure on them to conform to gender expectations. The work of TAI demonstrates the potential role that can be played by NGOs in creating an alternate space within which this deception can be confronted and alternate versions of masculinity negotiated.

Fourth, some findings of this study demonstrate the subtle process for boys involved in re-negotiating gender while at the same time maintaining a secure sense of personal masculinity. The potential contradiction between these two processes has been well described for Stephen Frosch in the UK (Frosch, 2002). The pressures on boys to conform to a hegemonic masculinity are enormous, and this has to be sensitively borne in mind in the process of confronting and deconstructing gender issues.

Fifth, the work of TAI has gone a long way in identifying and revealing many elements of the construction of masculinity and the implication for HIV risk. TAI has also played a major role in enabling boys to change these risk behaviours. While this has had an indirect effect of challenging many aspects of the gendered system, it is also apparent that many boys are very ambivalent about changes in patterns of gender discourse and gendered behaviour because of the benefits derived from the existing patriarchal system. However, we have the impression that with the level of credibility that TAI has established in many schools and communities, the time may be ripe for devising a more explicit gender component to their programs of intervention.

Finally, the programs and interventions of TAI appear to have been very successful in attaining their HIV-related goals. However, there is some evidence that certain aspects of risk behaviour change, especially the discourse around such changes, may risk reinforcing some of the gender-based aspects of HIV related risk. In one of their documents TAI refers to, 'Making condoms freely available for those who cannot abstain from sex'. Important as this is as a HIV intervention, such comments may risk reinforcing the sex-drive discourse of masculinity i.e. that men are biologically driven in their approach to sex, needing regular sex for health reasons, and that they are therefore not responsible for many of their sexual motivations and actions.

Conclusion

Numerous recent documents from organisations such as UNAIDS and VSO have highlighted the importance of the constructive engagement of men in HIV prevention and intervention programs. The Targeted Aids Interventions (TAI) is one of the best examples of NGO-based responses to this call, and can be seen as a prototype for other programs and interventions. Through the peer education initiatives TAI has developed in local soccer leagues and in schools across KwaZulu-Natal, they have set up creative possibilities for gender-based HIV interventions. As has been argued, risky sexual behaviour (the target of HIV/AIDS interventions to-date) occurs mainly as a result of socially-constructed notions of gender. The exploratory work on masculinity that TAI has initiated by focussing on young men and boys has produced both valuable data on local constructions of masculinity and offered a forum for these young men and boys to begin examining the beliefs and attitudes of the dominant masculinity. Further, TAI has created a unique 'developmental space' where, through sharing experiences of being a man, boys are able to reflect of the meaning of masculinity and the various options for enacting masculinity, thus sowing the seeds for sustained change in the current gender system.

An examination of the data that TAI has documented over the past 3-4 years has revealed a dominant masculinity that is determined by, inter alia, multiple sexual partners, sexual performance and the provision of material wealth (money, gifts, paying for the date) in return for sex. The culture of deception that shrouds this construction of masculinity is one of the consequences of this hegemonic masculinity. Interestingly, the data shows that gender inequality is not only the responsibility of boys/men, but that women/girls also contribute in maintaining the current gender system (see section 4.1). However, this has clearly be shown to be exacerbated by the economic deprivation and dependency of women, producing interesting manifestations of the intersection of gender and economics.

Evidence of boys who are choosing to change their behaviour due to facilitated knowledge of the risks of HIV is a welcome sign of a successful intervention. Any behavioural change with regard to sexual relations potentially impacts on the gender system, albeit from an external source, by challenging the dominant masculinity and forcing the development of an alternative construction of masculinity.

The process of change is not without tension and struggle, and the focus group method of intervention offers the support needed for the personal shift that is

involved in personal and social change. The groups and the regular (monthly) contact by the TAI co-ordinators sustain the program through encouraging the boys to continue developing and implementing their strategies to share what they have learned.

TAI's focus on boys is an appropriate, novel and progressive approach to dealing with HIV/AIDS. The work undertaken for this JOHAP/OXFAM project on TAI has clearly demonstrated to us the enormous value of a partnership of academic institutions and NGOs in dealing with social crises such as the HIV pandemic. It is our sincere hope that the collaborative work of TAI and the masculinity group of the School of Psychology, of the University of KZN, which has been developed by this project, will be maintained and enhanced through ongoing collaborative work.



Appendices

Appendix 1: Focus group case discussion

This is the story that was used to generate most of the discussion during training. It was translated from Zulu:

The story is about a young man called Madlisa (a person who likes to show off). He is the son of the famous goalkeeper during his times. Madlisa is as famous as his father but he plays position 3 - one of the shooters. When Madlisa grabs the ball, very few hesitate about the goal. The girls scream and shout his praises. Madlisa has no problems getting girlfriends. He does not even need to do the necessary negotiation. The girls bring themselves to him and it is up to him who he chooses and who he leaves out. The girls do not mind sharing him. They know he has many girlfriends. Of late, his team is worried because he does not play as well as he used to. At times he does not score a single goal. This might be because he does not go to the gym regularly. He says he is not feeling well. In fact everyone can see that Madlisa is sick.

In the past three years, he has had regular attacks of sexually transmitted diseases. Smelly pus often came out of his private parts. Sometimes he had sores. His friend, Mzondeni, advised him to go to a traditional healer, Zibiliboco. Mzondeni warned Madlisa against going to the clinic because they will tell him to bring all his girlfriends. This would be impossible. He does not even remember how many he has!

