

“South African Men Care Enough to Act”



Report

National Men's Imbizo on HIV/AIDS

Cape Town, South Africa

4-5 October 2002





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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	African National Congress
CBOs	Community-based organisations
GAAP	Government AIDS Action Plan
HIV	Human Immunodeficiency Virus
MPL	Member of Provincial Legislature
MTCT	Mother to child transmission
NACOSA	Networking AIDS Community of South Africa
NGOs	Non-government organisations
NMF	National Men's Forum
OVC	Orphans and Vulnerable Children
PWA	People living with HIV infection or AIDS
SANAC	South African National AIDS Council
SAPS	South African Police Services
STDs / STIs	Sexually transmitted diseases / Sexually transmitted infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing
WIPAA	Women in Partnership Against AIDS
DoH	Department of Health

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BACKGROUND TO THE IMBIZO

In South Africa women are the 'sector' most affected by the HIV/AIDS pandemic and they have long been in the forefront of the campaign against it. Youth have been a primary focus of education and awareness drives, in recognition of the vulnerability of young people and the key role they can play in turning the tide of new infections around. Concerted efforts have also been made to conscientise and organise religious communities, people with disabilities, traditional healers and many other sectors and interest groups in society. Recently the spotlight has turned onto men.

A special session of the UN General Assembly in 1999 highlighted the centrality of gender inequality and gender stereotyping to HIV/AIDS rates. Women's lack of power around sexual relations puts them at increased risk, while cultural beliefs and expectations often heighten men's vulnerability. The UNAIDS World AIDS Campaign is now focusing on men and in 2000/2001 ran with the theme *Men Make a Difference*.

Closer to home, the HIV/AIDS and STD Strategic Plan for South Africa (2000-2005) identifies four priority areas:

- ⌘ Prevention
- ⌘ Treatment care and support
- ⌘ Human and legal rights, and
- ⌘ Research, monitoring and evaluation.

Behind each of these priority areas, every sector of society must be mobilised. The Strategic Plan provides a guide to help South Africans – including government, business, community-based organisations and every other sector of civil society – respond to the challenge of HIV/AIDS. To this end, government is facilitating the building of partnerships. It is hoped that the Strategic Plan, developed in 1999 by government in consultation with civil society groupings, will be used as a basis for other stakeholders to develop strategies to guide their own initiatives. Soon men will take up their role as a vital sector within the framework of the National Partnership Against AIDS.

Purpose of the Imbizo

Under the slogan "South African Men Care Enough to Act", the purpose of the Imbizo was therefore to:

- ⌘ **Mobilise men** to take up the challenge of becoming active participants in the campaign against AIDS;
- ⌘ **Sensitise men** towards their own reproductive health in order that they take greater responsibility for maintaining both their own sexual health, as well as that of their partners; and to
- ⌘ **Encourage networking** between men as individuals as well as in their organisations, sectors and provinces to share their own best practices and learn from local lessons.

During the Imbizo men would discuss and deliberate on a range of topics within the broader framework of the Strategic Plan. The final outcome would be an elected Interim National Task Team to provide a vehicle through which, eventually, men across the country could become more active partners, helping to educate men on safer sexual behaviour and reinforcing HIV and AIDS messages of prevention, treatment, care and support.

"We say let women's voices be heard. But we're saying we can't do it alone. We need the involvement of men. We don't need Imbizos. We need to see you going from the Imbizo to change behaviour."

Ms Elise Levendal



EXECUTIVE SUMMARY



Some 400 men from around South Africa attended the Department of Health Men's National Imbizo, held in Cape Town from 4-5 October 2002. The Imbizo was designed to include men in a more organised and active way in the National Partnership Against AIDS initiative and lead to the formation of an Interim National Task Team to organise a broad-based countrywide Men's Forum.

The keynote address was provided by Minister of Health Dr Manto Tshabalala-Msimang. The Minister (who was applauded by delegates for remaining present for the entire conference) outlined the key role played by men in spreading HIV/AIDS. She highlighted men's failure to take adequate responsibility or action on the complex problems HIV/AIDS carries with it, and suggested some of the positive steps men can take to influence the course of the disease. A number of guest speakers from various sectors had been invited to make contributions. Speakers shared their experiences and outlined a range of challenges in relation to HIV/AIDS, with specific reference to how these affect men in relation to the epidemic.

Delegates broke away from the plenary into ten commissions, where they discussed key topics. These were:

- ✘ Orphans and Vulnerable Children (OVC)
- ✘ Voluntary Testing and Counselling (VCT)
- ✘ Men as Caregivers
- ✘ Men as Partners in Reproductive Health
- ✘ Attitudes towards Health Services
- ✘ Prevention of Mother to Child Transmission
- ✘ Gender-based Violence
- ✘ Positive Living
- ✘ Youth, and
- ✘ Behavioural Change

They first looked at the social and cultural challenges each of these areas threw up for men, before going on to consider what role they could play – as men – in addressing these challenges. Group representatives shared the outcomes with the plenary: these included some of the broad themes emerging from the deliberations, as well as specific courses of action for men to tackle the issues.

The men also caucused in provincial groups to select representatives to sit on an Interim National Task Team, which would guide the process of developing the Men's Forum throughout the country. The groups also drew up a number of commitments to guide their actions in relation to their own priorities. These commitments were handed over to Deputy President Jacob Zuma who then made the closing address. The Imbizo coincided with the fourth anniversary celebrations of the National Partnership Against AIDS Initiative held in Langa in Cape Town – when the Imbizo closed around midday on 5 October a large number of the delegates joined the Partnership event.

"We will see a difference in the epidemic when we truly believe that there are only two kinds of people in Africa: those infected with HIV and those affected by it."
AIDS peer educator quoted by Mr Cameron Dugmore

INTRODUCTION



The Department of Health organised the first ever national Men's Imbizo at the Medicina Conference Centre in Cape Town. The programme was drawn up in consultation with representatives from men's organisations. Almost 400 delegates from around the country attended the conference from 4-5 October 2002. Driven by the Government AIDS Action Plan (GAAP), each province selected 35 delegates from a range of organisations and individuals to

represent the men's sector. Those invited included men from faith-based organisations, men's networks, non-governmental organisations, people living with HIV/AIDS, government departments and community-based organisations.

This report is intended mainly for the delegates, as well as others attending the Imbizo. It reflects on the proceedings and also serves as a reminder to those present of the commitments they made there. The primary focus is on the outcomes of the breakaway commissions, as this is where the men had an opportunity to make their own views and feelings heard. These outcomes provide a foundation for representatives of the National Task Team to strategise and plan their activities around the country.

This document is illustrated with extracts, comments, questions and statements, picked out from the presentations made in the plenary as well as the inputs made by delegates, which help to give a flavour of the conference. These are, however, just a small selection to illustrate the mood and style of the Imbizo – most of the material presented can be found in the appendices at the back. The report summarises the highlights of the Imbizo, as well as the key points and issues raised in both the plenary and breakaway sessions.

"We need to understand how [negative] male behaviour affects HIV/AIDS... There are men who don't behave that way – give them round of applause – they are making a difference!"

Minister of Health Dr Manto Tshabalala-Msimang

"We should go to bed asking ourselves, as men, what we have done to help in respect of HIV/AIDS... HIV/AIDS is not government's business – it is your problem, my problem, our problem."

Mr James Ngculu

"We must stop saying that the answers are laying in Uganda, Thailand, Brazil or the USA, because we as South Africans have the answer to the HIV/AIDS pandemic."

Mr Gustav Wilson





DAY ONE - FRIDAY 4 OCTOBER

Opening session

Programme Director **Mr Cesar Molebatsi** energetically presided over the gathering, in an atmosphere of lively anticipation. Delegates were welcomed by **Ms Thami Skenjana, Director of the Government AIDS Action Plan (GAAP)**, before being briefed on the reasons behind their invitation to attend. **South African Police Services HIV/AIDS Coordinator Mr Gustav Wilson** presented the main objectives of the Imbizo as:

- ⌘ To mobilise men to actively participate in the fight against HIV/AIDS
- ⌘ To sensitise men on reproductive health issues
- ⌘ To encourage networking between men and between the men and other sectors
- ⌘ To share best practices from around the country, and finally
- ⌘ To establish an Interim National Men's Task Team

Upbeat, the men settled in for the keynote address by **Minister of Health Dr Manto Tshabalala-Msimang**, who wasted no time in forcefully conveying her expectations of the Imbizo. The Minister's address was frank. Men were simply not pulling their weight. *"It takes a woman to organise a men's Imbizo!"* she declared.

The Imbizo would help serve to bring men on board, by drawing special attention to men and the positive role they can play in the fight against HIV/AIDS. Although men were playing a major role in the HIV/AIDS pandemic – in spreading the virus and requiring treatment and the care of others once they became sick – they had not yet added their capacity to the multiple efforts being made to combat and cope with the scourge. Tshabalala-Msimang outlined some of the HIV/AIDS-related issues and challenges facing men in South Africa today, and suggested some of the ways in which men could change their own behaviour, as well as influence the way other men behaved.

The Minister joked about men confusing 'private' health services with the concept of 'privacy' and urged men to make better use of public health services. She argued that the public clinics are much more effective in dealing with STDs as they are not hampered by a profit motive which tended to encourage a longer process of treatment (involving repeat visits). The Minister drew attention to the role poverty played in the pandemic and the vital part nutrition could play in the health of those living with the disease. Focusing on the preventive aspects of the struggle against HIV/AIDS, she explained the ways in which men's behaviour often increases their own vulnerability as well as that of women and children.

The Minister's address was followed by moving testimonies from **Ms Criselda Kananda** and **Mr Taboshe**. Kananda's story revealed the agony caused during her short lifetime by male dominance and tyrannical decision-making. She spoke of how she has, in important respects, regained control and embraced a positive lifestyle since being diagnosed with HIV in 1997. Mr Taboshe's experience as an affected family member also struck a deep emotional cord with many of the delegates. After losing several of his children to HIV/AIDS, Taboshe's finances have been severely strained. A whip-round was spontaneously organised to help him out – delegates succeeded in raising more than two thousand rand.

The focus of the conference then turned towards reproductive health, with the **Department of Health's Dr Eddie Mhlanga** urging the men to give attention to the well-being of themselves and their partners. Mhlanga chastised and joked about men who fail to play a role in family planning, childbirth or the upbringing of their children, who abuse and treat women with little respect, and who often make love like "bulldozers" without any sensitivity towards their partner's needs. Men must change the way they do business – become sensitive lovers, see women as equals, be supportive during pregnancy and child-birth and play the role of genuine partner in the upbringing of their children. The customs of lobola and polygamy also came under the spotlight.

"Women don't just get HIV/AIDS from the air, they get it from somebody. Where would they get it if there were no men?"
Minister Manto Tshabalala-Msimang

Although the programme included role-plays and a panel discussion to illustrate the social, cultural and economic dimensions of HIV/AIDS, time constraints saw this reduced to short presentations. **Prince Langa Mavuso, Eastern Cape Provincial Traditional Leaders HIV/AIDS Forum Co-ordinator**, raised important cultural issues like condom-use and circumcision through recounting his own experiences in the Eastern Cape while growing up, and **ANC Western Cape MPL Mr Cameron Dugmore** considered the economic aspects of the pandemic. Dugmore emphasised increasing poverty, loss of skilled personnel, the impact of sick leave and funeral benefits and the economic trauma caused by a shrinking market, as purchasing power decreases due to the loss of breadwinners and the spiralling cost of health care. After lunch, the conference broke up into commissions, where delegates would discuss ten key topics, before going on to outline the challenges facing men in relation to the topics and to consider the roles they could play in addressing them.

