

**2007 HIV/AIDS Implementers' Meeting: Gender:
Gender Dynamics in Prevention, Care and Treatment
PEPFAR, The Global Fund to Fight AIDS, Tuberculosis
and Malaria, UNAIDS, UNICEF, The World Bank, WHO, GNP+
June 18, 2007**

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FEMALE SPEAKER: -I am the HIV/AIDS officer in UNICEF Brazil. I will be moderating this session today. And we're going to be talking about gender dynamics and prevention care and treatment.

We have a few speakers lined up, at this point we have three of them here, and two of them are not here yet. So, I'm going to suggest that we start the presentations. And instead of doing 10 minutes each, we allow each speaker 15 minutes and then we can take questions afterwards and start a discussion.

But before I turn it over to the speakers I'd just like to make a few suggestions. I think that this meeting has been very interesting in terms of its objective to try to really focus a little more on the idea of implementation. So, moving from understanding the science behind of what's going on, this is usually seen a lot in some of our meetings, and really try to take that next step forward. So, how do we use that to actually implement and in a strategic way that has results that are far reaching?

And so I would ask all of us including the presenters and the audience when they have comments or questions, to really try to make that shift and focus a little more on the so what's or what's next or what does that mean for many of us who are in the field really trying to run programs and implement a

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lot of the things that we hear in conferences or that we read about. I think that would be a benefit.

The other thing I would like to suggest is that, when we open it up we do not only use discretion but also suggestions and try to have a little bit more of a debate instead of just a Q&A. And for me, I've been sitting here thinking about, this is I think the third session I've been to on gender since I've arrived here, and all the data that we see are indicating that, in particular in certain areas of the world, this epidemic continues to grow, and to grow significantly. And so it might seem sometimes like we have a handle on it, but I think a lot of the things that we saw, including a lot of the presentations and opinion logical data, show us that that's not really the case. So, what is it that we need to do in terms of really, really radically thinking and shifting around the way we're doing gender? Because what we're doing is not really having an impact at this point.

So, what are some of the things that we have to think of in terms of really transformative thinking and I think part of that is moving away from individual interventions and understanding that those small individual interventions in this area, particularly when you're talking about gender, it is such a complex concept, are not going to be effective. And we really need to think of radical [inaudible] and targeting

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interventions in a different way. Thinking strategically about how we can affect things like, policy and macro-level interventions that can have a stronger effect than some of the things that we've trying to do and haven't necessarily been able to create that transformation.

And in Brazil we've had some success with some of these kinds of interventions. I'd say particularly among the area of men who have sex with men and looking at that kind of behavior. And how gender effects vulnerability for that population. We've had some success there, but there's lots that needs to be done still.

So having said that, with no further ado, let me start by introducing Anna Joy who will be talking about gender mainstreaming and care and treatment programs Maharashtra State, India.

ANNA JOY: Good afternoon. Since I do more time, I would just like to share a small experience that happen to me yesterday.

While I was walking one gentleman ask me what are you presenting and I said Gender. And he was shocked. And he said, you know actually God made man and women with clear duties, you are a woman, and you should be sitting at home, because the children are going to be missing you. So, my reply to him was, if God made man and woman, then I understand that

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God did not take the flesh from [inaudible] of her man to make a woman, but he took the flesh and the rib from near the heart to make a woman, so that's your partner, you are going to be together, you're going to share responsibilities and you're equal. So that's how it is about gender. [Inaudible] gender is not about women, it's about both men and women. It's about me, it's about you, it's about us. So, I would like to start the presentation with how we really mainstream this whole gender into other programs. We are a part of this. This is ongoing, but at least a lot of good results that have come, I would like to share it with you.

I would like to acknowledge the author, [inaudible], who is from the International Center for Research on Women. Because, she was largely involved in this program. And we got technical support from the International Research on Women for this program. And my colleagues and I [inaudible] society. I worked society in the USCID funded in [inaudible]. It was launched in 2001. We work in a small state. [Inaudible] is a big state. Its [inaudible] state and we have about three US [inaudible] funds we have support [inaudible] of about 75 programs in [inaudible]. We have prevention programs care and support programs and some interventions of [inaudible]. [Inaudible] for ourselves it's in [inaudible] a [inaudible] in [inaudible]. [Inaudible] is a people that work in strict

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[inaudible] model was violated and it was largely the group of [inaudible] from this organization who are an elite part of this whole pilot exercise, who really made these things possible to [inaudible] gender integration [inaudible] programs possible.

And lastly, [inaudible] for actually supporting this whole intervention and allowing us, I would like to acknowledge USCID for allowing us to do all this exploration in [inaudible].

As you all know, India is a big country, it's the second largest populated country in the world, so even small numbers make a huge number of people across there. This is the state where our society implants its program. Sadly if you see [inaudible], I hope you can see [inaudible]. [Inaudible] part. It's got [inaudible]. It's got [inaudible] and it was in this district that we [inaudible] work program. The population of [inaudible] is about 2.4 million and the [inaudible], is about 2.7 percent.

We began this whole program to see we already had a positive [inaudible] program going on. We had a drop in center, we had a doctor coming in checking on people, we had people coming and having support group meetings and we already had an ongoing program. But the [inaudible] mainstream [inaudible] how do we mainstream it into our program, so the

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whole goal was to identify strategies to mainstream gender into this care and support program and also to enhance [inaudible] partners on how could they [inaudible] such an initiative. So, there's a pilot project and [inaudible] so going to happen very soon and based on the results of that [inaudible] skill this program up for them.

How do we go about doing this? We begin by, first we [inaudible] gender review to look at our purpose itself. How gender sensitive was it? Did we incorporate gender as a part of our program? That as one of the first [inaudible] that [inaudible] program level? [Inaudible] the level also we began working with [inaudible], at the district and sub district level. This was done in a whole participating manner; it was not done as [inaudible] from somebody out there and sitting and giving instructions, no. It was doing the understanding of basic needs of the people the [inaudible] there. And there was a level of interaction with [inaudible], because [inaudible] understanding the whole perspective on how to get it into the program and the [inaudible] the organization that was implementing the program in [inaudible].

