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Overview

Purpose of the manual

This training manual is designed to equip facilitators and organisations with knowledge, skills and attitudes needed to address issues of gender and culture in relation to HIV and AIDS.

Who is the manual for?

The manual is primarily intended for trainers working in community-based projects where gender and cultural norms have an impact on attitudes and responses to HIV/AIDS.

What does it cover?

This manual explores the concepts of culture and gender, in relation to HIV/AIDS. It examines how gender roles and cultural beliefs and practices contribute to the vulnerability and risk of HIV infection for women, and men-who-have-sex-with-men (MSM).

This training manual challenges the beliefs of both participants and trainers; it is a two-way process where both participants and facilitators share knowledge and learn together.

How to use the manual

The manual has been designed for a four-day training of trainers’ workshop. Each day has practical activities to encourage participants to discuss and identify issues relating to their daily lives and local contexts. It can also be used as a source when using other training materials.

The manual modules use various training methods: formal classroom training, role plays, case studies, discussions and brainstorming.

Session plans are provided as a guide to running each activity; however the tips below are intended as a general checklist for any facilitator.
Facilitation tips

- Prepare well in advance. Read through the session plans to ensure you are familiar with the objectives and issues of each session, and the materials you will need. Remember, the plans provide a guide but it is useful to add individual touches, e.g. ice-breakers, to suit the group you are working with.

- Try to get advance knowledge about your participants—such as numbers, ages, gender, role of the organisations, and particular concerns in relation to the topics to be covered. Make sure all the resources you will need for the sessions are available.

- Make plans for translation if this will be needed and take account of the additional time that will be required if you are working in more than one language.

- Check and prepare the training venue in advance to ensure it will meet your needs.

- Plan your introductions carefully to ensure that everyone feels included and valued. Always point out that, while you are there, you are there to facilitate learning.

- All the participants bring a rich pool of knowledge and experience that will add value to the training.
Gender, Culture, and HIV/AIDS

It is generally accepted that the global HIV/AIDS epidemic is not merely a health issue but affects all aspects of human development. It is also generally accepted that, in Sub-Saharan Africa, there has been a ‘feminisation’ of the epidemic: girls and women account for more new infections than men and bear the brunt of the burden of HIV/AIDS. However, there has been little focus on the cultural norms that influence how HIV is spread and how people respond to it.

No community is immune from the effects of HIV/AIDS, regardless of age, gender, ethnic origin, class or any other characteristics.

People’s risk of contracting HIV is influenced by a wide range of very complex factors. The choices we make as individuals are shaped by our families and friends, by people in power, by our access to health and other services, and by the media.

When culture is mentioned in relation to HIV and AIDS it tends to come up only in discussions about how particular cultural practices contribute to the spread of HIV/AIDS. There is little focus on how cultural practices can have a positive impact on HIV prevention, or how a culture-centred approach to prevention, care and support might be a critical strategy in overcoming the epidemic and other threats to the lives and health of communities.

When ‘gender’ is mentioned in relation to HIV, it tends to come up mainly in discussions about the burden of HIV/AIDS falling on women, and discrimination and violence against women. These issues need to be addressed clearly and directly. In doing this, it is important to recognise, and understand, the effects of gender inequality on men also; it is also necessary to demonstrate that transforming gender relations is not an attack on men but can benefit society as a whole.

This training guide, in focusing on culture, gender and HIV/AIDS, aims to make you explore the following questions:

- What motivates and influences people making choices or decisions about relationships, sex and health?
- How do cultural values and beliefs in a given community influence the response to HIV prevention and care?
- Who decides what is culturally acceptable or unacceptable?
- How do cultural values, beliefs and practices change over time?
- What is the role of cultural practices in preventing or fuelling the spread of HIV/AIDS?
- What is the role of leadership (traditional leaders, healers, religious, political and community leaders and activists) in guiding the response to HIV/AIDS?
- How are gender roles and gender relations shaped by culture?
- How do gender roles and relations look after people’s health, well-being and risk of HIV and other STIs?
Glossary of Terms

Acronyms

- AIDS – Acquired immune deficiency syndrome
- ARV – Anti-retroviral (drugs used to slow down the rate at which the HI virus reproduces in the blood, in order to protect the immune system and prevent an infected person from contracting AIDS-related illnesses.
- HIV - Human immunodeficiency virus -The virus that causes AIDS
- PMTCT – Prevention of mother to child transmission (of HIV)
- STIs - Sexually transmitted infections

Terms that are used throughout the manual.

Key terms

- Achievement – Completion, accomplishment
- Barrier - Obstacle
- Category – Class or division.
- Concept – Idea
- Constraint – limitation imposed on movement or action.
- Dimension –Measurement of size such as length, width, or height.
- Diversity – difference
- Epidemic – An outbreak of disease spreading among many people
- Evaluation – An activity or set of activities designed to measure the value of a project or programme
- Insubordinate – Disobedient, rebellious
- Marginalisation – The process of pushing or keeping people to the margins, or the edges, of society, so that they are not included in decision-making and access to resources
- Migrate – move from one place/country to another.
- Myth – a story or belief based events or ideas that cannot be proven
- people or materials
- Sacred –Seen as holy or blessed.
- Victimisation - Negative treatment based on a particular quality or characteristic associated with a certain person or group
Introduction

Each participant and facilitator introduces him/herself and an aspect of cultural identity (e.g. social role, ritual, form of dress, dance) that is important to her/him.

By the end of this session participants will:

- Be familiar with the names of other participants and the organisations they are from.
- Understand the purpose and scope of the course.
- Be aware of terms that are used throughout the manual.
- Define their expectations and realise how they fit into the course outline.
- Be aware of trainers’ expectations of participants during the course.