Breaking into commissions

This section provides a summary of commission outcomes. Each group was assisted by two facilitators – one from the Department of Health and one from the USAID-funded POLICY Project.

Delegates were split into ten groups (based on letters they were randomly assigned at registration) of about forty men, each of which was provided with a topic to consider in relation to HIV/AIDS. These were:

- ⌘ Orphans and Vulnerable Children (OVC)
- ⌘ Voluntary Testing and Counselling (VCT)
- ⌘ Men as Caregivers
- ⌘ Men as Partners in Reproductive Health
- ⌘ Attitudes towards Health Services
- ⌘ Prevention of Mother to Child Transmission
- ⌘ Gender-based Violence
- ⌘ Positive Living
- ⌘ Youth, and
- ⌘ Behavioural Change

Each topic aligns with one of the four priority areas of the Strategic Plan (see the appendices, page 29, for more detail on how these relate). The men were asked to look at the particular social and cultural challenges they faced – as men – in relation to these subject areas. The commissions would then consider the specific role men could play in addressing these challenges. Facilitators explained how the topic under consideration linked in with the four priority areas of the National Strategic Plan. The men were separated into smaller groups and asked to discuss:

What are the social and cultural challenges we face, as men, around this topic area?

Suggestions were noted on flipcharts. Each group then identified three priority challenges: a volunteer was assigned the task of rapporteur for the commission to feed back the key points to the plenary. A second question was then raised for the men to consider:

What role can men play in addressing these challenges?

A similar process was followed in reporting back to the group, again with key points being captured onto a flipchart which would then be used by the rapporteur in the plenary. The inputs made by delegates in their respective commissions have been summarised (focusing on the key points) and are presented in the following pages. Common themes have been highlighted separately. Issues like poverty or gender inequality, for example, cut across most of the topics: dealing with them outside of the group's inputs allowed the inclusion of more material in that section. The common themes in important respects underpin HIV/AIDS, whereas the work of the commissions focused more on how – as men – delegates could begin to make a difference in relation to specific aspects of the pandemic.

“[AIDS] is a terrible indictment against us as Africans. Are we leading?
We are not leading – something has gone wrong.”
Dr R Nhantsi



COMMON THEMES

Several themes were raised as challenges in relation to most of the topics:

Unequal Sexual and Gender Relations

Most groups recognised that relationships between men and women were extremely unequal, particularly in relation to decision-making around sex, and that this represented a challenge in respect of HIV/AIDS. Men could make a difference by challenging gender stereotypes (eg. by treating boys and girls the same), by acting to promote equality in their own relationships with women and advocating that other men do the same. Empowerment of women and resocialisation of both genders were also considered important.

Poverty and Unemployment

Poverty increased vulnerability, burdened families and strained relationships, reduced available resources and made positive living more difficult. One group felt that those in positions of influence should do more to create jobs, while others suggested the need for a social security grant or system, establishing food gardens and generating sponsorships and fundraising for HIV/AIDS related projects and programmes.

Orphans and Vulnerable Children

What are the social and cultural challenges we face, as men, around Orphans and Vulnerable Children (OVC)?

- ✘ Men's failure to take responsibility towards raising children (including not paying maintenance)
- ✘ Basic needs of OVC are not fulfilled – food, security, safety, education, health, shelter
- ✘ Poverty is an added burden
- ✘ Lack of recreational opportunities
- ✘ Failure to recognise and respect children's rights

What role can men play in addressing these challenges?

- ✘ Play a stronger role in bringing up children; strengthen family units
- ✘ Respect women as equals
- ✘ Lead the campaign against woman and child abuse
- ✘ Partner with traditional structures, women and youth in fighting HIV/AIDS
- ✘ Promote VCT to reduce extent of children's vulnerability
- ✘ Take on the adoption and care of OVC

Voluntary Counselling and Testing

What are the social and cultural challenges we face, as men, around Voluntary Counselling and Testing (VCT)?

- ✘ Difficulties in accessing VCT sites and follow-up services
- ✘ Public health sites are not user-friendly for men
- ✘ Fear, stigma, myths and negative cultural beliefs about HIV/AIDS
- ✘ Limited resources and information around VCT – especially in rural areas
- ✘ Lack of open communication about sex
- ✘ Limited confidentiality in relation to 'knowing your status'

What role can men play in addressing these challenges?

- ✘ Promote provision of services by men and for men
- ✘ Develop user-friendly facilities for men eg. mobile and out-of-hours VCT sites
- ✘ Make more effort from the private sector where men are in leadership positions
- ✘ Education on cultural regeneration and sex education that is sensitive to men's needs
- ✘ Behavioural change, the need for positive role models and the destigmatisation of HIV/AIDS

Men as Caregivers

What are the social and cultural challenges we face, as men, around Men as Caregivers?

- ✘ Cultural barriers to men taking on caring role – tradition / masculine stereotypes combined with male resistance to change
- ✘ Polygamy and its implications for HIV/AIDS
- ✘ Gender stereotypes and the division of labour between males and females
- ✘ Lack of male responsibility around provision for the family

What role can men play in addressing these challenges?

- ✘ Advocate greater openness on the part of men, as well as awareness of need to fulfil responsibilities in respect of home/community-based care
- ✘ Education, empowerment and mobilisation of men as caregivers
- ✘ Re-orientation of task distribution and involvement of men/boys in activities generally attended only by women/girls
- ✘ Modification of cultural and religious practices that have a negative impact on HIV/AIDS

Reproductive Health

What are the social and cultural challenges we face, as men, around Reproductive Health?

- ✘ Lack of understanding issues of sex and sexuality
- ✘ Difficulties in discussing sex openly and without embarrassment
- ✘ Dismissive attitude towards women as sex objects
- ✘ Circumcision – need to preserve traditional rituals and retain cultural integrity
- ✘ Support system provided by extended family can be a disincentive to family planning

What role can men play in addressing these challenges?

- ✘ Educate men about their own and partner/s bodies
- ✘ Encourage men to communicate more openly and seek information that will assist them
- ✘ Change the attitudes and behaviour of men towards their households – get them more involved
- ✘ Recognise the need to retain certain cultural values – ‘civilisation’ has both positive and negative affects

Health Services

What are the social and cultural challenges we face, as men, around Health Services?

- ✘ Lack of resources, information and education
- ✘ Domination of female workers in health service provision
- ✘ Insensitivity of health workers and lack of confidentiality
- ✘ Insufficient recognition of the role of traditional healers in HIV/AIDS care

What role can men play in addressing these challenges?

- ✘ Help develop an holistic health approach which integrates traditional and western medicine
- ✘ Learn more about their own bodies and reproductive health issues
- ✘ Play a stronger role in the upbringing of their children
- ✘ Advocate for more male nurses

Behavioural Change

What are the social and cultural challenges we face, as men, around Behavioural Change?

- ✘ Men do not reflect on their cultural mindset and actions
- ✘ Lack of disclosure and denial regarding STDs
- ✘ Lack of openness, poor social skills, and ignorance of issues around sexuality
- ✘ High rate of substance abuse among men
- ✘ Polygamy and gender domination
- ✘ Inappropriate circumcision schools
- ✘ Male chauvinism, masculine stereotyping, peer pressure and lack of positive role models

What role can men play in addressing these challenges?

- ✘ Develop respect for selves and partners and socialise girls and boys as equals
- ✘ Shift the focus of awareness campaigns from women and youth to men
- ✘ Establish income-generating projects and focus on financial management skills and poverty alleviation
- ✘ Develop partnerships to discourage men from substance abuse
- ✘ Encourage attitude change of men around stigma and care, through education campaigns

Mother to Child Transmission

What are the social and cultural challenges we face, as men, around Mother To Child Transmission (MTCT)?

- ✘ Social acceptability of men having multiple partners
- ✘ Strong cultural expectations for men to have children, making them less likely to practice safe sex
- ✘ Unequal power relations between men and women around reproductive health issues
- ✘ Negative attitude of men towards health services and shortage of male health workers impedes access to treatment for STDs
- ✘ Lack of male involvement in pregnancy and birth and poor communication
- ✘ Poverty influences decision-making and choices eg. breastfeeding vs. formula feeding
- ✘ Resistance to VCT and to disclosure – links also to stigma

What role can men play in addressing these challenges?

- ✘ Men need to treat women as equals and promote change in attitudes towards gender relations, sex and MTCT prevention
- ✘ Help create enabling environment for open discussion around sex, RH and related issues
- ✘ Be role models in accessing VCT and other health services and through engaging in community programs

COMMON THEMES

Culture / Traditional Values

Most men were keen to challenge aspects of culture which impact negatively on men’s capacity to respond appropriately and adequately to HIV/AIDS. There were also frequent references to the need for the ‘protection’ and ‘regeneration’ of aspects of culture which could be helpful in combating HIV/AIDS. References were made to the need to ‘modernise’ cultural norms in respect of sexual and gender relations and to embrace only those practices that uplift the quality of life of both men and women.

Polygamy / Lobola

These traditions were highlighted by many delegates as closely related to women’s financial and sexual vulnerability (as expressions of high-risk activity and gender inequality), while others felt these cultural practices were unfairly blamed and that abandonment of culture and ‘traditional morals’ was problematic.

COMMON THEMES

Lack of Role Models

A key challenge raised by a number of groups was the lack of positive role models. Few men involve themselves in HIV/AIDS education, VCT, their own reproductive health, bringing up children or caring for sick family members. Men could make a difference by changing their own behaviour and especially by talking openly with younger people about sex, relationships and HIV/AIDS.

Gender Stereotyping / Masculinity

Dominant concepts of masculinity were considered inappropriate to tackling the challenges presented by HIV/AIDS and were closely associated with high-risk behaviour that promotes the spread of the virus. Promiscuity and unsafe sex, disinterest in reproductive health, child-rearing or caring for the sick, physical and sexual abuse, and failure to access health services were all associated with false ideas about manhood (amongst other things). Awareness of stereotyping and the promotion of more positive concepts of masculinity were advocated.

- ✘ Maintain cultural values whilst modernizing cultural norms in relation to gender relations and sex
- ✘ Create men's forums to mobilize men and create a platform to discuss the impact of HIV/AIDS on men and their responsibility to respond

Positive Living

What are the social and cultural challenges we face, as men, around Positive Living?

- ✘ Social and cultural upbringing and stereotypes makes disclosure difficult and affects attitude towards PWAs negatively
- ✘ Lack of education and support for people living with HIV/AIDS
- ✘ HIV/AIDS stigma, social alienation and fear
- ✘ Lack of support structures and confidentiality in hospitals
- ✘ Migration and infidelity

What role can men play in addressing these challenges?