So how do we go about doing this? We begin with, like I said investigation, we begin by a [inaudible], where four types of respondents were interviewed on various [inaudible] of gender. 101 [inaudible], were 38 government workers, now when

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I say government workers, it's not only politicians, but the government workers who the [inaudible] interact on a daily basis at the ration office. Like the welfare department, those kind of government offices. [Inaudible] hundred private health care providers and a few government health care providers and 52 community leaders. And basically we explored on this on teams on gender [inaudible], sexual behavior, knowledge of HIV, domestic violence, stigma [inaudible] that really explodes and how do we go about doing this. This is done, the [inaudible] was not [inaudible] it was done by the [inaudible] themselves. So it was really for them for the first time [inaudible] in your hand, understanding what it means to collect data. It was the first experience for the type of [inaudible] the first initial [inaudible] there was a little bit apprehension, which they had [inaudible] the correct data. Which has [inaudible] but not building up enough confidence in them in knowing what they can do in future.

Okay, I'll just go to this findings, where to find the baseline, because [inaudible] about numbers [inaudible] I just thought [inaudible] present some of the findings that we got on the baseline. We really [inaudible] identify some of the gender [inaudible] understand in the district the problem is how women or men both are really effected. We were able to understand some of the gender [inaudible] where the child

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marriages where really high, where people felt [inaudible] only age was one way of protecting here from any further abuse.

There's [inaudible] so I would definitely imagine that of girls would not being born. There was sexual [inaudible] for women, was difficult and even if her husband was positive and she was negative it was not going to be so easy for her to say, no for sex. Even if the men was positive, that stigma that women faced was different then that from men. At the same time she would also be having more physical and social isolation from the community, because the family would [inaudible], because he [inaudible], but if it's a little girl or a lady it not really so much has [inaudible] care of. If there's a lack of economic and legal support for women, especially in [inaudible].

I [inaudible] just the [inaudible] capacity [inaudible] enough. We need to also [inaudible] perspective, people need to know what it means to [inaudible] gender, which means that you have to really know yourself first and except yourself as a man or a women. And [inaudible], what's this we have gender and [inaudible] or workshops. [Inaudible] building capacity of the staff really [inaudible] this program [inaudible]. And also we had [inaudible] analysis of what are the attitudes [inaudible] attitudes, what are the factors why [inaudible], a reflection that [inaudible] among the people.

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There are some of the experiences that really came up while the program was on. It had been in the work, in my work talking about contraceptives but could never say vagina without feeling discomfort, the training has helped me overcome that. When gender [inaudible] we thought we would have to work for women, but gradually we [inaudible] it was both men and women, because the [inaudible]. Gradually we had to discussed a lot about [inaudible] about relationship, but it is not just [inaudible] we're talking but everybody was talking and that can [inaudible] make the feel worth being a part of this program.

And having this participation by [inaudible] a lot of ownership coming from people, the people then said the whole group is that [inaudible] a strict level plan or the [inaudible] on how they address the health care providers, how would they address the [inaudible], how would address the government and this is something that kind of, is going to start now.

What is some of the outcomes? When we start mainstreaming into existing programs we [inaudible] added responsibility or [inaudible] more. And as it gives [inaudible] give them skills, [inaudible], [inaudible], the space, and really demand [inaudible] to them, it become very much a part of their life. It becomes very much part of their

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day to [inaudible] in the field. It has to be [inaudible] participation manner and that relief helps [inaudible] addressing gender [inaudible] is a [inaudible]. This whole approach helped in the building the confidence of this staff and there's a lot of ownership at all levels of this whole intervention [inaudible].

But we have some challenges. It is an [inaudible] process, which challenges attitudes, perceptions, [inaudible] that were in the day [inaudible] room that this is how we're suppose to be and really challenges them. [Inaudible] and long-term [inaudible] it is something that continuously going [inaudible] to keep on reflecting on it and the organizations that are there [inaudible] are all formed for various reasons. That has a different mission [inaudible] but integrating takes a little more time.

What were the key things that we really found is that [inaudible] gender [inaudible] in all HIV prevention and care program is essential. In fact [inaudible] also did a program [inaudible] prevention intervention also. So we really found that from the [inaudible] itself putting gender mainstreaming as a part of the proposal as a part of the program is very important. Mainstreaming helps in addressing other issues that arise from social economic [inaudible] and social cultural factors, for example, we had women who were [inaudible] by

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their family members and you had all the other women coming together forming a [inaudible] and getting their family to give them properties and [inaudible] of empowerment [inaudible] that I can ask for my right [inaudible] through this [inaudible]. But [inaudible] is best when I [inaudible] done. Its not that you do an exercise once and you forget it, but keep on doing it because behavior change means [inaudible] again, again, [inaudible] people will take time to reflect on that and then [inaudible] is common. As well, important to have [inaudible] active environment of key population and community [inaudible] in gender mainstreaming which leads to empowerment and ownership of [inaudible], which in turns leads to stability of such programs. Because, for example now [inaudible] really good because we are already have bunch of people who know what to do and how to go about it. So that really is how the program can [inaudible]. Thank you. [Applause]

FEMALE SPEAKER: Thank you. Our next presenter is Caroline Mackenzie from Population Council/Horizons and she will be talking about alcohol related incident [inaudible] violence among VCT in Kenya.

CAROLINE MACKENZIE: Thank you Danella [misspelled?]. Good afternoon ladies and gentlemen. I'm going to be presenting on alcohol related intimate partner violence. By a

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study we did in Kenya with VCT clients and this is also a baseline study and I would like to acknowledge my co-author.

Let me start by giving you some background and justification to this presentation. We know that intimate partner violence is [inaudible] within a relationship, but of course its physical, physiological or sexual harm to those in that relationship. And this is WHO definition and physical includes any physical violence includes slapping; psychological violence includes things like intimidation and humiliation. While we also, it also includes other forms of violence such as controlling behavior.

Now, IPV is a serious public health problem with physical, mental, sexual and reproductive [inaudible] consequences and there's stronger and stronger evidence showing that IPV is directly and indirectly [inaudible] to HIV acquisition and we've also had studies showing that alcohol use has been identified as one of the risk factors for IPV.