METHOD

- Introduce ourselves
- Brainstorm expectations and group contract
- Review programme and links which expectations can be met in this workshop
- Complete pre-course questionnaire

Participants’ expectations of course

- Allow the participants to brainstorm and discuss their expectations of this training workshop.
- Record each workshop expectation on a flipchart.
- If some of the participants’ expectations cannot be met because they are outside the scope of the course explain this to the participants and if possible provide resources they can use to fulfil those expectations.

Trainers’ expectations of participants

- Participants are to use language they are comfortable with.
- Participants are urged to be tolerant, participate fully and share their experiences and views for the benefit of all.
- Participants mustn’t hold concerns or problems until the last day of the workshop.
- Do not criticize or judge what someone else has said or done, ask yourself – What can I learn from this?
Pre-Course Questionnaire

NAME..............................................................................................................................................................................

ORGANISATION...................................................................................................................................................................

POSITION............................................................................................................................................................................

HAVE YOU ATTENDED ANY OTHER TRAINING ON GENDER/CULTURE OR HIV AND AIDS BEFORE? IF SO PLEASE DESCRIBE
................................................................................................................................................................................................
................................................................................................................................................................................................

WHAT DO YOU HOPE TO GET OUT OF THIS TRAINING?
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WHAT ARE THE MAIN ISSUES RELATED TO YOUR WORK ON CULTURE?
GENDER:.........................................................................................................................................................................................
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HIV/AIDS:.....................................................................................................................................................................................
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WHAT ACHIEVEMENTS HAVE YOU EXPERIENCED IN YOUR WORK WITH WOMEN/GIRLS/BOYS//MEN?
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WHAT CHALLENGES DO YOU FACE REGARDING CULTURE, GENDER AND HIV?
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IN YOUR CULTURE, HOW ARE MEN AND WOMEN TREATED DIFFERENTLY?
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HOW DO YOU THINK THIS MIGHT AFFECT THEIR RISKS OF CONTRACTING HIV?
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Module 1: Dimensions of Diversity

LEARNING OUTCOMES

By the end of this session participants will:

- Have assessed themselves and their attitudes towards diversity.
- Be able to explain sources of diversity and barriers to change.
- Be able to define concepts that are used throughout the manual.

METHOD

- Trainer discusses with the group the terms that will be used throughout the manual.
- Small group exercise – groups discuss generalisations they have heard or hold about different ethnic groups, religions, sexual orientation, gender and race.
- Discuss experiences of cross-cultural misunderstanding and how these can be handled.
Key Concepts

BEFORE PROCEEDING, IT MAY BE USEFUL TO REVIEW SOME OF THE IMPORTANT TERMS USED IN THIS MANUAL.

**GENERALISATION**
A statement made about an entire group of people, animals or things, based on limited experience or information about individual members of that group.

**STEREOTYPE**
This is a pre-conceived belief about an individual or a group, based on a generalisation.

Stereotypes develop when people with pre-conceived beliefs about others, accept - and repeat - information that confirms those beliefs and reject information that contradicts them.

**PREJUDICE**
Prejudice means making an assumption or judgment about things or people, based on a stereotype about their characteristics.

**ETHNOCENTRISM**
This is the perception that the values and behaviours of one’s culture constitute the only good, reasonable and natural way of life. Ethnocentrism sees one’s own group as the standard for all judgments about values and behaviour. It leads to a tendency to evaluate differences negatively.

**DISCRIMINATION**
Discrimination is behaviour based on prejudice.

For example, if you believe that overweight people are lazy or that women are weak, that is a prejudice. However, if you refuse to hire someone simply because s/he is overweight or because she is a woman, that is discrimination.

**VIOLENCE**
Violence is the intentional use of physical force against oneself, another person, or against a group or community that can result in injury, death, psychological harm, or deprivation. Discrimination can lead to violence. Once you believe that an individual or a group deserve to be treated differently because of certain characteristics you associate with them, you violate their rights. This is shown for example when people justify hitting someone because s/he is a child, or a partner, or a homosexual, or a foreigner.
DISCRIMINATION AND MARGINALISATION BASED ON CULTURE

San to fight government for dignity

JONATHAN ANGER

LAWYERS for the Khomani San are preparing court action to compel the South African government to honour its obligations to them.

This follows years of promises made by the government, which the community says have not been fulfilled.

In 1999, the Khomani San reclaimed large areas of Kalahari land.

But five years later, the HRC received complaints that the community was being victimised by the police; Khomani San children were being abused at school; alcoholism was rampant and the government had failed to provide services and support.

The Human Rights Commission investigated and, releasing recommendations the following year, then-HRC chairman Jody Kollapen announced measures to give the marginalised community dignity, saying much needed to be done for it socially and economically.

Moray Hathorn, a lawyer acting for the community, said "a ticklish suit" was being prepared to compel the government to implement these recommendations.

EXERCISE: Discuss this article

QUESTIONS

1. Why do you think the Khomani San people are still living in the conditions described in this article?

2. In your opinion, are the Khomani San being discriminated against or is this just the way that legal processes work?

3. What would be needed to ensure San people can exercise all their rights?

4. Do the San deserve special treatment – positive discrimination - because of their situation?
EXERCISE: What men think about women and what women think about men.

- Ask the participants to get into same-sex groups. In these groups, the participants draw up a list of what they think about males or females, depending on the sex of the group. The list is drawn up without discussion and no one’s point should be excluded from the list. This activity should also be conducted with very little pre-discussion, to avoid influencing the individuals to think in a particular way.

- The facilitator should be strict about time and remind participants that this is not a discussion session!

- Put the list up and have the participants read through generalisations. Then have a brief discussion on what people think about each list. Does the majority agree with the statements? Are they negative, positive or neutral? Does everyone know someone who does not conform to the generalisations?