- ✘ Discourage promiscuity and polygamy, encourage single partner relationships and redefine manhood
- ✘ Encourage VCT and disclosure, and empathy for affected people
- ✘ Raise HIV/AIDS awareness and promote behaviour change
- ✘ Develop positive male role models
- ✘ Foster relations with all stakeholders and organise men at all levels, eg. district, sub-district, local, family

Gender-based Violence

What are the social and cultural challenges we face, as men, around Gender-based Violence?

- ✘ Unequal balance of power and economic inequality between men and women
- ✘ Cultural practices and upbringing that promotes gender discrimination
- ✘ Gender roles, male peer pressure and the concept of 'masculinity'
- ✘ Polygamy, lobola and other forms of gender inequality
- ✘ Substance abuse as an influencing factor in gender violence

What role can men play in addressing these challenges?

- ✘ Use the power men have to protect rather than harm families
- ✘ Mobilise other men against abuse and other harmful practices
- ✘ Play stronger role in family life, encouraging open discussion around sex and sexuality issues, and especially promote father-to-son dialogues
- ✘ Begin with oneself and change at a family level before attempting to change the society
- ✘ Reform the tradition of polygamy by addressing the implications and issues related to polygamy and HIV/AIDS
- ✘ Men should participate in reproductive health programmes and discussions
- ✘ Embrace the positive aspects of culture and increase the involvement of men in HIV/AIDS

Youth

What are the social and cultural challenges we face, as men, around Youth?

- ✘ Demotivation and lack of self-esteem amongst the youth
- ✘ Peer pressure
- ✘ Lack of positive role models.
- ✘ Shortage of recreational opportunities
- ✘ Neglect of family responsibility; family disintegration and lack of parental guidance
- ✘ Intrusion of foreign culture and influence of media

What role can men play in addressing these challenges?

- ✘ Use of positive role models to motivate and encourage the youth
- ✘ Share family responsibility and play a stronger parenting role
- ✘ Help provide education in life-skills and empowerment
- ✘ Network with youth organisations and help build capacity

Overview of Commissions

Back in the plenary session, an overview of the commissions was provided by the rapporteur in each of the ten groups. Afterwards there were comments and questions from the floor. But first the Minister of Health had some stern words for the commission concerned with Orphans and Vulnerable Children (OVC): "You don't pay maintenance! I'm not surprised you didn't come up with it... Add it to your list!" Another group was also admonished: "You can *never* excuse gender-based violence".

A number of questions and comments were then taken from the floor, including:

"What is polygamy? There's a negative concept of it and it gets confused with other issues and words..."

"From a PWA perspective, we need to be careful about our language. We are not victims or sufferers. On the issue of notification, if you talk about this you must motivate it properly. It goes against human rights and the constitution. We must challenge males who are stigmatising men with HIV/AIDS."

"Lobola and gender-based violence – who are the facilitators of lobola? ... It's the men who are asking huge prices for their daughters."

"On circumcision, men must be brought up as good men. The schools in rural areas are also good and we can learn from them."

"It's worrying sitting here with so few white male counterparts. Are we saying it's only black men who have a problem with AIDS? We must mobilise white males also."

"As a PWA in the SAPS, thanks to Comrade Minister for making it possible for us to have a support group within the police. I was the first to disclose."

"I'd like to praise the Minister's commitment in staying to the end. I hope the seriousness will be sustainable. We hope there won't be red tape around implementation."

"From a PWA perspective, what about an orphanage fund? What about my children if I die?"

"I want to urge that we as men stop creating jobs for sex workers!"

"As it's a problem for us to expose ourselves to female health workers, let it be a problem for us to take our trousers off for every woman we meet!"

Programme Director Mr Ceasar Molebatsi then introduced the Men in HIV/AIDS Partnership Initiative and the men were split into groups along provincial lines in order to caucus around how they could take their role forward in their different areas.

Provincial Caucusing

First each group elected three provincial representatives to a National Interim Task Team. The men chosen are listed on page 32. Although they were again pressed for time, the groups also deliberated on the priorities for action in their provinces, choosing one main commitment for sharing with the plenary and presenting to Deputy President Jacob Zuma the following day. These primary commitments appear on page 11 while the full range of commitments made by each province is appended.

"Rape starts there at home when a women says no and we interpret that as meaning yebo yes. Men need to speak fondly to their partners... 'sthandwa sami, swidi lami lomkhuhlane' (ey my love, my flu tablet...).

Dr Eddie Mhlanga





In choosing the interim representatives from each province which would form part of the Interim National Task Team, delegates were asked to give priority consideration to candidates who were:

- ✘ committed to taking the Imbizo process forward;
- ✘ prepared to work with both national and provincial structures;
- ✘ connected with organisations and structures representing men;
- ✘ openly living with HIV/AIDS; and
- ✘ confident and proactive in bringing together other men to form part of the Men's Forum.

The Role of the National Task Team

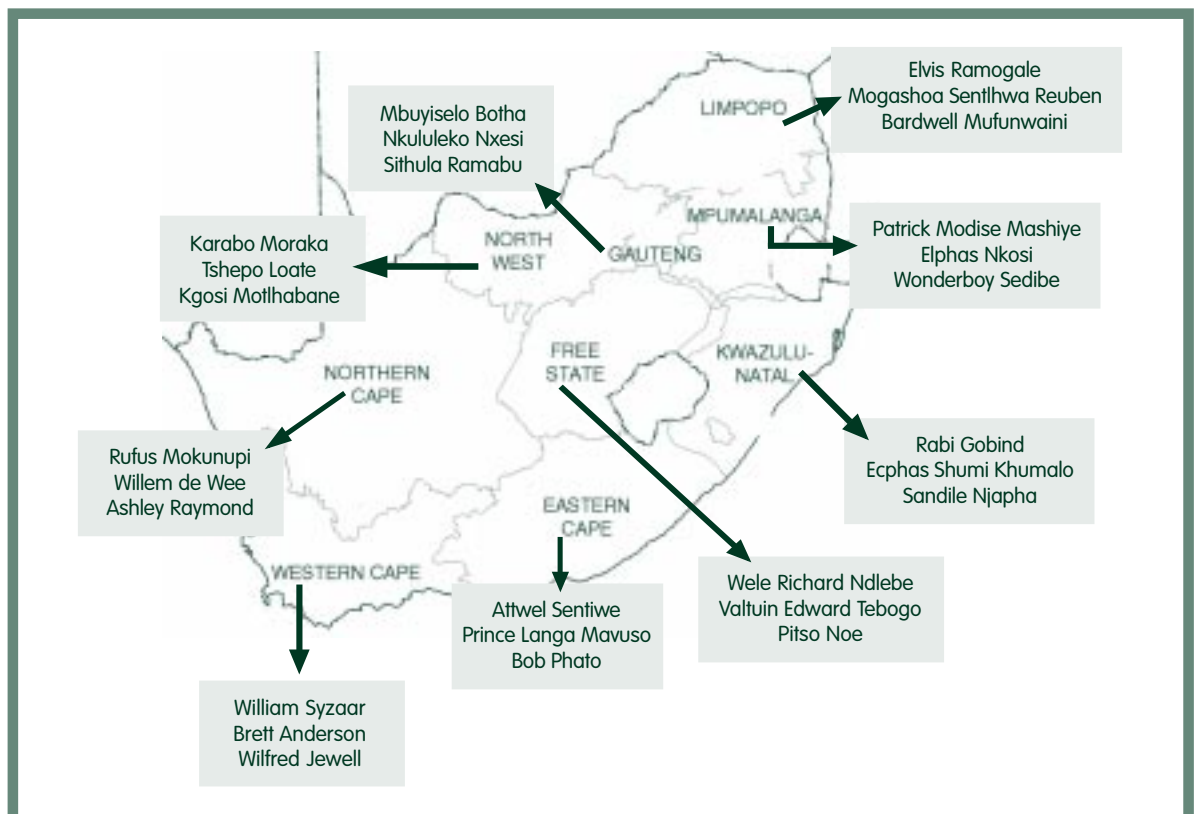
The twenty seven representatives will elect a national Executive Committee and other office bearers which will function for the two-year life-span of the National Task Team. The question of resources to fulfil its mandate will be discussed by the Committee and the Department of Health.

The role envisaged in the draft terms of reference for the Task Team (a full copy is appended) includes:

- ✘ Developing policies, strategies and guidelines for the national and provincial structure(s) as well as national activities for the Men's Forum;
- ✘ Facilitating partnerships with other sectors to strengthen the role of men around issues of reproductive health;
- ✘ Deciding on the management and administration of the Forum and helping to fundraise; and
- ✘ Mapping the way forward based on the outcomes of the Men's Imbizo in Cape Town.

There was a strong feeling amongst delegates of wanting to take full responsibility for the Men's Forum. Some of the men expressed fears that if the process was controlled too heavily by the Department of Health there would not be enough action on the ground and the initiative may be ineffective. On the other hand, the concern was raised that without the resources that government could bring to the process, the National Task Team may not be able to fulfil its role.

NATIONAL INTERIM TASK TEAM



DAY TWO - SATURDAY 5 OCTOBER

Sharing Best Practices

First thing on Saturday morning Programme Director Ceasar Molebatsi introduced **UNAIDS' Dr Bernard Nyathi** who urged men to take the lead in the fight against AIDS and assured delegates that they could call on the United Nations for information and support. Nyathi was followed by a number of best practice examples from around the country.