Now, this study [inaudible] study was just as the [inaudible] of integrating alcohol risk reduction counseling into [inaudible] service provision and the study uses of course experimental design with the baseline intervention and follow up, and like I said I'm going to be presenting on the baseline results. And the objectives of this presentation are going to be describing the extent of intimate partner violence among VCT

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clients and their partners. And we're going to look at two dimensions, first of all, the client as a [inaudible] and the question that we ask was the whether the client had ever become violent towards their partner while they were under the influence of alcohol. And the other dimension we are going to looking at is the client as a victim, and the question was whether their partner has ever been violent towards while they were under the influence of alcohol.

Looking at the [inaudible] we used, the study was conducted in two provinces in Kenya and it was predominately from high density population areas and this are areas that we had got in [inaudible] that they had high incidence of alcohol consumption. And we went to 15 [inaudible] by [inaudible] sites and then [inaudible] of our [inaudible] clans and the [inaudible] of the clans had to of gone through the [inaudible] session but they need not to have tested for HIV, they just had to have gone through the [inaudible] session and of course they had to give informed consent.

And the [inaudible] interviews using a questionnaire and they were administered by an interviewer and the study had been approved by Horizons [inaudible] review process and the government of Kenya.

Now to assess the respondents' own drinking levels, we used a WHO tool to record an audit or the alcohol used

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[inaudible] tests and this two has been validated across many countries. And this has ten items that has a total score of 40 and a score 8 or above indicates a likelihood of hazardous drinking. So that is a tool that we use to assess respondents' own drinking. And then to assess their partners drinking levels, we developed our own skill best on the clans concern about their partners' drinking level. And this [inaudible] best on three items. And the first question was whether their client had been concerned that their partner drinks too much or whether they have been told that their partner drinks too much and whether they fell that their partner needs professional help because of their drinking. And these three questions were categorized into, no concern, some concern and great concern. The assumption here is, if you're greatly concerned about your partners' drinking then the likelihood is that their drinking to hazardous levels.

Now let's start by looking at the demographic [inaudible]. We had about 50% of the sample were male, the average was about 30; a relatively young sample. About 54% were single, never married. 33% had attended secondary schooling over three-fourths of their [inaudible] sexual partner.

We are first going to look at the dynamics [inaudible] use [inaudible] partner violence to their own partners and this

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is what we found. This is alcohol use among the VCT clients and we found that current were currently taking alcohol at the time overall [inaudible] percent. And the men were more likely to be current drinkers of alcohol. You can see that in [inaudible] percent of the men, compared to only 12% of the women were currently drinking alcohol at the time. And we also explored drinking levels using the audit tool that I just described and found that among the men that 2% of the current users were harmless drinkers, while 68% were hazardous drinkers. And although we found that two-thirds of the current drinkers were actually hazardous drinkers.

Now this chart shows a percent that had ever become violent towards their partner, while they were under the influence of alcohol and found that among the men that 5% reported that, yes indeed they'd been violent and 29% of the women also reported the same. And we found that there was no significant difference between these two, which we found was interesting because that both men and women are likely to perpetrator of violence to their partners while they're under the influence of alcohol.

At this structure the [inaudible] to ever become violent towards their partner, while under the influence of alcohol, by drinking levels. Now the green [inaudible] show the harmless drinkers and the red [inaudible] the hazardous

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drinkers and you can see among the men those who reported harmless drinking, only 14% have ever been violent towards their partner, but those who reported hazardous drinking, their portions go up significantly to 44%. [Inaudible] what we now started seeing is that the more somebody was drinking the higher they were likely to perpetrate violence to their partners.

And then we went further analyzed those results and we looked at the adjusted odds of ever having perpetrated violence to their partners and these analyses was controlled for age, sex, education and type of VCT and we found that using the harmless drinkers as the reference that is one. The hazardous drinkers were almost five times as likely to have ever perpetrated violence to their intimate partners.

And now let us look at the partners' alcohol use and how they perpetrate violence to their partners. And we first looked at alcohol use among the partners of the VCT clients and we found that women were more likely to report a partner who drinks. You can see women report 45% of the women had a partner who is drinking [inaudible] 11% of the men, and if we look at the respondents level of concern about their partners drinking, those reporting no concern was among the men 53% reported no concern about their partners drink levels, while among the women only about 5% reported the same. Now let's

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look at those who are greatly concerned about their partners drinking. Those are significant difference because women were more likely to report that they were deeply concerned about their partners drinking. You can see that 3% compare to 15% among the men.

This is the percent who have been the victim of IPP that are concerned about their partners alcohol use. Let's look at the females because they were females who had partners who are drinking because there are more than the men. If you look at the green [inaudible] women who are not concerned about their partners drinking and have also experienced violence from their partner only 12% reported in that.

Now among the women who had some concern, those who reported having been victims of violence the proportions went up to 38%. And those who expressed great concern about their partners drinking again the proportions rise up again to 59%. And you can see the same trend among the men.

And then again we went further in the controls for age, sex education and type of VCT, and they adjusted [inaudible] of having been a victim of intimate partner violence. And again [inaudible] people who are not concerned at all about their partners drinking, that is one. And among those who expressed some concern, you can see there are four times as likely to have been victims of IPV. And those expressing great concern

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were almost 13 times as likely to have been victims of IPV.

And so now those demonstrated a strong [inaudible] relationship between drinking levels and incidents of IPV.

And then because these are clients who are coming out of our VCT session, we ask them whether they're VCT counselor had asked them about their alcohol use, and overall we found about 50% of the current users of alcohol were not asked about their alcohol use. You can see among men current users only 48% were asked, and among the women only about 6% were asked, so we thought there was a big missed opportunity. VCT counselors has missed opportunities with almost half of the current users to discuss issues [inaudible] alcohol.

And then what are we concluding? We've seen an evidence of a link between severity of alcohol use and IPV among VCT clients and we've also seen that under the influence of alcohol both men and women are equally likely to perpetrate violence to their partners and therefore VCT counselors need to explore both the need to talk to both of them. However, because more men are users of alcohol, women are more likely to be affected by the violence.