EXERCISE: Thinking about gender and sexes

Ask the participants to get into groups of the same sex. In these groups the participants draw up a list of what they think about males or females, depending on the sex of the group. The list is drawn up without discussion and no one’s point should be excluded from the list. This activity should also be conducted with very little pre-discussion, in order to minimize influencing the individuals to think in a particular way.
EXERCISE: Discuss this scenario

Cape Town — There were a spate of xenophobic threats and attempted Gavin Silber, a co-ordinator at the Social Justice Coalition branch in Khayelitsha, said they had received reports last week, mainly from the Somalian community, who had been warned of violence if they did not leave South Africa after the World Cup.

The Social Justice Coalition was established by individuals and NGOs around Cape Town in response to the xenophobia crisis that hit South Africa in May 2008.

"We are very concerned that it could spiral into the kind of violence that we experienced two years ago. That can’t happen again and we would like the city and province to be prepared."

Silber said they had received affidavits from residents as well as Somali shopkeepers who had been threatened with violence or faced attempted attacks after the Bafana first-round exit.

"There have been threats of attacks on shop owners in the past few months, but they seem to have escalated since the start of the World Cup," said Silber.

But some residents are protective of the shopkeepers.

Siad Ali Arte, a Somalian shopkeeper in Makhaza, Khayelitsha, said a group of 10 men tried to attack his shop last week, but they were stopped by police and other residents.

The Daily Nation

QUESTION:

- What do you think is the basis of these attacks on foreigners?
SOURCES OF STEREOTYPES AND PREJUDICE

CHILDHOOD EXPERIENCES

One of the sources of stereotyping and prejudice is childhood experiences. Children can learn attitudes and beliefs from family, friends and other authority figures. They may copy, question or reject stereotypical views of different racial, ethnic, religious and other groups, based on their own experiences.

OTHER EXPERIENCES

South Africa, like many other countries, is rich in cultures and customs. Cultural diversity means that people are likely to see things from different perspectives. This is not necessarily a problem; in fact it can be the basis for deepening our understanding of the world. However, where people are brought up to believe that their culture and customs are superior to or more valuable than those of other groups, intolerance, conflict and marginalisation can result.

THINKING/LEARNING STARTER

- Have you experienced prejudice?
- Are you prejudiced against any other group of people?
- What were the circumstances?
- How did this behaviour affect your self-esteem?
EXERCISE

A child comes home from primary school and recites a few words in French to his parents. His parents are delighted at the progressiveness of the school and are impressed at the teaching of a foreign language at such an early stage of the child’s education, as they believe that success in future will lie in being able to communicate in a variety of foreign languages.

A few months later the same child comes home and recites the numbers one to five in Xhosa. The parents are furious when they realize that their child is being taught the Xhosa language and write to the school to complain and threaten to take their child away from school if the lessons continue. They contact other non-Xhosa parents and influence them to take the same action.

What is the difference in the parents’ reaction?
Why might they have reacted this way?
How might the parents’ attitudes affect the child’s attitude towards other cultures?
How can the school respond to promote tolerance and mutual respect in this situation?
EXERCISE

Write A for ‘agree’ and D for ‘disagree’

1. _____ Women with HIV infection should not have children.

2. _____ AIDS is mainly a problem of people indulging in immoral behaviour.

3. _____ Men who have sex with men (MSM) indulge in abnormal sexual behaviour.

4. _____ People with HIV infection should be isolated to prevent further transmission.

5. _____ I would feel uncomfortable discussing sexuality with a person of the opposite sex.

6. _____ It is all right for men to have sex before marriage.

7. _____ It is all right for women to have sex before marriage.

8. _____ Schoolchildren should not be educated about safe sex, as they are not supposed to engage in sex.

9. _____ Women should never have extramarital sexual relations.

10. _____ Men should never have extramarital sexual relations.

11. _____ It is difficult for male counsellors to talk to women clients about condom use

12. _____ An HIV + person should disclose to the spouse/partner.

13. _____ Women should produce an HIV-free certificate before marriage, as they are child bearers.

14. _____ Polygamy puts women at higher risk of HIV infection than monogamy.

15. _____ Circumsised men are protected against HIV infection.

16. _____ Virginity testing reduces HIV infection.

Method

Select a few of the statements and ask participants to indicate whether they agreed or disagreed with each one. Ask someone who agreed to explain why. Ask someone who disagreed to explain why. If the explanations are based on factual errors, point these out in discussion. For example, the statement ‘Circumcised men are protected against HIV infection’ is not accurate. Medical circumcision provides on average 60% protection, but it is important to use condoms consistently and correctly.
Self-Awareness

How I was born

- There are certain things about ourselves over which we have no control, such as age, colour, ancestry, sex at birth. These, and other hereditary and biological aspects, are part of our identity.

What I become

- These are other aspects of our identity that develop over time and can be changed, or at least modified. These factors add an additional layer of complexity to the way we see ourselves and others and, in some instances, can exert a powerful impact on our core identities. Examples are lifestyle, religious beliefs, cultural beliefs, gender identity, sexual orientation, education and relationship status.

- The interaction between biological and developmental and personal dimensions of identity shapes a person’s values, priorities and perceptions throughout life.

- Building effective human relationships is possible only when we learn to accept and value the differences in others.

- Without this acceptance, both the primary and the secondary dimensions of diversity can serve as stumbling blocks to further co-operation and understanding.
# BARRIERS TO VALUING DIVERSITY

<table>
<thead>
<tr>
<th>Individual barriers</th>
<th>Interpersonal barriers</th>
<th>Organisational barriers</th>
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<tr>
<td>• Prejudice and stereotypes about other groups.</td>
<td>• Lack of cross-cultural communication skills i.e. different interpretations of body language.</td>
<td>• No initiatives promoting cultural diversity.</td>
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<td>• Fear of the unknown i.e. losing power to a group or individuals from a group.</td>
<td>• Lack of trust of people from different backgrounds or race.</td>
<td>• Inappropriate leadership style whereby change is imposed.</td>
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<tr>
<td>• Fear of sharing power with individuals from different cultural backgrounds.</td>
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<tr>
<td>• Degree of discomfort with something or someone that is different.</td>
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<td>• Leadership not supporting other cultures.</td>
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**EXERCISE**

- Identify and explain diversity issues that may be sources of conflict in your community.
- Explain how such conflict arises and how it may be diffused.

