The One Man Can model: Community mobilisation as an approach to promote gender equality and reduce HIV vulnerability in South Africa

Key messages

- Young women in South Africa are four times more likely than their male counterparts to become infected with HIV.
- Young women’s vulnerability to HIV is linked to harmful gender norms, particularly those that equate manhood with dominance over women, multiple sexual partners, alcohol use and risk taking, and limit women’s agency in negotiating safer sexual practices.
- Working with men to question gender norms and improve knowledge and practices around sexual and reproductive health can reduce women’s risk of acquiring HIV. It can also help to create more equitable gender relations within families and communities.
- One Man Can works through community mobilisers and action teams to create opportunities to talk about gender inequalities and their individual and collective impact on women and men’s lives. Through this process, men begin to understand that gender equality is important to them and their wellbeing, and adapt their behaviour with female partners in the home.
- Community engagement and advocacy with local decision making structures helps to institutionalise these changes, although there have been challenges in encouraging those with power to engage.

Introduction

South Africa is among the world’s highest HIV prevalence countries (estimated at 18.9 percent in 2014) and has the largest population of people living with HIV (6.8 million). The HIV incidence rate among young women (15–24 years) is over four times higher than the rate among their male peers – 2.5 percent vs. 0.6 percent in 2012 (Shisana et al 2014). Dominant gender norms, especially those that equate manhood with dominance over women, multiple sexual partners, alcohol use and risk taking, and those that limit women’s agency in negotiating safer sexual practices with their male partners – have been identified as a key determinant for women and girls’ HIV vulnerability in South Africa.

In recent years HIV prevention programming and research has focused on engaging men and boys in reducing women’s and girls’ HIV vulnerability as well as increasing men’s use of HIV and wider health services. But few interventions have targeted the community
norms that influence men’s attitudes around gender and HIV and the behaviours that increase HIV risk for men and their sexual partners. One Man Can was originally developed by Sonke Gender Justice as a rights based education and outreach programme, engaging men to challenge harmful gender norms, and educating them about gender based violence and HIV risks. It has been implemented in several South African provinces as well as other African countries through the MenEngage Africa network.

In order to further understand the ways that community mobilisation approaches can increase young men’s support for girls and women’s rights, an intervention, based on the One Man Can model, was undertaken and evaluated in a rural area of Mpumalanga, South Africa.1 It targeted 18-35 year old men to increase awareness of the links between gender inequality, negative gender norms and HIV risk. It involved ‘community mobilisers’, who set up community action teams and implemented One Man Can activities. The intervention resulted in a range of positive changes, including those below.

Individual attitude and behaviour change
As a result of the intervention, men reported that learning about the appropriate use of condoms and the benefits of using them consistently has positively influenced their decision to initiate condom use with their partners.

Male community mobilisers and members of community action teams reported that their understanding of the benefits of gender equality had increased, improving their interactions with women professionally and in their personal lives.

Gender norms and interpersonal relationships
Male participants in the intervention said that their parenting skills improved and they are now playing a more active role in raising their children. Several reported better communication with their female partners, as well as a more balanced division of labour in the home and greater appreciation for female partners’ desire to work and contribute financially to the household.

Community transformation
At the community level, the intervention created new pathways for collective action for social change. It mobilised men and women in intervention communities to address harmful gender norms and HIV risks. As a result, more women and men were working together to improve gender norms and relationships.

How were men and boys engaged in the intervention?
The intervention actively engaged men as community mobilisers and as members of community action teams. Working alongside women in the teams, the men took part in community activities as a collective, including events and dialogues on women’s empowerment and vulnerability to HIV/AIDS. They also acted as role models and mentors in their communities; leading by example on issues such as HIV testing, consistent condom use, responsible drinking and violence prevention.

The majority of the intervention’s community mobilisation activities were specifically targeted at young men aged 18-35 years, because they are the primary sexual partners for young women and adolescent girls, and are more likely to engage in unsafe sexual behaviour compared to younger adolescent boys and older men. Young men and women in this age group are also, however, more likely to be open to changing their perspectives around gender norms and sexual behaviour as they transition to adulthood. Their widespread adoption of social media platforms is another advantage; it provides effective channels for new knowledge around gender and HIV to be communicated.

What processes and strategies were used?

Community mobilisers and community action teams
Local men and women were trained to serve as community mobilisers implementing One Man Can intervention activities. Community mobilisers established and supported community action teams – men and women who participated in the intervention and then served as volunteers playing a key role in disseminating knowledge gained about gender and HIV throughout their communities.