And then moving on to the recommendations, we think that interventions in that reducing alcohol intake may have an effect on reducing IPV. Because you've seen the more one drinks the more they're likely to perpetrate violence, so we

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think if they drink less the violence is likely to come down. And therefore we're recommending that alcohol risk reduction counseling should be made a part of VCT service provision and we already piloting this integration and started the training of 32 VCT counselors in seven VCT sites, and in two providences in Kenya. And they're using, the counselors are using a screening [inaudible] they're screening clients for the alcohol use and offering a brief intervention that forecasting on the reduction of the alcohol intake and reduction of risks that are related to alcohol use. And the [inaudible] is scheduled for next month.

I would like to acknowledge all these individuals and institutions. Thank you. [Applause]

FEMALE SPEAKER: Thank you very much. Our final speaker is Dumisani Rebombo from EngenderHealth and he'll be talking about changing male gender norms. The South Africa Experience.

DUMISANI REBOMBO: Good afternoon ladies and gentlemen. As I have attended some of the sessions I've realized that the presenters don't get to ask questions, and I thought let me start by asking a question. It's only fair that presenters should ask questions as well. One or but two, because I think the moderate has said lets have a debated dialog another then just your Q&A. And another person for you.

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I want to talk about changing gender, male gender norms, but before I do that, let me ask you this question. By raise of hand, how many of us has had sex since coming to this conference? [Laughter] A dangerous question. Okay, let me rephrase it then, how many of us would have wished to have sex? [Laughter] Well, I could have gone on to say, if you're [inaudible], how many of those were, you know, safe sex practices and so forth, but if I offended you with that question or if it was dangerous enough, let me then share with you that I want to present to you carries those kinds of attitudes in our work as we implement, who are you to tell me what this norms should be changed around and so forth.

Globally there a way [inaudible] for the need to work with men, to achieve gender equality. And in South Africa many of the African countries and other countries in the world, have [inaudible] to all of the global concerns on this issue. Next slide please.

If this is the accepted socialization of young boys and men that you need to be strong, you know, you have all of the answers, you don't ask for help, you can have many sexual partners, okay it's manly and so forth. You can take risks and violence is an excepted way of solving conflicts, we believe that this has to be interrogated. We need to focus on the socialization of boy and men. And do something about it.

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If I may share a personal experience with you, when I was 15, two friends and I raped a girl, it never bothered me until 20 years later, but that was wrong. Other boys in my village has done it and it was not a big deal anyway, so any relationship you had with girls was about sex. You know, did you get it? Did you do it? And so forth. So, twenty years later, I was 35 then, that's when I realized that for the first time, can you imagine, that was rape and that was wrong. Anyway, I had to go and look for that girl, sorry she wasn't a girl anymore, she was married with four kids and it was difficult for me, I didn't know how to start, because I wanted to apologize. Okay, and then I didn't know if she had ever spoken about it or would now be stuck in something worse, you know, others were saying just leave it at that. But anyway I went and [inaudible] would go to talk to now, apologized to her and you know she said to me, after you and those two friends of yours, three other men did the same thing to me before I got married.

Anyway about marriage, I think in terms of so called male privileges, when I got into marriage, customarily, my wife couldn't say no to sex, when I needed sex, okay. Even in the religious [inaudible] in the church I went to, I'm in [inaudible] recorded, I would called them in case I offend some of those who were in that faith, that she should respect me, no

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it says, she should be submissive, in every thing to me, so every time at some counseling session that's [inaudible] free. I remember one time she asked the counselors, she said, look why if the [inaudible] is wrong, my husband is wrong, what should be done? And the answer was, you leave that up to God.

Anyway, let me not bore you with my personal life, but I think we need to increase our awareness of that gender [inaudible] socialization puts men and boys at risk of negative outcomes. And it's important that we are nothing but men and boys themselves, not just women going out there and waking up these issues, men themselves can interrogate this type of socialization. Next slide please.

So, how do we respond to this? Then gender held together with Planned Parents Association, PPSA of South Africa developed this problem called Man as Partners in 1988. And we try to challenge those [inaudible] in the norms and we seek to redefine masculinities. To also work to modelize men and women, alright though we [inaudible] for men to take an active stand against gender inequalities.

We're a vision; we want to see communities that are HIV competent. Also communities that are for gender justice that is gender justice competent. Okay, let me tell you what I mean by that.

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Can you imagine a community or a society where all stakeholders are aware of this issue? Okay, but not only that they acknowledge that this is our problem. But, it also that clearly is that it is in our best interest to do something about it. And therefore what do we do? Do we get into partnerships, do we [inaudible], what do we so that we are now able to act? And if they now do some action based on the mobilization they have from all the stakeholders, I believe you then could have a social movement. Then I think this is what you need. And if that social movement works with [inaudible] to me, that's when you arrive at being competent in dealing with HIV and gender equalities.

Our [inaudible] work, we want to see men as [inaudible]. Men should take care of themselves. Okay, men are supportive partners and men is [inaudible] of change. Men need to be involved, whether you're talking VCT programs or PMTC, but also men is [inaudible] of change, you're talking about men being a role models, positive role models.

These are just examples of what I'm talking about.
Another one.

Now, these are a collegial model. We work with the individual man. We have peer education, one on one [inaudible] intervention, but we also understand that that man comes from a family, what do you do with the family? The family comes from

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a community, what programs do you have in the community. So, we have community events, [inaudible] and so forth and our big bonus is working with local civil institutions.

How do you work with health services to improve the intake of sexual and reproductive health services for men? Often you'd hear that, oh the public clinics aren't that male friendly, personally I don't believe they are women friendly either. But, also I think it's important that we would work the health services.

How do you engage media with whether you're right or whether you do a great deal of television you have done. [Inaudible] Policy is roughly come for eight years there's been bills that haven't been passed into laws. The sexual offenses bill, finally it's not at the final touches. We're happy about that, but that took a lot of [inaudible], you know, challenging government, but they need to pass that law.

So, as I said our [inaudible] work with civil society institutions. I won't bore you with those details.

In terms of successes in that, next slide please.