<table>
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<th>DIVERSITY ISSUES IN MY COMMUNITY</th>
<th>POSSIBLE ACTIONS TO DIFFUSE THE TENSION</th>
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Module 2: What is Culture?

**LEARNING OUTCOMES**

By the end of this session participants will be able to:

- Explain the concept of culture.
- Differentiate between habits and culture.
- Identify different responses to cultural change.

**METHOD**

- Highlight key learning points for further discussion.
- Divide participants into smaller groups and ask them to discuss different music, rituals and beliefs of their cultural practices.
- Discuss what used to be done in their communities that is no longer acceptable or that is now considered illegal e.g. *Ukuthwalwa kwentombi*.
- Discuss any cultural practices that were stopped and are now being re-introduced.
- Brainstorm what influences the process of change.

**NOTE** – the trainer can use pictures, music etc for this session.
Layers of culture:

- Even people within the same culture are different.

DIMENSIONS OF CULTURE

- LANGUAGE.
- ARCHITECTURE
- FOOD
- MUSIC
- LITERATURE

- PATTERNS OF RELATIONSHIP
- PATTERNS OF COMMUNICATION
- PATTERNS OF DECISION MAKING
- PATTERNS OF HANDLING EMOTIONS

- APPROACHES TO PROBLEM-SOLVING
- CONCEPTION OF JUSTICE

- PERCEPTIONS OF STATUS ACCORDING TO AGE, GENDER, CLASS, OCCUPATION AND SOCIAL NETWORKS.
DID YOU KNOW?

- In a Hindu nation where cows are sacred, gifts of leather are avoided.
- Gifts in a set of four are avoided in Japan; this is because the spoken number four has the same sound as the word ‘death.’
- In African culture you show respect by avoiding eye contact, whereas in western culture this means you are guilty of something or you are lying.
- In Mexico, one should always ask about a client’s spouse and family, but in Saudi Arabia, one should never ask about a client’s family.
- An owl is associated with bad luck or witchcraft in Africa, whereas in the western world it is a pet.

SOMETHING TO THINK ABOUT

Is it ‘my culture’ or just a bad habit?

Think about a custom that is widely practised in your culture. How do you know it is an essential element of your cultural identity? When did it start and why? Does it still serve an important purpose or is it just continued out of habit. What would happen if people abandoned or changed this practice?

EXERCISE

- Look at the above table to identify and discuss your own cultural dimensions.
- Identify values or practices that have changed over time in your culture?
- What motivates the process of change and how does it happen?

The Change Process

- Change is complicated; the difficulty comes in that change involves people.
- People are creatures of habit, and change upsets habits.
- Therefore, even when people intellectually accept the reasons for a change, they tend to resist it.

- Change is complicated; the difficulty comes in that change involves people.
- People are creatures of habit, and change upsets habits.
- Therefore, even when people intellectually accept the reasons for a change, they tend to resist it.
Different Responses to Cultural Change

Important points to keep in mind during a cultural change process are different responses depending on whether change was “by us” or “to us”.

**EXERCISE**

*Participants discuss their own personal experiences of change.*

**Change happening to us:**

- Concerns
  - Change to us
  - Defensiveness
  - RESENTMENT
  - Fear

**Change made by us:**

- Excitement
  - Change by us
  - Support
  - Pride in the change
  - Fun
Ceremonies linked to cultural reinforcement

**Umhlanga**, or the Reed Dance ceremony, is an annual Swazi and Zulu tradition held in August or September. Tens of thousands of unmarried and childless Swazi/Zulu girls and women travel from their villages to participate in the event. In Swaziland they gather at the Queen Mother's royal village, which currently is Ludzidzini Royal Village, while Nongoma is the site of the royal reed dance in Zululand.

After arriving at the Queen Mother's royal residence, or Enyokeni Palace in Zululand, the women disperse to surrounding areas and cut tall reeds. The following night they bundle them together and bring them back to be used in repairing holes in the reed windscreen surrounding the royal village. After a day of rest and washing, the women prepare their traditional costumes consisting of a bead necklace, rattling anklets made from cocoons, a sash, and skirt. Many of them carry the bush knife they used to cut the reeds as a symbol of their virginity.

Today's Reed Dance ceremony developed in the 1940s and 50s from the Umcwasho custom where young girls were placed in age regiments to ensure their virginity. Once they reached the age of marriage they would perform work for the Queen Mother, followed by dancing and a feast. The official purpose of the annual ceremony is to preserve the women's chastity, provide tribute labour for the Queen Mother, and produce solidarity among the women through working together.

The women sing and dance as they parade in front of the royal family, as well as a crowd of spectators, tourists and foreign dignitaries. After the parade, groups from select villages take to the centre of the field and put on a special performance for the crowd. The King's many daughters also participate in the Umhlanga ceremony and are distinguished by the crown of red feathers in their hair.
Module 3: What is Gender?

LEARNING OUTCOMES

By the end of this module participants will be able to:

- Explain the difference between gender and sex roles and how to use these two appropriately.
- Promote change in gender relations.

METHOD

- Distribute a large piece of paper to each participant. Tell participants to take 2 to 3 minutes and write down a word or phrase that they think of when they hear the word “gender” or ‘sex’ When they are finished, ask them to stick the paper up on the wall.

- Participants take pieces of paper with the relevant words and phrases and group them on one side of the wall. Those that contain words and phrases that do not apply to the definition of gender or sex should be placed on the other side.

- Explain to the group that gender and sex are defined in many different ways, as displayed by their words, but for our purposes today, we are going to use the following definition.
Sex and Gender

What is the difference between sex and gender?

**SEX**
Sex refers to biological differences, hormonal profiles, internal and external sex organs. One may be classified as male, female or intersex.