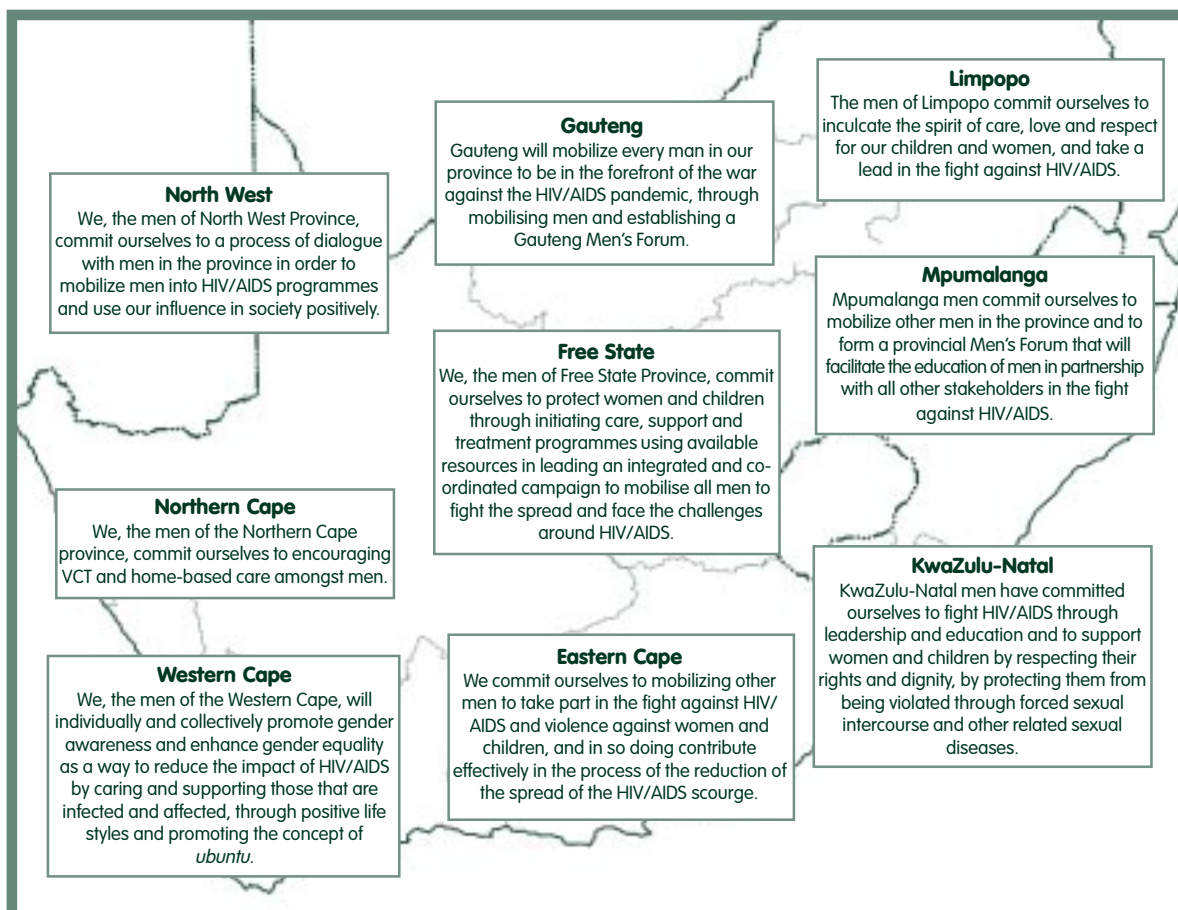
First **Dr Nhantsi** delivered the message that men can make their own best practice, in their own lives and families and communities. He reminded delegates that it starts at home, with the role they play with their partners and children. **Mr Mufunwaini** of the Monyadyne ('Responsible Manhood') organisation followed: "It's time for men to change into good South African men" and men's forums are a good way to achieve this, he said. Monyadyne plays an important role in education and in encouraging men's concern about reproductive health. Finally, **Dr Kaizer Gumede** urged traditional healers to play a positive role in stemming the spread of HIV/AIDS, through promoting condom-use, for example, and making sure they use one razor for one patient.

Delegates then broke into provincial groups for a second time, where they drafted commitments to provide a foundation upon which the men of each province could begin to play a more positive role in coping with HIV/AIDS and fighting its spread.

"Paving the way": Provincial Commitments

Each province compiled a statement the delegates felt reflected the priorities in their area and the concerns and interests of the men in the group. The 'priority' commitments were later presented to Deputy President Jacob Zuma who then delivered the closing address. The priority commitments presented to the Deputy President are listed below, while the remainder can be found in the appendices on page 30.

PROVINCIAL COMMITMENTS





THE WAY FORWARD

So where will the initiative be taken from here? The Interim National Task Team will meet and its Terms of Reference will be clarified. The interim members will reach agreement on the process to follow with regard to expanding the Men in HIV/AIDS Partnership across all the provinces. Part of the National Task Team's job will be to build the Men in Partnership initiative to include as broad a range of men as possible in recognition that AIDS is everybody's business and the struggle must be inclusive if it is going to succeed.

The Imbizo delivered a strong message to delegates – far from waiting to see what the elected committee gets up to, each must begin to make a difference in his own life and inspire other men to do likewise. This is the main arena for turning the commitments made at the Imbizo into action.

Delegates left the event with a clear idea of the kind of roles they can play, individually as well as collectively with other men and with partners from other sectors such as women, the youth, organised labour, faith-based organisations and other community groups.

REFLECTIONS AND RECOMMENDATIONS

The Men's Imbizo was characterised by a general atmosphere of vibrancy and good-will. The mood was one of excitement – one observer called it "electric". The gathering of men was considered timely, and the Department of Health was commended for making it happen. For her presence throughout the Imbizo, Minister of Health Dr Manto Tshabalala Msimang was widely praised – this investment of time was seen as a strong indicator of both the Minister's commitment to the building of partnerships in the fight against HIV/AIDS and government's readiness to look to the capacity of ordinary South Africans in rising to the challenge.

A number of issues were, however, raised in respect of how the Imbizo was organised and how the process flowed over the two days. The rushed nature of the proceedings and the pressure this placed on the already-limited space allocated to the men's deliberations was considered by many to detract from the success of the Imbizo. The term 'Imbizo' implies an interactive process, a sharing of experiences, ideas and insights, yet the conference was weighted more towards the platform, indicating a relatively low level of consideration for the contribution that could be made by the delegates themselves. Questions from the floor went unanswered, and the time constraints also prevented translations being provided where these were necessary.

Delegates were not able to choose the topics their commissions would cover and many of the men expressed frustration at the lack of space to discuss issues that particularly interested them. Some provinces had prepared in advance for the Imbizo and delegates arrived intending to make considered inputs. The need for greater balance was therefore noted, although the men felt positive that they themselves would be responsible for taking the process forward from here. Facilitators encouraged the men to save much of their discussion for their provincial forums.

The need to build on the momentum of the National Men's Imbizo through the organisation of regional and provincial Imbizos was considered of vital importance. While on the one hand delegates valued the independence the men's sector would have in organising their own forum, reservations around their capacity to perform – particularly in respect of the availability of resources – were expressed. While it was generally recognised that the partnership initiative needed to be spearheaded by government, that it be owned by men was felt to be crucial.

"I believe that now is the time for us as the men of South Africa to reach out to our loved ones, friends, families, but most importantly to each other. It is only when we reach out to each other, that we will be able to scale up our response in this pandemic."

Mr Gustav Wilson

The question of representivity came up in several of the breakaway groups. The Western Cape caucus, for example, was heavily dominated by African participants in spite of that province's racial demographics; and only one delegate present came from a rural area. The group felt that the rural candidate should therefore be automatically selected for the committee (his suitability in terms of the general selection criteria notwithstanding).

The Free State caucus noted a "poor mix" of government and civil society representatives – delegates from non-government sectors were under-represented. The almost total absence of white men at the Imbizo was raised in the plenary as well as in some of the commissions. "Are we saying AIDS is a black issue?" one delegate asked the panel.

Concerns were also raised about the spectrum of interests represented in the groups. A generally low number of PWAs was noted, for example: this led to a shortage of input from a PWA perspective with qualitative implications for the outcomes, particularly with respect to the weight of emphasis given to prevention and the low level of attention given to the spheres of care and treatment.

It seems selection processes need to be closely examined to ensure a more representative balance of delegates at future gatherings of this type. As for the Men's Forum itself, the question of representivity may be addressed later by the Interim National Task Team. The opportunity exists for men's forums throughout the country to be fully inclusive, thereby guaranteeing maximum impact of the initiative.

Despite the issues raised above, the overwhelming feeling was positive. The Imbizo represented a critical step forward in challenging the AIDS pandemic and men were being presented with an opportunity to make qualitative shifts in their own life-styles and communities, and to influence others to do likewise. For the first time in South Africa men will have their own forums through which to strategise around HIV/AIDS – *as men* – in partnership with government as well as other civil society sectors and groupings.

As Deputy President Jacob Zuma pointed out in his closing address, a key challenge is to ensure that the Imbizo's deliberations are "communicated to all South Africans in general, and to men in particular, so they can provide a model for the kind of man a South African man can be:

"When we say "South African Men Care Enough to Act!" we mean men who care enough to end abuse of women and children, men who care enough to abstain from activities that put them at high risk, and we mean men who care enough to provide comfort and a healthy environment for women. And we need men who care enough to provide protection, security and safety for children and who care enough to make South Africa a better place to live in. We are encouraged as government that commitments made here will take the Partnership Against AIDS further."

*"Finding out your status helps you manage the virus properly. We must start by changing our own behaviour and lifestyles."
Ms Criselda Kananda*

*"Since there is no known cure for AIDS, prevention of HIV infection is critical. Each of us must exercise our individual and collective responsibility to take care of our own lives."
Deputy President Jacob Zuma*

*"We have to stand up and fight this. It's not the government's responsibility, it's mine. Can I allow people to talk nonsense, allow people to say HIV has to be accepted as a fact of life, like hypertension and diabetes?"
Dr Nhantsi*



APPENDICES

Opening Address, Minister of Health Dr Manto Tshabalala-Msimang

It is part of especially African culture that men will hold these Imbizos to deliberate on crucial issues affecting society under the leadership of their chiefs or any designated leadership.

Men should take the challenge head-on in the churches, school, government, their families, workplaces and everywhere else.

Compatriots, fellow countrymen, honourable guests, I greet you all in the name of good lifestyle and progressive future. I must thank the organizers and the Department of Health for this forum to mobilize the missing dimension – men.

I must start by saying that Africa is bleeding to death – a very painful, slow death. Africans are threatened with extinction. Like those who built the Egyptian pyramids, the Zimbabwe ruins and other remnants from past civilizations, we Africans shall be wiped out and only negative stories will remain about us and our culture. And we shall have confirmed the misleading, denigrating insert of the book *Students' Companion* which made reference to "Africa, the darkest continent". The questions that we *must* answer are:

DO MY CHILDREN UNDER 18 YEARS OLD AND OBVIOUSLY UNMARRIED, STAND ANY CHANCE OF ESCAPING THE HIV NET?

ANSWER: Only if we mobilize society effectively against promiscuity, rapes, poverty, etc. And enforced correct lifestyles.

AS INDIVIDUALS, WHAT CAN WE DO TO CONTRIBUTE TO THE BATTLE AGAINST THE PANDEMIC?

ANSWER: In every battle the fight is won because of the commitment and dedication of the individual soldier working within his/her battalion. Therefore the individual's contribution in the fight against HIV/AIDS is most important. The role of government is to organize these fighting units into a co-ordinated effort, and provide the tools whenever and wherever necessary – the schools, the workplaces, the churches etc....

WHY NOW DO WE EXPECT MEN IN PARTICULAR TO PLAY AN EVEN MORE PROMINENT ROLE?

ANSWER: As leaders/heads of households and culturally they are supposed to work out solutions to community problems, defend their families and the country against enemies. The mammoth battle against HIV infected is in fact an example of a devastating war situation. It is part of especially African culture that men will hold these Imbizos to deliberate on crucial issues affecting society under the leadership of their chiefs or any designated leadership.

The HIV/AIDS epidemic is still spreading fast and engulfing everyone in its path, spewing death and destruction, orphans, destitution, strife, depression and socio-economic mayhem. Scientists predict that it is likely to plateau around the year 2006, after which the infected pool will remain more or less the same. This will then be followed by a period of population shrinkage when manpower will be lost and the economy may suffer.

CAN WE FAIL TO NURTURE AND PROTECT THE HARD-WON FREEDOM WHEN THROUGH SACRIFICE AND DETERMINATION APARTHEID WAS DEFEATED? CAN WE FAIL TO ADDRESS A DEVASTATING BUT OTHERWISE NOT INVINCIBLE HIV/AIDS EPIDEMIC?

ANSWER: No. Through mass mobilization of the structures in society we can, in unity, refuse HIV/AIDS any more turf to invade. And this inclusion/ mobilization of the missing dimension – *men* – is a very important step. Men should take the challenge head-on in the churches, school, government, their families, workplaces and everywhere else.