We are now currently working with 30-plus civil society institutions, this includes six treasury institutions in South Africa. South Africa has nine providences. This program is very visible in six of those nine providences. And we think having help throughout communities to start to respond to HIV

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and engage in the gender discourse is a plus for us. We cannot over emphasize the need for partnership, because then you can have a united front and we will be able to challenge issues. We have [inaudible] partners, not work where we bring together organizations that buy into this, to say, look lets do something about gender in our [inaudible] programming and so forth. Yes we have challenges, okay, as it was mention earlier; [inaudible] programming requires significant time, effort and so forth.

We also need to scale up this word within the public and private sector. You know in the private sector, especially, you have challenged of people wanting bread and butter issues not issues that are social in there understanding. But we need to work with men addressing [inaudible] conditions, for instance if you, my participant in a workshop and all we talk about is HIV and the gender equality, and yet the immediate need is to have food on the table, for yourself and your child or something like that, and we cannot keep on ignoring that. Therefore the need for partnership is important. Those who can do where there is income generating project so we can partner with them to address those needs as well.

While there is enough in my understanding and knowledge individual change, that is visible, but can we demonstrate

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societal change, I would say no, we haven't reached that stage yet.

We were asked to talk about what surprised us as we implement, right? And the disjointed women's movement, I think that was very surprising for us, because we fought, because women they are the [inaudible] they would be so united. You'd work with say, your LGBT group and you learn that they are discriminated against by other women, I mean, lesbians would be discriminated against by the other hetro-sexual women so, as we want to support women because, we cannot [inaudible] their gender. We need to be partners to women as we want to arrive at gender equality. So that was very surprising. We thought, you know, it would be easier to support women, but, it becomes difficult when they're not united. That was started by some of our politicians. I won't mention names, [inaudible] South African faces in the audience, but one highest politician, at the time who was the custodian of a country HIV program and had sex with an HIV positive woman, knowingly without a condom, and there was a rape case reported, he won it, but in court he said this, oh I took a shower and so that it would minimize infection. Now, can you imagine what that kind of a message had an impact on people on the ground?

Any way I apologize later, like I said look [inaudible] I want suppose to have said that and so forth. You'd have

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politicians who are unknown in the press that have been sexually harassing people and then they've been taken off the role call for parliament, for instance, but later on reinstated.

But, also the thought that men are not that [inaudible] so if you think you'll just go to a man and say, look you have to help at home because, we know that men do not do that. Its not like, not every man is like that, there are men who do help in their home and so forth. So, that surprise us because, we thought, generally you think men are just hard all of them, they don't understand and so forth.

What do you thin I do again? As we've taking our [inaudible] to the rural areas. You find that, maybe because of you want ,but as partners, expertise you send someone from an urban area, who can not speak the local language, but because they have the content, okay, that I wouldn't do that again because it's a disrespect to go to people and do not speak their language.

We have done some of our work without baseline assessments, simply things like if we want to measure whether there has been a decrease in teenage pregnancy in five high schools, I think we'll just start with the baseline to ourselves that we started implementing with out that. I

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wouldn't do that again. And as I mentioned earlier, we can not [inaudible] on HIV outside of the broader development issues.

What can I do again? I think working with a minority groups. Whether this means minority in the sense our problem targets men, so if we work with women there would be a minority for us in that sense that we will do again. Including working with LGBT setup. We've learnt that there's double marginalization in those groups, so it's important with those groups are men in those groups as well.

Involve women at decision making levels. Whether it's in the program design that we'll do again. I think we need to continue to challenge [inaudible] I would do that again. Contrary to some belief that men are just perpetrators, I think what I will do again is that I need to target men as part of the solution to the problems, not always as perpetrators.

These problem, [inaudible] growing as well, there's [inaudible] program in 14 countries including, Botswana, Kenya, [inaudible] and [inaudible] and recently there's a [inaudible] male gender [inaudible] initiative supported by [inaudible] where we [inaudible] with, together with Promunda in Brazil to give technical assistance to the implementing organizations in Ethiopia and Tanzania. In gender health is [inaudible] of the men engaged this global alliance of organizations working with men and boys for gender equality and I want to acknowledge our

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funders [inaudible] and the CDC, thank you very much.

[Applause]

FEMALE SPEAKER: Okay, thank you very much to our three speakers, who did an excellent job and I think we were able to get a little more depth by having a little more time which I think was a benefit. I think the issue is now a debate, so let's open it up. Why don't we take a few questions at a time and then go through responses, shall we do that? So, if you could line up by the mikes we don't have movable mikes.

FEMALE SPEAKER: Good afternoon, my name is Vealeta [ph] I am from Bolivia from Latin America, I really want to thank you for your presentations, the three of those speakers, and I feel that this is such an important issue. I would like you to suggest that you share your findings with other regions outside Africa, because we have seen Latin America with alcohol that is the main obstacle for [inaudible] among people already living with HIV. So we need these alcohol counseling not only in the VCT but, in the ongoing counseling services. And also it increases violence and unwanted pregnancy among people who are living with HIV. And also we have seen the many men who are young are going to alcohol use because they are under these gender norms pressure. They have to show they are men. This is very strong in Latin America; you know it's a [inaudible] region. And also, we saw that some of them want to stop being

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violent or resist this gender roles but, they don't have any support, so I think we also need to create this supportive system for these men who decide to stop being violent or decide to be different men. I really want to thank Mr. Dumisani Rebombo, because of your courage of telling us about you story. I am a rape survivor myself and I am HIV positive activist now a days and I am still waiting for my perpetrators to come and apologize with me. And sometimes I thought maybe I would kill them when I see them but, because you spoke today, I know I could talk to them although I already forgave them, I know it won't be so difficult as I thought because I listened to you today, thank you very much for that. [Applause]

FEMALE SPEAKER 2: Good afternoon, my name is Jenny Parker [ph] and I'm with CDC Atlanta. I'm very interested in learning a little bit more about the policies and legislations that have been purposed in South Africa. Can you tell us a little bit more about that?