**INTERSEX**
An intersex individual may have biological characteristics of both male and female genitals.

So, while your sex as male or female, or intersex, is a biological fact across cultures, what that sex means in terms of your gender role as a ‘man’ or a ‘woman’ in society can be quite different across and even within cultures.
Change cycle:
- raise consciousness
- take a stand
- educate for liberation

Continue cycle:
- do nothing
- promote status quo
- don’t make waves

Socialisation enforced
At institutional level, through
- religions
- schools
- legal system
- media (TV, radio and newspapers)

...received by both the conscious and unconscious mind

Socialisation from birth to attach meaning to difference: We learn from those we love and trust (e.g., family, friends, teachers) and from our environment (personal experience, media) the norms, values, expectations and rules of interaction with others.

Socialization reinforced by stigma, prejudice, punishment, privilege, reward, marginalisation, discrimination.

Resulting in silence, anger, hurt, guilt, hatred of self and others, fear, ignorance, violence, crime, alienation.

Born into the world with no language to interpret or express prejudice, discrimination or unequal power relations.
What it means to be a ‘real’ man in any culture requires male sex, plus whatever the culture defines as masculine characteristics and behaviour. Likewise, a ‘real woman’ needs female sex and feminine characteristics. People who are intersex at birth, people whose gender identity is different from their sex at birth, and people who do not fit masculine and feminine stereotypes are often under extreme pressure to conform to culturally acceptable gender roles and behaviour.

These gender roles have an impact on the health of the individual.

---

**EXERCISE: Reflection on gender and culture**

- *In your culture, what value is attached to the status of being male or a female?*
- *Are you aware of distinct characteristics of masculinity or femininity in your culture? Give examples.*
Concepts of Gender and Sexuality

- Sexuality is distinct from gender, yet is intimately linked to it. It is the social expression of a biological drive.
- Sexuality is more than sexual behaviour. It is a dynamic concept; an individual’s sexuality is influenced by explicit and implicit rules imposed by society. These vary according to gender, age, economic status, ethnicity, religion and education.
- Power is fundamental to both sexuality and gender. Power determines whose pleasure is given priority and when.
- Gender and sexuality are therefore significant factors

**EXERCISE:**

Divide the group into two groups, assigning each group with the scenario below.

Give the groups the following instructions:
1) Read the case study silently to yourself.
2) As a group, discuss what would be your interpretation of this scenario in relation to gender.
3) What information and issues on gender are identified in the case study?
4) Based on this scenario, discuss the impact on social economic status on women/girls and boys due to gender norms.
5) What could be done to improve gender relations?

**Scenario 1: Child marriage**

“I hate early marriage. I was married at an early age and my in-laws forced me to sleep with my husband and he made me suffer all night. After that, whenever day becomes night, I get worried thinking that it will be like that. That is what I hate most.”

(11 year old girl from Ethiopia)
Scenario 2: Woman held hostage for wearing pants

Another female became a victim of a trouser ban imposed on women in T Section, Umlazi, held hostage by local women after she entered the area wearing trousers.

The woman was walking through the area to visit her boyfriend when she was seen by the local women and taken to headmen. She was released after the intervention of T Section Councillor Bhekukuhle Mkhize, who was called by the headmen and told that a woman wearing trousers had been brought to them. She was...unaware of the ruling because she was from Richmond," he said.

Mkhize called the police to ensure that the woman was safely escorted to her boyfriend. She refused to open a case because she had not been harmed.

Two other women were assaulted for defying the ban earlier this year.

Four men are expected to stand trial next February for an attack on Zandile Mpanza, who was beaten, stripped and paraded naked through T Section for wearing trousers.

This article was originally published on page 3 of The Mercury on November 12, 2007

Scenario 3: Forced Circumcision - Son Takes Parents On

Tradition was pitted against the Constitution in a landmark case around forced circumcision in 2007. The Congress of Traditional Leaders of South Africa (Contralesa) declares that its position on circumcision remains unchanged. Contralesa chairperson Chief Mwelo Nonkonyana allegedly stated that those who refused traditional circumcision should be ostracised by the community.

Bonani Yamani was abducted from his home in 2007. He was tied up, taken to the bush, circumcised against his will, and forced to eat the skin taken from his penis. Circumcision is against Yamani's personal religious beliefs, and he requested an apology from traditional leaders and a promise that no one would in future be subjected to forced circumcision.

Yamani’s lawyers maintain that the equality clause in the Bill of Rights forbids unfair discrimination on the grounds of religion, conscience or belief. Yamani argues that his Christian faith did not permit him to be circumcised.

Custom, on the other hand, states that a young man who refuses to submit to the rite should be ostracised by the community, because initiation into Xhosa manhood marks his passage from "ubukhwenkwe (boyhood)" to "ubudoda (manhood)". To be stigmatised in such a way, traditional leaders say, would amount to "fair", not "unfair", discrimination.
**MASCULINITY**

Masculinity, like gender, has nothing to do with biology. Masculinity is about being a man. Masculinity refers to the set of characteristics conventionally understood to be desirable in men. The notion of being a man is understood differently by various cultures. It may include such characteristics as self-sacrifice, strength, virility, sexual conquest, dependability, responsibility, protectiveness.

There are a number of factors that influence the understanding of masculinity, including family life, sexual relationships and the ways men present and understand themselves. A boy is usually expected to understand what is acceptable and unacceptable social behaviour, based on the dominant understanding of masculinity in a society.