The traditional healer did give him the herbs but explained that he must abstain from sex because the sores are still raw. He added that if possible he should give the medication to all his girlfriends. Madlisa did not listen to any of this advice.

He is thinking of buying new clothes that will fit him nicely. All the clothes he has are loose since he has lost a lot of weight. All the muscles in his thighs and arms are gone. He only visits the soccer ground to watch other people play. The whole team is wondering what is wrong with him.

One night he could not fall off to sleep. His radio was on. He is thinking about the fact that he is left with one day before he gets his HIV test results. Suddenly, he hears on the radio that one of his girlfriends has passed away after a long illness. To prove he is not dreaming he goes to the loo to pass water before he switches the radio off. The following day he goes to the clinic for blood results. His nephew is driving him. He is relieved that the clinic is not full since it is raining. He asks the nephew to wait outside in the car. Once inside the clinic he is staring at the nurse who is doing health education on sexually transmitted diseases. He can't hear what she is saying because his thoughts are far away. At last he enters the consulting room and starts talking to the AIDS counsellor.

Appendix 2: Outline of format of focus-group discussion on relationships.

What is love?

What are the expectations in a relationship?

What is part of the 'package of love'?

How do you know your partner loves you?

Why do we fall in love?

How do you show respect for a partner?

What is beauty?

What are the characteristics of beauty?

What are the characteristics of lust?

What is sustainable love?

Appendix 3: Outline of format of focus group discussion on rape.

What is rape?

What is violence?

Where does rape occur?

What are the factors that expose people to rape?

What are the circumstances that lead to rape?

Who are rapists?

Who are rape victims?

What are the effects of rape?

What are the things to do to avoid rape?

What should one do after getting raped?

Appendix 4: A debate organised by peer-educators within the schools

TOPIC: Are women to be blamed for the spread of HIV/AIDS?

The groups held debates in their respective schools on the topic. They had involved any learner who wanted to participate - it was open.

FEEDBACK FROM DEBATES

Below are some of the factors believed to be contributing in the spread of HIV/AIDS that were raised during debates received from the peer educators.

AFFIRMATIVE GROUP	OPPOSING GROUP
<ul style="list-style-type: none"> • Women are Sex workers – they give their private parts for the exchange of money. 	<ul style="list-style-type: none"> • Men promote prostitution by being clients of Sex workers.
<ul style="list-style-type: none"> • Women force men into sexual intercourse. 	<ul style="list-style-type: none"> • Men are rapists. Men believe in myths such as - if you have sex with a virgin or young child you will be cured of AIDS.
<ul style="list-style-type: none"> • Women move from one place to another and wherever they go they have a boyfriend. 	<ul style="list-style-type: none"> • Men tend to believe in the notion of Love at First Sight – they sleep with all women without taking precautions.
<ul style="list-style-type: none"> • Women rape men, they will say its revenge to men who used them as sex objects. 	<ul style="list-style-type: none"> • Men rape women deliberately to infect them.
<ul style="list-style-type: none"> • HIV-positive women deliberately lure men to sex with an aim to infect them. 	<ul style="list-style-type: none"> • Men are unfair they will make sexual advances towards women even when they know they are HIV positive and not tell her.
<ul style="list-style-type: none"> • Women are promiscuous. (Prostitution in women is high) 	<ul style="list-style-type: none"> • Men should protect themselves first, they always like to shift the blame. Men propose love/initiate sex.
<ul style="list-style-type: none"> • Women can't say 'No' – they want it. 	<ul style="list-style-type: none"> • Men have lust – they use women to satisfy their physical needs.
<ul style="list-style-type: none"> • Women sleep with different truck drivers in a single night. 	<ul style="list-style-type: none"> • Women don't propose, men do. If men can learn to control their feelings, the spread of the disease would have not been so high.
<ul style="list-style-type: none"> • Women wear mini-skirts to lure men into sex. 	<ul style="list-style-type: none"> • Men boast of polygamy. Young boys get ridiculed if they have one partner. Peer pressure is instrumental.
<ul style="list-style-type: none"> • Women have more than one partner and they go for taste (if one woman can praise a man for his outstanding sex performance, they all want to experience it). 	<ul style="list-style-type: none"> • Men don't use their minds to think, but they use their private parts. When they are offered sex they do anything in return.
<ul style="list-style-type: none"> • Material gain - Love of money has resulted in young women falling for older men. 	<ul style="list-style-type: none"> • Men refuse to use condoms. They will force themselves onto women. Men lack discipline where sex is concerned. History of patriarchy make men to think they are superior
<ul style="list-style-type: none"> • Women have lost the value of Ubuntu. (need to explain term). They tend to think that their bodies will do anything for them. 	<ul style="list-style-type: none"> • If the man is famous, he thinks all the women are his. He should sleep with any he likes at any given time. The ratio usually is 1:5 (1 man: 5 girlfriends).
<ul style="list-style-type: none"> • Women say that one man cannot satisfy her, so you need more than one sexual partner to be satisfied. 	<ul style="list-style-type: none"> • Abuse of drugs by men - they share needles a lot and drink alcohol. When drunk they do whatever they want to, despite negative consequences.
<ul style="list-style-type: none"> • Abuse of alcohol – women, when drunk, are vulnerable as she tends to sleep with any man. If sober she wouldn't do this. 	

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