MALE SPEAKER: Thank you very much. I'm really impressed by the presentation of Dunisani. Mine is a reflection and maybe a question. During that issue of greatly affecting our programs and it seems you are not really putting enough efforts into that. I work in [inaudible] University [inaudible] in Rwanda and carried an [inaudible] of assessing factor that you [inaudible] uptake of [inaudible] and a great

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number of women who have not brought their babies to [inaudible] told us that they couldn't bring their babies to [inaudible] because they are weak and the man could not take a baby because by the gender issues and the culture no man is suppose to carry a one day old baby. So, this is a big problem. We are encouraging men to come to [inaudible] services, but there involvement is [inaudible] and not the [inaudible] the package you're giving. This is a [inaudible] many women are taking their drugs, hiding it from their partners because of this. I think the emphasis of programs have put on this crucial issue are far from enough. Thank you.

FEMALE SPEAKER 3: I would like to ask a question too.

FEMALE SPEAKER: Thank you very much. Absolutely interesting and particularly I have soft corner for Population Counsel and all the research that they bring out. Just one question, to you because alcohol absolutely is an issue but, [inaudible] and that's what young people say, when they say what does that major problem in your community, they say alcohol before even HIV. My question is, one is when you said you used two terminologies on alcohol, which was harmful and [inaudible] so what was the definition of that. And the other thing is that when you say that [inaudible] centers actually take up these issues, are you talking about not taking alcohol or are you really focusing on responsible drinking? And what

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is the measures for responsible drinking, because in the media they introduce certain elements that okay, after two beers you have to have some amount water so that it neutralizes. So, whether you have this responsible drinking aspect looking at through the VTC center what you would comment. And secondly, on the present issue on masculinity again very interesting. Looking at, you said that normal individual behaviors [inaudible] community, how do we get the community to be a pressure on young men or women who are perpetrating these. Because until and unless there's a pressure from the society showing the other man that's not cool what you're doing, I don't think we can really have a real movement. So, I'm trying to see that what is that element that you are bringing in, into the community that the other young people will be a pressure group on the young people who are [inaudible] or raping girls or actually practicing masculinity.

ISABEL: Thank you, my name is Isabel. I am a medical student so all this is very interesting for me and I've been following all the sessions for the last few days but, today I feel like, tell me if I'm wrong, but I feel like, I have a feeling in Africa we seem to be looking at, not really looking at the root causes of several things that are happening here. Like, Africa is a very cultural oriented place. Everything is about culture, everything, when you go into a place if you

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don't respect the language, you don't respect the [inaudible], there are certain things you can not do. Another thing is that some parts are developing, like South Africa developed and some others are not at all. So, we have things of illiteracy, we have things of, yes, especially illiteracy, and there is so many things that need to come up and yet the big problems that are trying to be address and so I was thinking especially with gender problems, why is that such a problem, I mean, I want to look into if young men can sit down and think that raping a girl is no big deal, then there is something wrong somewhere. There's something at the grassroots, somewhere which is not right. And then it looks like we're just attacking the leaves and not really the roots. So, I was just thinking in all your researches, you ever try to look into the cultural aspects of things, even when you trying to implement projects, do you look at the people? Who they are, what do they believe in, why do they do what they do, what were they before? It seems in the old times in that [inaudible] our grandparents were respectful of their wives. They didn't just, from what I know, I don't know that much, it seems in the times when we had kingdoms and didn't dress up much, there was a bit more respect for women. And so what went wrong in between there? So what's not going right somewhere? And maybe it might help; I don't know what I think, all these things, all these people talking here seem to

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be having projects. Either they are piloting projects or they are going to be implemented somewhere by some government, some organization trying to convince something another country, another government. So what don't you put all that money and projects and stuff into the government itself, into the ministry of [inaudible] and have them work with their people and see if, I noticed, I'm sorry I'm talking to much, I noticed in Africa it is a thing of if you don't trust someone, you don't listen to them. It's true, I mean if I speak in Uganda and I speak to my people in [inaudible] they will trust me more than if I came speaking in English, they would be like who are you and what do you want? What do you know? So, anyways [inaudible] just general comments and questions and thank you. [applause]

FEMALE SPEAKER: Shall we just try to maybe some of the questions we've already had a few and then go to the next round?

MALE SPEAKER: Can I ask—

FEMALE SPEAKER: Okay so two more. And then we'll stop and try to answer some of those.

MALE SPEAKER: First of all I would like to send to all the speakers; actually the topic is very much interesting. And especially in comparing a lesson learned challenge you have with in the context of, [inaudible]. My name is [inaudible]

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and from Cambodia and I work for the local [inaudible] Reach and Support, different programs including [inaudible] intervention, care and support, and also right now we are trying to find what might be the best intervention to work with men. So, I have three questions. Very much directly to the men model from African Nation.

Actually because it is not easy to work with men and especially in our country [inaudible] now from the most [inaudible], the key population to the [inaudible] that move through those who use to be the [inaudible]. For example, married [inaudible] men right now, that prevalent among married [inaudible] men stands at 2.6 percent, compared to a gender population, this is very high. And these people are the victim actually, they are the weak people. And not just the women, but also the baby. So, my question is about, what is the, how do [inaudible] with the policy maker to make the issue of men become more responsible, more accountable to the [inaudible], not just about the [inaudible], but the other issues surrounding [inaudible]? [Inaudible], could elaborate a little bit [inaudible] based on experience, what are the results including men into the [inaudible]? And the third question, what are the key message in terms of what adjustments [inaudible] best [inaudible] approach men as a partner? What are the key messages we want to send to the as a partner, a

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[inaudible] partner. [Inaudible] as a [inaudible], what are the key messages you want to concentrate and you want to get men in the responsible thing. And the last one, men [inaudible], that's all thank you.

Shontell: Thank you, my name is Shontell [ph] am I'm a student at [inaudible] here in Rwanda. My question is, is there an organization that's, okay, say you're in Africa, people are saying we are losing our culture, so everyone is fighting to conserve their culture and everything. And if you look at this norms its like its our culture, that's how men are not suppose to cry, men are suppose to be patriotic and all that, its our culture and we want to conserve our culture. But, then on the other hand, its human rights, so which one do you consider, the culture or the human rights? [Inaudible] if there's no [inaudible] then how do you balance it, which one do you consider? Thank you.