---

**EXERCISE:** The construction of a gender identity

*Each participant draws a spiral of life up until the current stage of their life. The spiral should indicate important stages of development in their lives. All these stages - birth, starting school etc - must be labelled.*

*The participants must then think of turning points for gender identity in their lives. These must be occasions that are directly linked to being a male/female. Where relevant, the turning points must be linked to the stages of development. For example, a boy starting school at six might be told to stop playing with girls.*

*You can also use symbols to label your life spiral. These symbols need to have a meaning to you, if not for other people. For example, you can use a cross to indicate the death of someone.*

**REFLECTION QUESTIONS:**

- What happened to you at each turning point?
- How do you feel now about what happened then?
- How has this influenced your views on being a man or woman?
- If you could change anything in your life spiral, what would you change and why?
Example

- Attending your matric ball
  - Or
  - Your wedding day
- Having your first period/attending initiation school.
- Having your first child
DIFFERENT TYPES OF MASCULINITY

- A dominant form of masculinity, which is often considered the ideal understanding of masculinity within many societies, is aggressive, competitive, powerful, and violent compared to other forms of masculinity.

- In such societies, men who do not live up to this ‘ideal’ of masculinity; these men do not meet society’s expectations of what it means to be a ‘real man’.

- Some men accept the rewards of dominant masculinity, without challenging the systems that suppresses women and some men. Many men are ignorant of oppressive structures and accept them as given.

- Some men are members of exploited and oppressed communities although they share many of the characteristics of dominant masculinity. They may identify with the dominant male norm but lack any power to exercise that role in society, because of class, poverty, minority status or other disadvantage.

- Some men challenge the dominant masculine norm. This may be because it excludes them from ‘real man’ status, or it may be because they embrace equality and recognise the benefit to men and women of transformative and cooperative gender roles.
ASSESSMENT OF ACCESS TO, AND CONTROL OVER, RESOURCES AND BENEFITS

- This tool identifies the resources people use to do their work, and whether women or men have access to, and control over, these resources.

Resources in your social or work environment

- What resources do women and men have access to?
- What resources do men and women have control over?
- What are the implications of this information for the project?
- How can the project help to increase a marginalised group’s access and control?

Benefits

- What benefits do women and men receive from work?
- Over which benefits do they each have control?
- What are the implications for project activities?
- How can marginalised groups increase their access and control over benefits?

Resources may include land, equipment, labour, tools, cash or credit, skills, education/training, self-esteem and time.

Benefits may include income, asset ownership, and provision for basic needs, education, political power and status.

EXERCISE

Identify a gender stereotype reflected in:

<table>
<thead>
<tr>
<th>Language</th>
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<tbody>
<tr>
<td>Music</td>
<td></td>
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<tr>
<td>Religion</td>
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<tr>
<td>Education</td>
<td></td>
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<td>Media</td>
<td></td>
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<tr>
<td>ACCESS</td>
<td>CONTROL</td>
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</tr>
<tr>
<td>Resources</td>
<td>Women</td>
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<tr>
<td>- Land</td>
<td></td>
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<tr>
<td>- Equipment</td>
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<td>- Labour</td>
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<td>- Tools</td>
<td></td>
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<td>- Cash</td>
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<td>- Skills</td>
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<td>- Education</td>
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<td>- Time</td>
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<td>- Self-esteem</td>
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<tr>
<td>- Other</td>
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<tr>
<td>Benefits</td>
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<tr>
<td>- Income</td>
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<tr>
<td>- Asset - ownership</td>
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<tr>
<td>- Provision of basic needs</td>
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<tr>
<td>- Education</td>
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<tr>
<td>- Political power</td>
<td></td>
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<tr>
<td>- Status</td>
<td></td>
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<tr>
<td>- Other</td>
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</table>
Gender and Culture

THE CONCEPTS OF GENDER AND CULTURE ARE INTERTWINED

- Gender and gender roles are an important factor in our lives. We have expectations and assumptions derived from our own ideas about how we should behave, depending on whether we are male or female.
- Gender roles are usually shaped by cultural attitudes, values and norms. These norms vary across cultures and are often contested within cultures as times change.
- Differences in the way we view gender roles and inequalities arising from those roles have a major impact on people’s lives and interactions.

KEY DIMENSIONS OF GENDER

- Gender refers to the social roles and relations between men and women, including who does what kinds of work and how decisions are made; it does not refer to the biological condition of maleness or femaleness.
- Gender is about how power is used and shared.
- Gender is about assumptions, expectations and obligations regarding men and women.

TRANSFORMING CULTURAL – GENDER RELATIONS

EXERCISE

- Who decides what appropriate sexual behaviour is and for which gender?
- Does this change over time and if so how?
- What happens if people challenge cultural norms about sexual behaviour?
- What might be the benefits to everyone of transforming gender relations?
- Do people have the power to change culturally-determined gender relations?
- How can they do this?
## EXERCISE: Attitudes, beliefs, and values

Write down two words that easily come to your mind when you think of the following terms. As far as possible, list words that reflect your emotional response to the given word rather than an obvious translation or definition of the word.

For example:
Two ‘emotional response’ words for sex might be: 1. Fun; 2. Immoral.

<table>
<thead>
<tr>
<th>Term</th>
<th>1.</th>
<th>2.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex worker</td>
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<tr>
<td>Pregnancy</td>
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<tr>
<td>Teenager</td>
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<tr>
<td>Condom</td>
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<tr>
<td>STI</td>
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<tr>
<td>Homosexual</td>
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<td></td>
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<tr>
<td>Masturbation</td>
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<tr>
<td>Wife</td>
<td></td>
<td></td>
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<tr>
<td>Boyfriend</td>
<td></td>
<td></td>
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<tr>
<td>AIDS</td>
<td></td>
<td></td>
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<tr>
<td>Orgasm</td>
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<tr>
<td>Abortion</td>
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<td></td>
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<tr>
<td>Rape</td>
<td></td>
<td></td>
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<tr>
<td>Multiple sex partners</td>
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</tbody>
</table>
The newspaper clipping below highlights the imbalance of power and resources between men and women.