Culturally and spiritually men are heads of their households. Are men delivering on their mandate? Sadly, at the moment, the men folk are under performing – hence the upsurge in violent crimes, rapes, etc. In fact, a look at the educational centres illustrates a healthy growth of educational empowerment of women while male student's numbers and achievements are declining, a trend that is a sad indictment on menfolk who fail to 'rise to the occasion' at an hour of need. Neglect of boys by their fathers in especially the teenage years has spawned rapists, criminals, under-motivated spineless men, hijackers, under-achievers, etc. who have aligned themselves with the wrong role-models in society.

The pathology in parenting of children has led to degeneration of the entire fabric of community and family life – as evidenced by disillusioned under performing communities,

abuse of alcohol and drugs, sexual abuse and violent rapes, widespread physical abuse of the elderly and frail, physical abuse of women and children. The time has at last arrived when men should reclaim their position within their families and make a difference once more as in the olden days and:

- ⌘ Be respectable
- ⌘ Be responsible
- ⌘ Be kind
- ⌘ Be loving
- ⌘ Be caring
- ⌘ Be protective
- ⌘ Lead by example
- ⌘ Provide the right environment for the children to grow up in
- ⌘ Nurture, mould and groom boys to become 'real men' and good responsible citizens.

In the destructive environment in which these children grow up, girls gain a distorted and negative view of marriage and men, while boys become abusers, rapists, etc. These children often develop poor self-image and are more likely to set the same negative example as parents and reproduce their worthless characters, if not worse, in their children.

Yes, mothers have to bring up boys and girls as a matter of routine. Fathers as well must bring up boys and girls. The process of nurturing and grooming of these children for adult life, has unique responsibilities and roles for both mother and father. The boys should not be neglected in daily run of things as in the process they learn about drugs, illicit sex and other undesirables and socialize with criminal elements. They should be given tasks daily like the girls to learn about organisation, planning, etc. Any other approach leads to boys modelling themselves on wrong role models – hijackers, drugs lords, etc.

And more and more children are born into this mess, perpetrating the vicious cycle of drug pushers and users, rapists, alcohol abusers, murderers, etc. In the process, societal norms and values change and women become assimilated into this undignified goal-less existence and become violent, abusive criminals themselves. In this context (of HIV epidemic) mass mobilisation of the missing but important dimension – *men* – must provide the crucial key to unlock victory against social degeneration and HIV/AIDS. 'Parenting' in its true and balanced sense must then be employed in the centre stage to guide and direct the process. With this approach poverty, crime and HIV/AIDS cannot overcome us as a nation.

Culture and tradition must be revived to guide the soul of the nation and steer us to clean and morally balanced lifestyles. Where appropriate, traditional leaders and chiefs or even community leaders must be mobilized to drive the process with their subjects. Inevitably, the churches as guardians of morality in society must be mobilized and encouraged to lead on this front. The medical profession has unfortunately not done much about HIV/AIDS except individuals. Practitioners and needs to be challenged to contribute more meaningfully.

Several forums can be mobilized in the fight against the HIV/AIDS epidemic:

- a) CIRCUMCISION SCHOOLS
Potent mentoring weapon in the right hands. Destructive in wrong hands with sinister agendas leading to botched circumcision, etc.
- b) GOVERNMENT SCHOOLS
Provided the teachers buy-in and are willing to mend their ways. Teacher unions probably need to be engaged on the quest for national soul.
- c) CLINICS
Active programmes need to be pursued to guide and direct this movement to ensure sustainability. These programmes must be centred around themes on culture and traditions, moral values, parenting, circumcision, marriage, polygamy, etc. This is to ensure uniformity and single focus for the ultimate product/message in the country – call it 'moral revival' or 'regeneration'.

Strangely enough, the culture and moral decay has progressed to such an extent that even those traditional institutions that provided the 'holy basis' for the principles of manhood like circumcision schools, have themselves been invaded by forces of darkness and now cannot be trusted to deliver. The countless incidents of botched circumcisions have brought scorn on and

...traditional leaders and chiefs or even community leaders must be mobilized to drive the process with their subjects.

Let the men's Imbizo be a turning point in the degeneration of our social fabric and soul and prevent rapes, murders, alcohol and drug abuse, crime and HIV/AIDS.

We don't need
Imbizos. We need
to see you going
from the Imbizo to
change behaviour.
Hopefully you'll go
back into your
villages, your
suburbs, and start
listening to us, and
talking to us.

lack of respect for these cultural pillars. Sadly even traditional leaders, especially chiefs, have not been very visible or vociferous in defending their subjects from bogus circumcision schools, even though they used to be the guardians of culture values and norms in the olden days.

Of these programmes 'parenting' is the most important as it should address moral behaviour in teenagers. Parents, especially fathers, need education so as to know how and what to teach their children, especially boys, to change the present trend of crime, rapes and lack of ambition.

In conclusion, I shall summarize the message thus:

Let the men's Imbizo be a turning point in the degeneration of our social fabric and soul and prevent rapes, murders, alcohol and drug abuse, crime and HIV/AIDS.

Let us all commit ourselves unanimously and proclaim to the world – It is our people, it is our country, it is our future and *sizonqoba*.

And may all the men savour the thought that *Unkulunkulu* must be approvingly smiling as we, men, say together in unity:

"THIS FAR AND NO MORE
PHANTSI NE – AIDS PHANTSI!!!
PHANTSI NE – VIOLENCE, PHANTSI!!!
PHANTSI NE – RAPE PHANTSI!!!
PHANTSI NE – DRUGS PHANTSI!!!

Ms Elise Levendal

Women's sector representative, SANAC

I want to start by telling you a story.

"I can kill you whenever I want, I could kill you and no-one would ever do anything about it... I have eaten human livers... raw." That is what he said to me after he punched me in the face with such force that he knocked out my four front teeth and split my gum. While the blood poured from my lips, he returned, laughing, to his friends and his card game. My children and neighbours watched... each day he beats me several times. He punches me, he whips me with bamboo rods. Many times he has held a gun to my head and threatened to shoot me. Fear of my husband haunts my thoughts every day. If you ask me whether I feel like a servant or a slave, I will tell you that I am more like a dog (Oxfam, 2001).

This story can be my own personal story, but it can also be the story of so many other women. In a study in Cape Town, South Africa, one in every seven men reported that they have sexually abused women and of the two hundred and six men reporting sexual violence more than 60% reported forced sex or rape and the rest reported attempts to rape (Jewkes, 1999). Women and girls are very vulnerable to HIV infection and at the recent United Nations General Assembly on HIV/AIDS, it was stressed that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability women and girls to HIV/AIDS. Women find themselves at risk of HIV/AIDS infection because of their lack of power to determine where, when, how many times and how sex takes place. But what is not spoken of is that traditions, beliefs and expectations also increase men's own vulnerability.

That is why it is so important for men to become fully involved in the struggle against AIDS. Men need to be encouraged to adopt positive behaviours and to play a much bigger part in caring for their partners and families. In South Africa women have started the Women In Partnership Against AIDS (WIPAA) to strengthen women's response to HIV/AIDS. Being a man in the normal sense of the word 'man' means 'macho'. And men don't even know it, we know it. As women we have said we want to involve men. We are quite advanced in the women's sector – as usual! I take their issues into the SANAC. At women's summits, like in August, women tell their stories – we say let women's voices be heard. But we're saying we can't do it

alone. We need the involvement of men. We don't need Imbizos. We need to see you going from the Imbizo to change behaviour. Hopefully you'll go back into your villages, your suburbs, and start listening to us, and talking to us – and maybe we'll get a MIPAA coming out of this!

Let us care for each other. Let us love each other. Let us respect each other. And together we can totally eradicate this HIV/AIDS epidemic.

Mr Gustav Wilson

SAPS HIV/AIDS Coordinator

What does this Imbizo mean for South Africa?

Honourable Minister, allow me to reflect on a few themes that have been highlighted during the last couple of years and also during this last couple of months. It is evident that in these themes, special focus was placed on men and their role within the fight against HIV/AIDS. With this initiative, that is spearheaded by the National Department of Health, we are telling the world that Africa, and specifically South Africans, can put aside their differences in order to find workable and sustainable solutions for their problems. This Imbizo is further telling women that they have suffered too long in silence and we as men would like to support them now. We are ready to face the many challenges ahead. It will not be an easy road, but we are prepared to stand side by side.

Do South African men really make a difference?

Where are we making this difference, if we daily hear of such brutal crimes that are committed against women and children – by men? When a woman can't negotiate for the usage of a condom, so as to ensure that she does not get infected with HIV/AIDS? I believe that the fact that we are here today is a true commitment that we want to make that difference and we want to make it now!

Khomanani: Reaching Out – Scaling Up

About two weeks ago, a National Home/Community-based Care conference was held in Rustenburg. The theme of this conference was *Khomanani: Reaching Out – Scaling Up*. I believe that now is the time for us as the men of South Africa to reach out to our loved ones, friends, families, but most importantly to each other. It is only when we reach out to each other, that we will be able to scale up our response in this pandemic. We can no more say it is only government, churches, business or the women that should reach out. We as men also have that responsibility.

Knowledge and Commitment for Action

This was the theme of the 14th International HIV/AIDS Conference in Barcelona, Spain. Honourable Minister, I believe that we have the knowledge on HIV/AIDS, we have the commitment. Your presence here today is assuring us of the kind of commitment we do have in this country. It is high time that we stop saying that there is no commitment. Now is the time for action. We as the men of South Africa need to put action to our knowledge and commitment and stand side by side with our women and children to eradicate HIV/AIDS in all sectors of our communities. We must stop saying that the answers are laying in Uganda, Thailand, Brazil or the USA, because we as South Africans have the answer to the HIV/AIDS pandemic.

The purpose of the Imbizo is to:

- ⌘ mobilise men to actively participate
- ⌘ sensitise men on reproductive health issues
- ⌘ encourage networking
- ⌘ share best practices, and to
- ⌘ establish an Interim National Men's Forum.

Conclusion

Honourable Minister, my wish for the men attending this Imbizo today is that they will stand up and take the responsibility and lead in this horrific pandemic which threatens to destroy our dignity, our communities and our families.

Where are we making this difference, if we daily hear of such brutal crimes that are committed against women and children – by men?

My wish for the men attending this Imbizo today is that they will stand up and take the responsibility and lead in this horrific pandemic which threatens to destroy our dignity, our communities and our families.

For too long, we have been kept ransom by this pandemic, but now is the time that we stand collectively in our efforts to once and for all put a stop to it. My best wishes accompany all of the participants and I trust that the outcomes of this Imbizo will testify to our will and strength to make a difference.

Mr Taboshe

What follows is a summary of the presentation which was given in Xhosa and later translated.

The Taboshe household has nine children – some of them young and still in school – in Komane – Queenstown. Earlier this year one of Taboshe's sons became ill and died. After the funeral, another of his children became sick with AIDS. The family – confused by the deaths – was put in touch with an organisation called Ukhamba which dealt with HIV/AIDS. The second child died. The support organisation (through a Mr Phato, who later presented a 'best practice' case at the Imbizo) assisted them to draw on neighbours for support during their time of tragedy. A third and soon a fourth death struck the family. Ukhamba – the organisation of Mr Phato – continued helping with prayers and much needed support.