FEMALE SPEAKER Should we go to some answers and then go to another round of questions?

CAROLINE MACKENZIE: Let me start by giving the definition of drinking levels. I think the two levels was harmless drinking and hazardous drinking, and we use the audit scale, I think I described it and it has ten questions. And we just went through all of the questions and then there's a scoring system. And if you get more then eight points, the

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total score 14, if you get more than eight points, then you're classified as a hazardous drinker. So, if you're of course less than eight, you're drinking but not to harmful levels.

And for the VCT counselors, what they're doing they're using a simpler tool, it's a [inaudible] tool, and this screens people for hazardous drinking. If somebody gets two over four or more than that, then they are classified as hazardous drinkers and then the VCT counselor takes the client through risk reduction messages to reduce intake and also to reduce the risk associated with their intake. And then the [inaudible] also about identifying those who are dependant and such people are referred to alcohol treatment centers.

DUMISANI REBOMBO: Umm geese, I have so many questions to answer. I think there was one about young people, how do you get them to not perform my masculinities in terms of drinking and that. We have a model that we call Community Action Teams, that is those young people or really young men and older men who have been sensitized into the program and they are willing to continue to come and do something about the problem. They will decide when to meet; others meet on a weekly basis, others on bi-weekly or monthly. And we provide them with technical assistance in terms of skills and how to resolve social issues at their hand.

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There was a question around the policies, which policies in South Africa, have we been engaging government [inaudible]. [Inaudible] a friend of mine who knows our work very well, I don't see her now, but maybe she is in, her name is Melanie JOTS [ph], I would ask her to also comment on any of [inaudible] the [inaudible] could have left, in regards with this. But in terms of challenging government, I think its important to mention that you not only focus on the National policies but, what's happening on the ground, the local level of the district and provincial levels. For instance, together with other women organizations, there's a 1 in 9 campaign, which really looks into assisting women that do come up and speak against sexual violence ort report sexual violence. And within that you'll find that judicial system is not fair for those women who stand up and [inaudible] that only one out of nine women do actually come out and report sexual violence. So, we would partner in those campaigns and say, for instance, go peak at a report, where the magistrate or the perpetrators are friends would be bullying the women or for instance, in one case the woman's pictures were shown all over the [inaudible] and [inaudible] and public, even her panties [inaudible] and public and those are just things that we'll stand up against. In one case here is a man, in questioning a rape case, is in court and the magistrate comes in or the judge rather, comes in

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and says, you know, happy birthday and there's a cake and it's shared and the women wouldn't get such treatment. So, things like that, we'll stand up for. So, at a national level there the domestic violence act, which will be filed but it should be passed. Also the sexual offenses bill that I've alluded to earlier on.

What do you take? What do you start with? Gender, I mean, culture of human rights? I think it's important to work for the human rights because, not all of our culture is good. Let's say that. So, whatever in our culture that undermines women or men or whoever, I think we need to discard that and promote human rights. And that's our approach from a human rights base approach. Which, therefore means you need to work with everybody.

There were three questions around, okay there was also a concern about projects, this of the, you know giving everything to government around projects. I think my problem with just giving everything to government is that who would the government be accountable for? So, I think it is important that the civil society voice is strong enough to challenge [inaudible], you know, problems, but I agree as well that we shouldn't just approach it. I think alluded [inaudible] visions to see communities and societies themselves standing up and dealing with the issues. Getting support from endowment

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and other people. As you move on its difficult to work with men, yes and no, maybe a stronger yes, but I think for a long time our intervention and programming didn't forecast more on getting the men on board and working with them, and to keep on pointing fingers and not getting them into the [inaudible] of the fight. I think its, yes it could be difficult but, I think this is the time and we need to move on with it and involve men.

What is the key message? I think overall to say that gender equality, men would benefit from gender equality. [Inaudible] healthier relationship for instance. Don't be violent, we would communicate better and so forth. So, that's the key message that you want to take out generally there.

In terms of men as partners, we need them to be involved. [Inaudible] listen to a couple testing and so forth. We need men to be involved in that. You know, issue of [inaudible] care and so forth, men need to know what's going on [inaudible] is important also to work with the service providers, because sometimes men are barred accessing self services. We want to partner there. That process in that way.

Role models, I think often you get someone who's from the media or [inaudible] of Africa for instance, they're all [inaudible], we think the role models should be [inaudible] for those, for his community and its important that we promote that

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kind of role modeling, then just to get someone what can stand up and say, as my sister was saying, you appreciate that I apologized but, imagine if you hear that I've done the same thing to somebody else later on. So, you need a real positive role model. I think I will stop there for now.

FEMALE SPEAKER: I think we had a few more people what wanted to ask questions, yes? We started late because the previous session was a little late. So, I think we can go a little over.

FEMALE SPEAKER: Thank you. I am [inaudible] from South Africa. This question is for the Duminsani. I was just wondering if you, in your work, ever considered applying or working in partnership in the workplace. Like with [inaudible] assistance programs, in the workplace because there's a lot of experience in [inaudible] among [inaudible] by their bosses and male colleagues. And again, in institutions of higher learning where [inaudible] students would be introduced into relationships with their professors and lecturers and together to [inaudible]. As well as, [inaudible], like for instance, getting involved with [inaudible] there's a [inaudible] in democratic [inaudible]. Maybe if one could start working with those [inaudible] whole group of teachers, because they are world famous for abusing school girls and getting them into relationships with [inaudible] just one of those things

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[inaudible] I think we should address. Maybe by that we would be addressing wider range of abusers and who I suppose, think its [inaudible] to do so. Thank you.

FEMALE SPEAKER: This is Popia from India. Thank all of you for excellent presentations. I just have a question for you who presented on masculinity, anybody of you that has an answer. I was just thinking that we, back in India we have very strong son preference in our country, so we get amniocentesis done, we kill a three month fetus, we kill our female babies, so our sex [inaudible] really going down. I was just thinking that if this masculinity and gender [inaudible] issues can be started as a program implemental, can it start with a life cycle approach, because many times what happens is [inaudible], I don't know about Africa, I am very sure about [inaudible] India and sometimes [inaudible] India, that men and the female kid gets lesser preference on there siblings, so that's unfortunate too. That's what life cycle starts.