Read this article silently in your own time and jot down what you can do to empower and challenge the imbalance of power in your community.
Module 4: Basic HIV/AIDS Science

LEARNING OUTCOMES

By the end of this session participants will be able to:

- Distinguish between HIV and AIDS;
- Define modes of transmission;
- Explain the basic workings of the immune system;
- Give an overview of PMTCT and ARVs and progression of HIV.

METHOD

- Transmission game: participants are asked to stand in a circle in the centre of the room with their hands behind their backs. The trainer informs them that she will touch each person’s hands; one person will be touched on the arm as a cue to them that they will be a ‘killer’. The group then moves around and shakes hands with each other. As soon as the killer has shaken hands with someone that person has to sit down; only the killer is left standing. The trainer must link this exercise to transmission: e.g. you cannot see who is infected and how the HIV is spread to all.

- Presentation to the group on key terms: - incubation period, progression of the diseases, CD4 count, ARVs and PMTCT.

- Small group brainstorm of physical, psychological, spiritual and social factors that make different people (men, boys, girls, women, gay and straight people) vulnerable to contracting HIV.

- Brainstorm of strategies that people can utilise to negotiate safer sex practices.
HIV Basic Science and Treatment

WHAT IS HIV?
Human
Immunodeficiency
Virus

What does HIV look like? Draw what you think the HI virus looks like.
How does the virus attack the body - the immune system?

How does one contract HIV?
The immune system

- Bacteria, viruses, fungi and allergens can cause infectious diseases.
- The immune system of the body has several components that function together to protect the body from disease.
- The cells that make up the immune system have different types of protein molecules, called receptors. Other molecules can attach themselves to these receptors.
- One type of protein molecule is called a CD4 receptor. HIV can infect cells by attaching itself to this receptor.
- Once a cell has been infected by the HIV virus it causes an ‘auto-immune response’. This means that the immune system tries to contain the problem by destroying the infected cells.
- The virus gradually infects and causes the destruction of more and more CD4 cells. Over time, the number of CD4 cells – the ‘CD4 count’ – drops dramatically.
- As the CD4 count drops, the immune response weakens and the infected person becomes sick.
Assessing the damage using a CD4 count test.

- The CD4 count test is a measuring tool that is used to measure how damaged the immune system is.
- A sample of blood is taken and the number of CD4 cells in it is counted.
- A normal CD4 count ranges from 800 - 1200 cells/mm$^3$
- When the CD4 count falls below this range, the infected person may need treatment to prevent them from becoming ill.

Assessing the damage done by the virus using the viral load test.

- The HIV virus replicates (copies itself) rapidly in the beginning stages of infection.
- The viral load test is conducted in a laboratory to measure how much of the HIV virus (the 'load') is in the blood.
- When a person starts anti-retroviral treatment, this test can measure the effectiveness of the drugs, and whether the client is adhering to the treatment, by showing whether and how much the virus is reducing.

The four stages of HIV progression according to World Health Organisation

<table>
<thead>
<tr>
<th>Stage 1: Asymptomatic</th>
</tr>
</thead>
<tbody>
<tr>
<td>When a person is first infected with the HIV virus they may experience symptoms similar to severe flu. This is often referred to as the sero-conversion phase.</td>
</tr>
<tr>
<td>After the person has recovered from the flu-like symptoms, they will feel fit and well.</td>
</tr>
<tr>
<td>During this stage, the immune system responds by producing antibodies against the HIV virus.</td>
</tr>
<tr>
<td>The person is very infectious in this stage because the viral load is so high.</td>
</tr>
<tr>
<td>The asymptomatic stage can last up to ten years. It takes 6-14 weeks for the HIV to seroconvert in the body.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 2: Minor Symptomatic Stage</th>
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<tbody>
<tr>
<td>During this stage, the person will notice that they are not as well as they usually have been in the past.</td>
</tr>
<tr>
<td>They may get mild infections more frequently (skin rashes, fever)</td>
</tr>
<tr>
<td>They may lose weight unintentionally (up to 10% of their body weight)</td>
</tr>
<tr>
<td>They may present with Shingles (Herpes Zoster).</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 3: Major Symptomatic Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The immune system starts to weaken noticeably so that a person may contract more serious opportunistic infections.</td>
</tr>
<tr>
<td>These may include: oral thrush, TB, weight loss of more than 10% of their body weight and other serious illnesses.</td>
</tr>
<tr>
<td>It is necessary to start using prophylaxis against opportunistic infections.</td>
</tr>
<tr>
<td>A person may need to start anti-retroviral treatment at this stage.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 4: Severe Symptomatic Stage (AIDS-defining conditions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenting illnesses become even more severe.</td>
</tr>
<tr>
<td>A person usually develops one of the severe opportunistic infections or cancers (AIDS-defining illnesses): e.g. Kaposi sarcoma, extrapulmonary TB, meningitis.</td>
</tr>
<tr>
<td>A person may present with a stage four defining illness, but have a CD4 count above 200 cells/mm$^3$ or they may present with a CD4 count of below 200 cells/mm$^3$ and look clinically well.</td>
</tr>
<tr>
<td>This person is still classified as being Stage 4.</td>
</tr>
</tbody>
</table>
Anti–retroviral Drugs (ARVs)

- Anti-retroviral drugs work on the CD4 cell to prevent the HIV virus from replicating.
- The drugs do not remove the virus from the body.
- ARVs change HIV/AIDS from a terminal disease to a manageable chronic disease.

Prevention of Mother to Child Transmission (PMTCT)

If a pregnant woman is HIV-positive and receives no medical intervention, there is a 25-30% chance that she will pass HIV on to her baby. The risk is roughly: 5-10% during pregnancy, 10-20% during labour and 10-20% through mixed feeding. When infected babies are not identified early and do not start ARVS in time, many will die.

A comprehensive plan for preventing mother to child transmission is included in the National HIV&AIDS and STI Strategic Plan (NSP) 2007-2011. The targets include:

- reduce MTCT to 5% through improved access to information and services for pregnant women;
- increase the proportion of pregnant women who receive PMTCT to 95%;
- increase the proportion of babies tested with PCR by six months to 95%;
- ensure that all antenatal services provide PMTCT; and
- provide additional postnatal services.