Mr Taboshe is himself ill with chest problems. He does not work and depends on handouts (*udankie*) from other people. Mr Taboshe is desperate for the government to provide some form of support for the family while it is being so deeply affected by AIDS. Although it was difficult to travel while he is not feeling well, he came to share his story at the Imbizo, he says, because he heard that government people were present and he wanted them to hear his plight.

Ms Criselda Kananda

We should underline the word *care* in our lives. When we say "we care" what do we really mean? The pain and the suffering that women are going through is really not necessary. God created us equal.

When my parents got divorced, there were two little kids who didn't know what now. The parents decided to remarry. When you do that you're not sure how your partner is going to treat your children. My father got custody of me and brother, but the woman he married was not prepared to raise his children. That's when the tragedy began. I still love them. They know that. I tell them all the time. But the world isn't perfect.

We sometimes fall victim to those bad decisions we take. If we had a choice we wouldn't really learn the lessons we get from life. When I was nine I went to find my mother. I set off to walk from Davyton to Witbank on foot looking for my mother – I went maybe seven kilometres and I was tired. It was a big achievement. There are angels in the world. A man picked me up on that road, but he did not abuse me. He took me to his home. They helped me to look for my mother. Maybe she hadn't even told her new man about her children. The first thing she said was "*ufunalina?*" ("what are you doing here?"). I came to find my mother. From that day I learned survival skills.

At nineteen when I matriculated I got involved with what I thought was a gentleman. At 20 he married me (traditionally) and after a few months he decided to have children. When I was six months pregnant he told me he was married and that his wife cannot bear children. This was a mutual decision between them to find somebody to have kids with. So I was a toy. Used. I had nobody to say "help me fight this battle". Who do you turn to? I was only told that the decision had been taken – as soon as I give birth to the child it becomes this family's child. Another tragedy of decisions made by men. Men as in 'human beings', not just *indoda*. Then I started working part-time. I applied to be a nurse and was accepted. I was not prepared to sit back and be a victim. I had to better myself. A year before I was to write exams I got married again to a wonderful man.

Six months later we had a child: the baby was three months when my husband was shot and killed. For one year and six months you wear your mourning clothes. So then I 'wake up', there was a traditional ceremony to take the clothes off. I found men in my yard with the grandparents telling me I must choose one of these men to look after my home. Because as a woman you are not capable. This is not ancient history – this could be your sister, today. I decided not to remarry. Next morning my suitcase was packed. The house belonged to their son. My contribution was not recognised. I was told it is our tradition to raise our own grandchildren. The male magistrate said he [my son] was used to a luxurious life and I didn't have "a house or a husband". Where do I go from here? I decided I would work hard and go back and fetch my child. So I fought and another male decided to give me back my child. In 1997 – there's this thing between Criselda and marriage – as soon as they see Criselda they want to marry her, perhaps this is a quality she has! So I married again. Decided again it's time to raise a family. I must have been seven months pregnant when I did routine blood tests which included HIV. I was healthy. I phoned for the results and she put me through to the doctor. I was working for a courier company at the time (I'd left nursing). The doctor just broke the news on the phone. The blood test was HIV positive. But HIV happens to other people, not me! I'm somebody's wife!

I somehow drove to his rooms. He said "Criselda, now we have to make a decision about your baby. You'll probably live 2 years or less. Your baby might live 6 months." This was a private doctor, not public. The world came crashing down. What now? I was counselling *other* people, telling *them* to be careful, stop sleeping around (the main focus). What now? I started reading lots of material. Nothing made sense. I changed that buzzword 'HIV' to 'Health Is Vital'. I needed to look after myself physically, mentally

It's now twenty years since it began. If we knew then what we know now it wouldn't have happened. I just have to look after myself. If you smoke you don't come near me. If you don't want a condom you don't come near me. For the doctor it was all about everybody else, not me. Stigma and discrimination are the greatest barriers, triggered by many forces – lack of understanding, myths about transmission, prejudice, lack of treatment of opportunistic infections, including irresponsible media reporting, including that it is incurable – all this makes people not want to talk about it. Our problem is we don't talk to our partners about sex. And that's a tragedy because we are all products of sex.

Finding out your status helps you manage the virus properly. We must start by changing our own behaviour and lifestyles. By listening to all these statistics we scare ourselves. We need to personalise it. Start with hunger – how do I talk about how to give anti-retrovirals on an empty stomach?

I've educated myself, so can you. Empower yourself with knowledge.
Care for the ones you love.
Test yourself early, so you can manage it like I did.
Eat a good diet that you can afford – pap and moroko is a good diet.
Seek medical attention for any opportunistic infections.
Don't shut out those who care once you're diagnosed.
Talk to someone who can contribute positively to your state of mind.
Avoid reinfection – you live longer.
Condoms are not negotiable.
Don't use unprescribed medication.

We need research into foods – what can make us live longer. The only person who can stop you from becoming what you intended is yourself. Opportunities multiply as they are seized. Knowledge is power. Choose life and not death – by making informed choices.

Stigma and discrimination are the greatest barriers, triggered by many forces – lack of understanding, myths about transmission, prejudice, lack of treatment of opportunistic infections, including irresponsible media reporting, including that it is incurable – all this makes people not want to talk about it. Our problem is we don't talk to our partners about sex. And that's a tragedy because we are all products of sex.

Rape starts at home when we interpret a woman's "no" as meaning "yebo yes". The story of reproduction starts with two people agreeing.

... there is no man worthy of the name 'man' if he enjoys inflicting pain on others.

Dr Eddie Mhlanga

Department of Health

This presentation was given in a combination of Xhosa, Zulu and English.

The issue of HIV/AIDS is a war; unfortunately we men are stocking the war and not taking our place in the forefront to fight it. We are sending our children and women to fight. I have been asked to talk about reproductive health. The story of giving birth and increasing the nation starts when the woman is pregnant. She is the one to go visit the clinic to make sure that the baby is growing up well for the nine full months. For the period of nine months women carry our babies in their stomachs.

When the baby is born, men would say "this is my child". And when the child fails or does something wrong we say "*ufuze unyoko*" ("you are just like your mother"). This is a very common insult aimed at belittling women. When the child succeeds, men will say "that is how my child is". That means when the child does something right, man will boast that this is the accepted way of doing things. And yet these things about childbirth need to be a couple's responsibility, not just a woman's job. Unfortunately when things go badly in the reproduction area everything goes badly, and yet when its going well everything goes well – especially for the ladies.

Men do not know women. We sometimes try to behave like bulls. Yet if we look closely, the bulls don't just jump at the cow anyhow. They don't just jump on top of them like bulldozers. The real bulls make love in a creative style. *Inkunzi iyajikeleza* (the bull goes around) the kraal nudging the cow till she is ready or responds to the flattery. Then they get closer to each other.

Rape starts at home when we interpret a woman's "no" as meaning "yebo yes". The story of reproduction starts with two people agreeing. Men need to speak fondly to their partners... "*sthandwa sami, swidi lami lomkhuhlane*" ("ey my love, my flu tablet...").

As men we often think sex is all about us, but its only when you start caring about the one that you love, that you start loving yourself. Some people are happy when others are in pain. There is *ukukhala kokukhala uzwa ubuhlungu nokokujabula* (crying from pain and crying for joy). As the minister mentioned earlier on, enjoying someone else's pain is not manly. When you start to feel that cry is coming from pain... there is no man worthy of the name 'man' if he enjoys inflicting pain on others. When Criselda shared the painful story of her life, our hearts were crying out for her – who can enjoy that pain?

Sometimes you may think someone's crying is from happiness. Sometimes our women mislead us, of course. They have to do that to massage our egos, because otherwise we might think we're useless.

If men treat women as mere skirts to shove their sticks under, that's where the problem starts. Men can be too fast and clumsy. Women want to know you care and love them. They want to know that after this sex there is more to life than just what happens below the groin. That's when they warm up and it takes some time for them to start heading high. But us men just get to the climax – like 1, 2, 3 and then we flop. Then we're finished and we snore. Then women say to themselves "so when he wakes up, I will exclaim my continuing starvation". Some women can be heard crying at about 3am, sobbing because they are now warmed up and the man has just collapsed. So we need to learn all these things because that is how God has made us to enjoy one another.

This dissatisfaction could lead a man to think there's something wrong with his wife. He could start visiting commercial sex workers. Many of us go to them to off-load the frustration: these workers will embrace you – even if you are not washed they will tell you that they have never seen such a gorgeous man!

We all have different physical structures. Women don't orgasm the same way as men. Men's penises stand erect for ejaculation, whereas women have a hidden hole where all the goodies are – they are capable of multiple orgasms (something we are not used to as men). The

vagina can also be called *inkomo* (a cow) – *inkomo* can wake up and say “I am still hungry” having just been fed. The male ego gets tested in those early hours of the morning. Men can be like *iskorokoro* – an old car which can zoom so fast – 140km per hour – and thereafter collapse and shrink.

These are the things we need to learn about each other. Some women have to put up with all sorts of men, even tramps, and they can still tell you that you are so beautiful.

Impotence has various causes such as medication or tiredness – a major issue given our fast lifestyle. Men need a plan of action. If one is tired it's important to start the evening properly. The plan is like a musical choir. Just like each has his own part to sing in the choir, so we can organize time according to our energy levels. This means start slowly when the energy is low; bring the soprano on at midnight; the alto around 3am; after a bit of rest then get into the bass; and bring the whole orchestra together for its final blows. God created these things to be done at leisure, without insecurity and when both partners are happy. That is when it works. You can go two or three rounds, but women can go lots of times. We must learn this. Impotence can also be caused by being *ukungathembeki* (untrustworthy). Your *nembeza* (conscience) can betray you. When *induku* (the penis) comes home with an infection, everyone suffers. As a gynaecologist, I see a lot of women who come for treatment. When you get into details they tell you about sexual problems they have with their men. When men don't function very well sexually at home, they go to seek other women and that's when trouble comes back home.

Women get infected because we come with our sticks to shoot our fluids. We have a wonderful opportunity because we have the future in our hands ie. the penis. We hold it. It protrudes. It's visible. We can see when we are sick or have a rash.

Women are not equally privileged because they have it inside. Even a mirror isn't much use – they can't see sores or anything that grows. But a man can see suspicious sores and decide whether or not to act on it. We as men have that opportunity. When we suspect something is wrong, we need to go and ask for help and advice. One should seek proper help – not just out there at the braaivleis or at the bottle store. When you eat meat with the other men while the children are hungry at home. And you come home grumpy and inactive – that wouldn't be the right approach. Let us get help and talk about it.

The other day I was standing next to another man at the toilet. I told him that I notice that when I pee the urine does not go very far from my body. He had noticed the same thing with himself. You know why? There is a gland that grows when you are over 40. Its not necessarily cancerous. It's similar to women getting fibrosis in their tubes. But the growth of that gland blocks the flow of the urine. It needs to be checked, and a blood test taken to make sure that no cancer is growing there. People like Bishop Tutu and others have had their prostate removed. Please do not suffer in silence or you could end up reminiscing about the old days when you used to be able to do this and that.

The other things to watch out for are sexually transmitted diseases – getting infected and infecting others. About the issue of circumcision, we need to know what to do with that. The type of underpants to wear also has to be discussed. Lots of things can hide under your trousers – leaking things, sores, swellings, ulcers etc. By looking after yourself you are loving your family and everyone else.