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1 The intervention was part of a study undertaken by a partnership between the University of North Carolina, University of California San Francisco, Wits University Rural Public Health and Health Transitions Research Unit, Wits Reproductive Health and HIV Institute and Sonke Gender Justice. Both qualitative and quantitative data were collected; quantitative results will be published separately.

There were roles that were done by women like to clean, sweep the yard and taking care of the children... but since One Man Can came to do their workshops all the roles now people do together. As you can see today I am also taking care of the child... back then we knew that children were women’s roles to take care of them but nowadays it’s all our roles.

MALE COMMUNITY MEMBER, VILLAGE 4
action teams raised awareness about the causes and consequences of harmful gender norms and HIV risks, and advocated for the policies that support community level efforts to promote gender equality and improve HIV outcomes. Team members were also encouraged to join local government structures as another avenue of community activism. Involvement in the intervention encouraged community mobilisers to lead by example, as they felt accountable to their communities.

Educational workshops
Community mobilisers conducted workshops with men and women on issues such as gender, power, health and community activism to build personal reflection and shared understanding. The workshops encouraged men to make conscious decisions about their sexual practices and the impacts of these practices on their health and that of their female partners. The impact of gender inequality on HIV was discussed and participants had the opportunity to pose questions and have discussions among themselves about the consequences of upholding harmful gender norms. One effective approach to engage men was through talks held at taverns and shebeens (unlicensed bars) because it enabled mobilisers to directly address unsafe behaviours in which men were engaging in these spaces and allowed them to reach young men who were reluctant to attend workshops in religious institutions. Community members felt that these workshops led to greater knowledge and acceptance of condom use and HIV testing among men.

Community engagement
The community mobilisers conducted outreach activities such as door-to-door campaigns, street soccer tournaments, theatre performances and painting community murals to raise awareness about the importance of HIV testing. Digital stories and photo voice projects documenting men's and women's personal stories of change were also employed. The majority of young adults taking part in the intervention felt that strategies using media and art were innovative and engaging ways to share gender and HIV information and raise awareness about gender inequitable norms.

Working with local leaders
Some local institutions – for example schools and health clinics – enabled mobilisers and community action team members to conduct workshops and training on HIV and gender equality in their buildings and venues. However, in some cases, a lack of involvement by local leaders (political, religious and traditional), who were reluctant to support intervention activities that discussed condom use, alcohol abuse, and transforming gender roles, undermined the overall impact of the intervention. Often community leaders would not attend activities despite numerous attempts to engage them.

Lessons learnt
The One Man Can community mobilisation intervention is an effective approach to promote gender equality at the community level and to build collective action to support the rights of women and girls and decrease men's unsafe sexual practices. It has also contributed to gender transformation at a broader level. Some challenges remain in sustaining such transformation, but the intervention offers the following lessons for future practice and policy:

- Young men are open to changing their attitudes and behaviours towards gender equality and reducing their own vulnerability to HIV and the HIV risks of women in their lives.
• Creating spaces for men to engage in dialogue has significant impacts on challenging and deconstructing social norms. Single sex spaces create an initial platform for men to begin discussions about gender equality and masculine socialisation, preparing them to discuss ways to transform harmful gender practices with women in mixed sex spaces.

• Identifying men and women within communities to serve as change agents is a strategy to create new role models advocating for gender equality and alternative masculine behaviours. These change agents not only disseminate new knowledge and values within their communities, but are also held accountable by these communities to consistently put into practice the gender equitable values and beliefs they promote.

• Community mobilisation is a powerful tool to promote more equitable gender norms and support action around reducing HIV vulnerability for both women and men.

• Community interventions tailored to engage men and boys to reduce women and girls’ HIV vulnerability should invest in building strong working relationships with local institutions such as schools, workplaces and health care facilities.

• Engaging community leaders (religious, traditional and informal leaders) is important to sustain changes in harmful gender norms.

Further reading


Methodology

This Story of Change is based on the EMERGE case study:


The One Man Can Community Mobilisation intervention was a cluster randomised controlled trial implemented in the Agincourt area of Bushbuckridge in Mpumalanga, South Africa between 2012 and 2014. Activities were implemented in 11 intervention villages and 11 comparison villages were followed so as to measure the effectiveness and impact of the intervention. Both quantitative and qualitative data were collected, but the case study is based on the qualitative findings (quantitative results will be published separately). Focus group discussions were conducted with community action team members, and individual in depth interviews were conducted with community mobilisers and community members exposed to the intervention. The research was conducted in in English and Shangaan (a local language).