Now, secondly, did you find in your work on [inaudible] that involvement of religious leaders and some kind of [inaudible] school level can make the changes and teach you [inaudible]. And my last question is, what do you think, what would make the process faster, making women more [inaudible] and valuing their own esteem or making the men understand the responsibilities. Thank you.

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FEMALE SPEAKER: Thank you. I'm [inaudible] from UNICEF in Zimbabwe. I just wanted to pick up the last point as well as my colleagues [inaudible] point earlier. In Zimbabwe we're supporting a similar organizations to [inaudible] in terms of trying to work with men and boys. So my first question is, just your honest opinion, is this really the most effective way of going scale? If you look at the women's movement in the west, for decades women try to convince men to change and give them power and eventually they just took the power and men followed. The other issue is, and so is it an either or, or is it a community based approach, for example like the stepping stones methodology, which brings in both genders.

The second question in working with men and boys, have you found it difference in terms of receptivity to the messages, depending on age? Are younger boys perhaps more willing to change then the older men? Thanks.

MALE SPEAKER: Good evening, I'm Dr. Gopel [ph]. I'm a technical program manager of the AIDs control program. I am a doctor and a government officer. I would like to congratulate all of the panelists and the two students for their excellent presentation and excellent questions, also. And including two candidates mission of two [inaudible]. I must congratulate you for that. And I would just like to share [inaudible]

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observations, like as a government officer [inaudible]. Any national program is not a governmental program, it belongs to the [inaudible] and all the [inaudible] organization are very much a part of it. And we have to see that in that particular prospective. And I had a feeling in certain programs, even in the activities [inaudible]. But, [inaudible], I just have a feeling I may be wrong in that. Women are being perceived more as a beneficiary and not as proactive stakeholders in the empowerment mode. There still being continued to be seen as beneficiaries. I would like to be directed on that, if that is not the position of the presenter. Thank you.

FEMALE SPEAKER: [Inaudible] I am going to ask that we do some closing remarks by each of the speakers and go on to our next session.

CAROLINE MACKENZIE: Okay, very short. Harmless drinking and hazardous drinking always raises some debate and I think I just, my closing remarks are just to give the audience a definition of our dink. For men, there suppose to, they actually tolerate the alcohol more then women. So, for men the standard drink is four drinks. Four drinks at a time and that four drinks at a sitting, per day. And for women that is three drinks. And the standard is a can of beer or 340 milliliters with the males. Thank you.

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DUMISANI REBOMBO: I think there was a question that I skipped earlier on, which said how do you then graduate from individual impacts to the community level? How do you get the community ready to accept and start working on this issue as a collective? I think a better example for South Africa was during the apartheid era, communities were mobilized to say enough is enough on this. And I think based on that model; you could then work both with men and women in institutions to arrive at that, so that you have that social movement moving forward.

Workplace programming, yes we have tried, let me frankly say that, but then I think the employee assistant programs officers, managers, tell us its in [inaudible], you know, this is enough, this is how we're going to do the things. And I must say also that as an NGO sometimes, some government officials look down upon on you and say, what we can learn from you instead of us forcing those partnerships. But having said that, we are working with different government departments, I could mention six, but we haven't started doing work in terms of integrating map into the EAP program that we thought we could support that parallel as [inaudible] organization.

High schools, [inaudible] network has organizations that work at schools but its not in all schools, for instance, in [inaudible] there's a program, our program is within 96

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schools only, so its not a national program for high school [inaudible] in that sense, so yes, I think in terms of scaling up we need to go into that direction.

Should we consider the life cycle approach? I agree with that. The question on religion and you know, do we work with religious [inaudible] have we seen any changes? Yes, we do, but you need to align yourself to the religious beliefs. That's just something that you learn. For instance, this religious [inaudible], you cannot just come up front and say, you know, you're wrong, you need to learn their principles and then start with a talk. And when you get that, I must say that the South African counsel of churches is a good [inaudible] that we're working with, but the affiliates are not always buying into what the bigger [inaudible] is saying.

Are we encouraging women to be autonomous, I think we are. I think our coupled with the question around, is this an effective way, shouldn't we follow perhaps, like your stepping stone model that says lets work with a broader community, not just target men or women. I think both. You need to do both. In this case especially that men have been left out for so long. So, for instance in your workshop, when you want to address issues of gender, for [inaudible] important to start working with the men, before I bring in the women. Because you don't want your women to be subjected to negativity as you go

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along. So, for me I think both approached should compliment each other. But, broadly speaking if you're talking of competent communities, you're not just talking about men, you're talking about everybody.

Have we seen difference in terms of reception to the program in terms of age, yes. Men my age are, should say, resistant more the, it's easier to work with young people than men my age and some of the age of the men I'm seeing in the audience. Thank you.

ANNA JOY: I just [inaudible]. I think the [inaudible] gender in all most programs are important. Because gender is not something that [inaudible] that you can some other project. I think in all of the programs, gender [inaudible] gender as [inaudible] and the human right aspects is very important. And changing minds are not so easy. It won't happen over night. It will take a lot of effort. It takes a lot of time and because it's a whole [inaudible] of change unless its [inaudible] the younger generation it will be easier to train and change then the older [inaudible]. So, it becomes [inaudible] so integrating them to all of the [inaudible] is actually the key [inaudible] is a difficult thing. That's all I have to say.

FEMALE SPEAKER: Thank you so much to all of the speakers and to all of the comments. I think we had a really

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productive discussion, particularly because I noticed that when you started the presentations with a personal story and that kind of led the way to really being honest about this dialog. And I think this is the kind of thing we need to move forward. Is to put things out there and to be honest and sometimes you know, it takes a lot of courage to do that and I want to congratulate and thank all of the people to do that today. Because this is the way forward and we need more role models and we need people that are used to doing this kind of thing more in all of our countries, in all of our regions, actually. So, thank you very much.

[END RECORDING]