If you think of someone who is raped you could lose interest in sex. It's a painful thing and very unnecessary. Men should accompany their wives to the antenatal clinics to stop being shocked ... when the baby's head comes out of the vagina. That *leyo mboko encane izokumangaza* (the vaginal hole can surprise you). It can do lots of wonders, get our heads out (ie. when we are born) as well as perform sex very well.

On family planning, men need to make decisions about that too, and we need to understand that its not just for women only. After I had two daughters, I had a vasectomy a few years ago. My reproduction is closed now. No-one can come and say they have my child so I should pay child maintenance! My stick still works – it just *ngidubula amablanks* (shoots blanks) now! *Isasebenza induku* (the stick still shoots) 6 to 6.

You need to understand and support your partner, whether HIV positive or negative.

If you are married and *umfazi wamlobola ngezinkomo* (a dowry was paid for your wife) that does not make her your property as a man.

Socialisation makes it difficult for women to debate sex issues vigorously.... Men are being socialised in a way that makes it unmanly to have a single sex partner.

Finally, you need to understand and support your partner, whether HIV positive or negative. You should know your status. Recently scientists in a gathering held at the Wild Coast Sun were asked if they have been for a test. Only half the hall had done it. In this day and age we cannot afford not to know. If you are HIV positive there is no need to blame anyone else or spread it around. The belief that you can rid yourself of the infection by sleeping with a virgin is untrue. There is no evidence for that, no book written about that. The fact is that sleeping around can increase the infection and lead more quickly to death.

A woman has a right to be, whether she is a wife or not. If you are married and *umfazi wamlobola ngezinkomo* (a dowry was paid for your wife) that does not make her your property as a man. Some men have *abanye bathenga omame ngamarings njalo mabekade bedliwa unembeza*, (a guilty conscience and keep buying women rings). Bribing women with rings. Now we have women with so many rings, all over their bodies, they are running out of space to put them.

God respected your request and her parents agreed that you should be together. That togetherness forms that union. Therefore, out of this union comes a happy relationship where children can grow up knowing what love is. The children will also learn how to love other people. We can conquer HIV when we can conquer ourselves, especially us men who have to know how to use that 'little piece of flesh' which can cause so much harm like a tongue. The next thing is to conquer the stigma and discrimination. But first of all we must know our partners and ourselves.

Prince Langa Mavuso

Co-ordinator Eastern Cape Provincial Traditional Leaders HIV/AIDS Forum

How has culture influenced South African Men in the way they see the issue of HIV/AIDS?

In our culture men are thought to be superior – no woman can be senior to a man. No woman can give a man advice either, and it is worse when it comes to issues of sex. Men are therefore dominant in issues of sex and they are the ones who determine whether the couple engages in safe sex or unsafe sex. Women are reluctant to talk about sex and may appear dependent on men to make decisions. Socialisation makes it difficult for women to debate sex issues vigorously. If a woman talks about sex, we men give negative labels to the woman – this can lead to big fights amongst lovers.

Men are being socialised in a way that makes it unmanly to have a single sex partner. If a man has a single partner he is called a loner (*isishumane*). To have many women is seen as an indication of strength and power by your peers.

Some departments of the present government are leading a paradigm shift on the matter through education and awareness programs. Condoms, for example, are now used frequently by South African men.

A major challenge is our fellow men in the rural areas who are still in the dark regarding issues of HIV/AIDS. Another Department of Health initiative looks to influence traditional leaders who are strategically placed within the rural people. Men who perform circumcision should promote the treatment of STIs before circumcision is performed on initiates. Safe and healthy standards must also be maintained by those conducting circumcisions.

It is also necessary to criticise the media's negative reporting on the custom of circumcision. The media is biased in not reporting on the positive side of this very noble custom – we cannot be sure what their agenda might be. But we are aware that to conquer a nation you take what they value most. In our case it is our custom and tradition.

Mr Cameron Dugmore

ANC Western Cape MPL

I would like to thank the National Department of Health for organizing this Imbizo and giving me the opportunity to say a few words on the economic impact of HIV/AIDS. In this fourth year of the Partnership Against HIV/AIDS which we celebrate tomorrow in Langa, it is clear that more than ever we need to work together and in unity.

It is one thing for us to be aware of HIV/AIDS and how its spread can be prevented – but it is totally another matter for us to then change our behaviour to actually minimize the chances of transmission. That is the central challenge facing us.

It is difficult to accurately predict the full economic impact of HIV/AIDS on our economy but it is clear that we are facing an immense crisis.

NACOSA reminds us of the following:

- ✘ it is estimated that 4 million South Africans are HIV positive
- ✘ it is estimated that 1800 new infections occur daily
- ✘ 18% to 20% of our workers are HIV positive
- ✘ it is expected that life expectancy could drop from 60 years to 40 years
- ✘ it is estimated that we could have 1 million orphans by 2005

Given the scale of the challenge, it is worth quoting an AIDS peer educator: "We will see a difference in the epidemic when we truly believe that there are only two kinds of people in Africa: those infected with HIV and those affected by it."

If our economy is weakened, it will deepen the poverty we face which is also a breeding ground for the diseases which attack our bodies and speed up the process of HIV becoming full-blown AIDS. The lack of basic sanitation, shelter, food security and access to health services and treatment, hasten the progression of the virus.

The Global Business Coalition argues that HIV/AIDS has a pervasive impact on growth, income and poverty. Health and development of human capital is compromised as the number of orphans rise and supply of teachers due to AIDS-related illness decreases. Foreign exchange of domestic commodities and resources face a decline as productivity in industrial sectors falls. The epidemic they argue, also discourages investment, tourism and consumption in heavily affected countries as shareholders, tourists and consumers fear and suffer the impact of HIV/AIDS.

It is suggested that profitability is affected through increased costs (health insurance, sick leave, funeral benefits etc.), declining markets and falling demand (as health expenditure displaces spending on other goods and services). Absenteeism, high staff turnover and low morale impact negatively on productivity. Yet we still prefer to think – if we are honest – that only those who are positive feel the impact. We have not begun to accept that the potential impact on the economy is so great that it can impact on our society as a whole.

Although the picture is bleak, there is hope. A researcher at Metropolitan Life argues that in South Africa, where there has been a 30% increase in the use of condoms and STD treatment, HIV can be reduced by 2% by 2010. This means that there could be 800,000 fewer new infections of HIV in the 15-49 age-group. AIDS-related deaths could also be reduced substantially. They predict that 400,000 AIDS deaths could be prevented by 2015 if action is taken now.

A key challenge is giving content to the cabinet statement on treatment. The workplace, schools and sports are three major areas in which men can mobilize to help prevent HIV/AIDS. Voluntary testing is a major role men can play. We need to make a commitment to call on all men to establish their status and we must advise people of the mechanisms available which make testing accessible and non-threatening.

It is difficult to accurately predict the full economic impact of HIV/AIDS on our economy but it is clear that we are facing an immense crisis.

The lack of basic sanitation, shelter, food security and access to health services and treatment hasten the progression of the virus.

On the part of the United Nations we'd like to assist with information and support – the audience should feel free to call on UN and wherever possible we will be there to lend support.

Are we leading? We are not leading – something has gone wrong. In family life, am I telling that boy “this is what manhood means”? No. Why can't we do it?

Dr Bernard Nyathi

UNAIDS

First of all, I want to salute women of South Africa for their strong fight against HIV/AIDS for the last 20 years. Of course men have also done something but we need to recognise the sterling work done by women. Congratulations also to the Department of Health for organising this workshop, for without the direct involvement of men efforts at combating AIDS can't go very far. This Imbizo marks a milestone against AIDS in South Africa. I was here yesterday and witnessed the electrifying mood of the day. The fact that you've brought together 350 serious men to sit together and talk about what to do next is a great thing.

The message from here is that it's now time for the men to come from the back to the front line. Serious war is on and it cannot be left to the women, cannot be left to the children, men must lead this war. We may need to look at culture and other important things in our lives, but this is what men are here for. We must give a lead. We need to take some of these things at a personal level. We should all be role-models and we must all be responsible for not passing the infection to a woman, or to the children. MTCT starts from the man, to the woman, to the children. And we mustn't leave the care of the sick to the women only. Without men's commitment we won't go very far. On the part of the United Nations we'd like to assist with information and support – the audience should feel free to call on UN and wherever possible we will be there to lend support.

Dr R Nhantsi

Men have to be part of the equation. We were meant to lead, our culture, our origins, that is how things have to be done. I don't believe this should involve bashing or anything. The children have also gone astray. We are taking a back seat.

The Zimbabwe Ruins – how did they disappear? Where's the history gone. Like the pyramids in Egypt - are we seeing another episode like that? Except this time it'll be documented. They'll say “there were once Africans on this continent but they died of AIDS. The men stood aside.” If you've got children what are you doing about that 15 year old girl? What about her future, in 10 years she may be married. She may be negative, she may marry someone who's negative but there are very real chances that she can still get positive. We aren't going to escape. It's coming down to the level of the individual now. How can your kid and my kid escape the net? We have to stand up and fight this. It's not the government's responsibility, it's mine.

Can I allow people to talk nonsense, can I allow people to say HIV has to be accepted as a fact of life, like hypertension and diabetes? We can do something about it. We've got to think alike. It starts with the upbringing of children. I'm not worried about me, I'm 50. But what about the kids. It doesn't depend on provision of something outside. We've got to work on those kids. Some boy goes out and rapes because he thinks it is his right. The girl doesn't understand she can say “no”. They don't understand the difference between a relationship and sex. And what about the circumcision schools causing havoc like they're doing now? It is a terrible indictment against us as Africans. Are we leading? We are not leading – something has gone wrong. In family life, am I telling that boy “this is what manhood means”? No. Why can't we do it? What about education – if I've been a dysfunctional father, what can I do now? Our schools were meant to mould children – we have the resources. We can make a difference.

Mr B Mufunwaini,

Chair of Monyadiniye ('Responsible Manhood') Forum

Started forum in 1997 due to problem of man who doesn't have knowhow on RH. Only women attend the workshops and the clinics but the men never have time. So this forum... women are not supported during pregnancy and child labour etc and many deaths happened due to women and children who weren't supported properly by men. Men weren't informed around

contraception. Most of the people have problems in the bedrooms. Don't want to voice it. In our forum men can be open. We call the doctors who can assist them. Men's forums are good. It is time for men to change into good South African men.

Dr Kaizer L Gumede-Maebela

President of Progressive Primary Health Healers of Africa

This presentation was given in isiNdebele and the following is a synopsis.

Dr Gumede-Maebela emphasised that it is essential for traditional healers to upgrade their healing skills in relation to the national HIV/AIDS epidemic by means of counselling, attending workshops and participating in awareness promotion activities such as those run by the government. This would enable them to practice their traditional healing in a safe manner, one which prevents the further spread of HIV/AIDS. Traditional healers should also provide condoms to patients they are treating for HIV/AIDS.

While traditional healers can at some stages heal symptoms similar to those of HIV/AIDS, they should not be deceived. Further research is necessary if African countries are to find medication which could bring a final solution to the problem. Traditional healers are advised to use one razor for one patient when using this method to apply medication. Patients could also take a razor to the traditional healer.