Most PMTCT services have tended to target women only, but involving men as partners and fathers can help protect whole families against HIV and AIDS. Men are more likely to be supportive and to go for voluntary testing if they are well-informed about PMTCT and can see the benefits to themselves of keeping their families safe and healthy.

Clinic staff may need to be sensitised to the importance of including men and recognising both the supportive role they can play and their right to HIV prevention information and services.
Overview of ARV Use in PMTCT

Pregnancy

- If the CD4 count is over 350 the mother will receive AZT from 14 weeks of pregnancy to be continued. The mother will take AZT from 28 weeks twice a day, 3-hourly during labour, and a single tablet of Nevirapine and a single tablet of Truvada (tenovafir) given during labour.
- If her CD4 count is below 350, she will start ARVs immediately (known as ART regime or triple therapy), and remain on this for life there is no additional ARVs for PMTCT during labour or after for her if she has started on ARVs.

Post-delivery

- All infants need daily Nevirapine for 6 weeks irrespective of the mother’s treatment regime.
- Some babies will need Nevirapine to be continued beyond 6 weeks, mainly those babies who continue to be breastfed and their mother is not on ARVs.
- Be tested for HIV at six weeks using PCR testing and antibody test at 18 months.
- Be initiated on ARV treatment immediately, if they test HIV-positive under one year of age.

In addition to protecting her baby, an HIV–positive woman has the right to receive treatment to ensure that she too stays healthy.

It is important to remember that mothers do not just need the drug treatment; they also need counseling.
Gender, Culture, and the HIV/AIDS Epidemic

While biology plays a significant role in the high rates of transmission (females are twice as likely as males to be infected during unprotected sex), socio-political factors add fuel to the fire.

HIV/AIDS risk is still assessed largely in terms of risk groups and risk behaviours, rather than the social risk factors associated with gender and culture.

There is an urgent need to focus on how cultural and gender norms influence communities and individuals in everyday life.

When gender and cultural norms place women in subordinate roles, they may have reduced options for exercising personal control in their sexual relationships.

When men are expected to demonstrate their masculinity through sexual conquest, or having multiple casual partners, they place themselves, as well as their partners, at increased risk of HIV.

When boys are under cultural pressure to undergo traditional circumcision, regardless of the conditions in which it is performed, they are exposed to a higher risk of HIV infection, injury and death.
OVERCOMING HIV/AIDS THROUGH GENDER AND CULTURE

DISCUSSION

In groups, comprising people from your own organisation or from the same province, identify one example of how a cultural belief or practice affects gender relations and risk of HIV — positively or negatively.

Consider the information and ideas you have discussed this week to answer the follow questions:

If the cultural belief or practice has a **positive** impact on gender relations and on HIV prevention and care for people with AIDS, how could this belief or practice be promoted more widely, within or beyond your community? **OR:**

If the cultural belief or practice has a **negative** impact on gender relations and on HIV prevention and care for people with AIDS, how could this be challenged, discouraged or replaced?

What can you do as part of the Culture and Health Programme to achieve this?

Points to consider:

- Culture has heavily influenced the legal systems, government structures and value systems that uphold the unequal status of girls and women.

- A number of traditional practices are viewed as being directly responsible for the spread of HIV/AIDS. Widow inheritance and polygamy are two of these.

- Social, political and economic factors shape behaviour and the effectiveness of responses.

- Religious teachings of all faiths are used by different groups both to uphold or to challenge unequal gender relations, discrimination and oppression.

- Women and young girls have become a growing proportion of those infected with HIV.

- In many societies, the dominant ideal of femininity emphasises uncompromising loyalty regardless of the risk-taking behaviour of a male partner.

- Double standards for sexual behaviour challenge the effectiveness of HIV prevention efforts.

- Studies around the world indicate that heterosexual men, married and single, as well as homosexual and bisexual men, have higher reported rates of partner change than women.
This magazine clipping comes from a story that highlights how desperate women can be to be accepted in a society that regards motherhood as the feminine ideal and guarantees them some status.

The woman, her husband and the doctor who undertook the fertility treatment all agreed that being a mother was worth risking her life worth.

**EXERCISE**

- What does this say about gender expectations?
- Are these views shared in your community?
Post-Course Self-Evaluation

- What are the most valuable things you have learnt from this training workshop?
  ........................................................................................................................................

- What have you learned about gender roles in this training?
  ........................................................................................................................................

- How has this training changed the way you view gender relations if at all?
  ........................................................................................................................................

- How do you think gender, culture and HIV/AIDS are interlinked?
  ........................................................................................................................................

- What are the most important ways that social, political and economic factors shape individuals behaviour in relation to gender, culture and HIV/AIDS?
  ........................................................................................................................................
• How does the information that you have received in this training workshop relate to your work in your community?

• How do you plan to use what you have gained from this workshop?.................................................................

• How confident are you to address issues of gender, culture and HIV in your own training, on the scale of (1-5) 1 being not at all confident and 5 being very confident.

• What further support, if any, do you need to engage people in your community on these issues?

   □ More information?
   □ Training (specify).................................................................
   □ Mentorship?
   □ Other?
Acknowledgements

AIDS FOUNDATION (AFSA) CULTURE AND HEALTH PROGRAMME WOULD LIKE TO ACKNOWLEDGE THE FOLLOWING PUBLICATIONS:

SAFAIDS CHANGING THE RIVER FLOW SERIES
CHALLENGING GENDER DYNAMICS IN THE CONTEXT OF CULTURE

PACSA GENDER VIOLENCE AND HIV
UNDERSTANDING OF MASCULINITY IN THE SOUTH AFRICAN CONTEXT

YOU MAGAZINE, ARGUS, AND MERCURY NEWSPAPERS.