Every African person should take the initiative of restoring *ubuntu*, which provides the basics for an African way of living: where some of the restrictions in human life have been transgressed people could end up experiencing detrimental diseases. Regarding HIV/AIDS, traditional healers are adamant that whenever a cure is discovered the Department of Health will be immediately notified.

Closing Address, Deputy President Jacob Zuma

Today is a unique occasion as we strengthen another Partnership against AIDS, as we bring men in as partners in this national campaign. The fight against AIDS needs a concerted effort from all sectors of our society. This forum of men is an encouraging step in the right direction. This Imbizo by men takes place just a few days before the fourth anniversary launched by the Former Deputy President (now-President) Thabo Mbeki on 9 October 1998.

This partnership has embodied all our efforts at confronting the HIV/AIDS epidemic – women, youth, men, labour, business, entertainment and leisure, media, traditional healers, traditional leaders and others. We're particularly pleased to witness the strengthening of the Men's Partnership Against AIDS. This is significant because of the role men play in society and the positive role they can and should play in combating the spread of the disease and in supporting their loved ones and friends.

South Africans are a very unique group of people and individuals. When we fought against the system of apartheid, we did it as a united force and so we brought apartheid down. South Africans heeded the President's call earlier this year to volunteer their services for the betterment of the lives of all. We have seen people coming out in their numbers to support this call by engaging in developmental initiatives that seek to advance the cause of transforming society into one where poverty and suffering are nothing but history.

At times we don't recognise we are unique. There are things that other people have to learn from us. Maybe the Minister has come across other men's groupings in the world. It's the first time I've heard of men [coming together like this], it's a first for us as South Africans. The first conference on moral regeneration. We're original in a number of things. On this occasion we're making a serious impact on problems and challenges that face all of us.

Every African person should take the initiative of restoring *ubuntu*, which provides the basics for an African way of living.

Our belief is that HIV and AIDS and the abuse of women and children can only be addressed if we act together as a united force.

Each of us must exercise our individual and collective responsibility to take care of our own lives.

Now we need the contribution of all South Africans – especially men – in dealing with all problems and challenges we face as nation. This conference has provided men with an opportunity to engage and deliberate on their role in dealing with all sorts of issues we face as a nation. The theme of this conference – *“South African Men Care Enough to Act!”* – needs to be translated into a fight against the abuse of women and children and against the spread of HIV/AIDS.

One challenge is to ensure that our deliberations are communicated to all South Africans in general, and to men in particular, so they can provide a model for the kind of man a South African man can be. There are compelling reasons for us to be involved as men.

A number of special circumstances place men at higher risk of contracting HIV/AIDS. For example, men work far away from home away from their families and often work in exclusively male environments like prisons. We are also aware of the unequal power relations between men and women in the home in spite of our Constitution that enshrines the rights of women. But many women are socially and economically dependent on men and this places a responsibility on men to use their power to protect rather than endanger the lives of their loved ones.

When we say *“South African Men Care Enough to Act!”* we mean men who care enough to end abuse of women and children, men who care enough to abstain from activities that put them at high risk, and we mean men who care enough to provide comfort and a healthy environment for women. And we need men who care enough to provide protection, security and safety for children and who care enough to make South Africa a better place to live in. We are encouraged as government that commitments made here will take the Partnership Against AIDS further.

Our belief is that HIV and AIDS and the abuse of women and children can only be addressed if we act together as a united force. It is because of these and many other reasons that we welcome this forum as a partner to address the scourge of AIDS and many other concerns of all South Africans. As government we continue our efforts to fight this epidemic. Most importantly, new resources are being introduced to fight the dual epidemics of HIV and AIDS as well as TB and other diseases. The HIV/AIDS budget is up from R350m in 2001/02 to R1 billion in 2002/03 and will reach R1.8 billion in 2004/05.

Government is also intensifying efforts to assist affected families. The departments of Health and Social Development work together on this. This includes foster-care grants, assistance to child-headed households and food parcels. The budget for home and community-based care is increasing from R25m last year to R138m in 2004/05.

Since there is no known cure for AIDS, prevention of HIV infection is critical. Each of us must exercise our individual and collective responsibility to take care of our own lives. The high level of awareness – estimated at 90% – is beginning to result in changed behaviour amongst youth. The latest survey of pregnant women in the public health sector noted HIV declining in the under-20s for the third year. A new phase of the awareness campaign started in September 2002, bringing government together with partners such as LoveLife and focusing on youth prevention, support for OVC and living positively. We are committing R98m to this new effort to change lifestyles.

We believe working together we can reduce the spread of HIV/AIDS. Especially if you share experiences, feelings and knowledge like you have here so we can move beyond turning away because we ourselves are not infected. Nothing stops us from spreading the word throughout the provinces. Men can really make a difference when they care enough to act.

I thank you.

Imbizo Programme

“SOUTH AFRICAN MEN CARE ENOUGH TO ACT”

Men’s Imbizo, 4-5 October 2002

Medicina Conference Centre

4 October 2002

Programme Director: Mr Ceasar Molebatsi

09H00–10H00	REGISTRATION / TEA
10H00–10H10	WELCOME BY MEMBER OF PARLIAMENT CHAIRPERSON OF NATIONAL PORTFOLIO COMMITTEE ON HEALTH, MR JAMES NGCULU
10H10–10H20	PURPOSE OF THE IMBIZO
10H20–10H40	KEYNOTE ADDRESS MINISTER OF HEALTH, DR MANTO TSHABALALA-MSIMANG
10H40–10H55	PRESENTATION BY AFFECTED FAMILY MEMBER, MR TABOSHE
10H55–11H10	PRESENTATION BY CRISELDA KANANDA
11H10–11H30	PRESENTATION BY DR EDDIE MHLANGA, REPRODUCTIVE HEALTH OF MEN
11H30–13H00	PANEL DISCUSSION Culture and HIV/AIDS – Prince Langa Mavuso Role Play Presentation Questions and answers Economic aspects of HIV/ AIDS – Mr Cameron Dugmore Role Play Presentation Questions and answers Social aspects of HIV/AIDS – Dr Eddie Mhlanga Role Play Presentation Questions and answers
13H00–13H45	LUNCH
13H45–14H00	ENTERTAINMENT
14H00–15H30	BREAKING UP INTO COMMISSIONS
15H30–16H00	TEA
16H00–17H00	FEEDBACK FROM COMMISSIONS
17H30–18H30	PROVINCIAL CAUCUS
18H30–19H00	ENTERTAINMENT
19H00	DINNER

5 October 2002

Programme Director: Mr Ceasar Molebatsi

08H00–08H15:	OVERVIEW OF PREVIOUS DAY
08H15–09H00:	SHARING BEST PRACTICES Dr Nhantsi Mr B Mufunwaini Dr Kaizer L Gumede
09H00–09H45:	“PAVING THE WAY” PROVINCIAL COMMITMENTS
09H45–10H15:	ENDORSEMENT OF THE NATIONAL TASK TEAM
10H15–10H30:	CLOSING ADDRESS: DEPUTY PRESIDENT
10H30–10H40:	PRESENTATION OF COMMITMENT TO DEPUTY PRESIDENT, JACOB ZUMA
10H40–10H50:	TEA/PRESS CONFERENCE

NATIONAL TASK TEAM

MEN'S FORUM ON HIV/AIDS

TERMS OF REFERENCE

The National Task Team for the Men's Forum on HIV/AIDS will be selected from the provincial representation. It has been agreed that it will comprise of 27 members who will amongst themselves select the Executive Committee. In order to choose the right people to sit in this task team, it was felt that the provincial representation should be given enough opportunity to get to know each other so that the participants in the selection process should be more informed of each other's capabilities. This provincial representation should include people from various sectors including people living with HIV/AIDS.

The task team will need to elect its chair and other office bearers for the duration of its lifespan. It has been decided in one of the planning meetings that the lifespan of this national task team will be two years. It will also be decided during its first meeting how often the Executive Committee and the task team will meet taking into consideration the question of limited resources. In consultation with the DoH they will decide on the question of resources to enable them to carry out their mandate. The Cape Town Men's Forum on HIV/AIDS Imbizo provides a platform for the selection of the **interim national structure** as first step towards the endorsement of the National Task Team.

The following are draft terms of reference for the above task team:

- ⌘ To develop national policies, strategies and guidelines for the national and provincial structure(s)
- ⌘ To facilitate the sharing of information and experiences amongst provinces around the challenges and roles of men around HIV/AIDS
 - To identify and plan national activities of the Men's Forum
- ⌘ To facilitate partnerships and collaboration with similar and different sectors, nationally and internationally to strengthen the role of men around issues of reproductive health
- ⌘ To assist in fundraising for particular activities of the forum
- ⌘ To update all relevant stakeholders of the progress of the forum on a regular basis
- ⌘ To identify the patron for the forum
- ⌘ To decide on the type of structure that will manage and administer the affairs of the forum
- ⌘ To select the Executive Committee for the forum and identify the tasks thereof
- ⌘ To map the way forward for the task team based on the outcomes of the discussions of the "Men's Imbizo" in Cape Town
- ⌘ To develop strategies to raise the profile of the Men's Forum on HIV/AIDS
- ⌘ To help develop a national newsletter for the forum
- ⌘ To develop a national media/communication strategy for the forum that focuses on the expanded response of men on HIV/AIDS.

HIV/AIDS STRATEGIC PLAN FOR SOUTH AFRICA

Priority areas:



PREVENTION

- ⌘ Prevention of MTCT and the role of men
- ⌘ Men as partners in Reproductive Health
- ⌘ Behavioural Change
- ⌘ Voluntary Testing and Counselling



TREATMENT, CARE AND SUPPORT

- ⌘ Men as Caregivers
- ⌘ Orphans and Vulnerable Children (OVC)
- ⌘ Positive Living
- ⌘ Voluntary Testing and Counselling



HUMAN AND LEGAL RIGHTS

- ⌘ Positive Living
- ⌘ Attitudes toward Health Services
- ⌘ Gender-based Violence



RESEARCH, MONITORING AND EVALUATION

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PROVINCIAL COMMITMENTS

Mpumalanga

- ⌘ Broader mobilisation of men sector especially young men
- ⌘ Take a lead in educating youth/men
- ⌘ Work in partnership with the women's sector (WIPPAA)
- ⌘ Ensure cascading information in all social activities
- ⌘ Organise functions within the province (Imbizo)
- ⌘ Educate and inform all men through all forms of media

Western Cape

Personally, individually and collectively promote gender awareness and enhance gender equality as a way to reduce the impact of HIV/AIDS by:

- ⌘ Caring and supporting those that are infected and affected, through positive life styles
- ⌘ Promote the concept of *ubuntu*

Limpopo

- ⌘ To inculcate the spirit of care, love and respect for our children and women
- ⌘ To respect and protect every woman as our mother, wife, sister and daughter and friend.
- ⌘ To provide support to the infected and affected
- ⌘ To mobilise every sector of our community and organise ourselves to be able to provide leadership and guidance to the young generation
- ⌘ To protect ourselves and those close to us from being infected

North West

- ⌘ To dialogue with all men in the province, thereby mobilising them from all sectors not yet involved
- ⌘ Educate men (peers) of all races to get involved in all HIV/AIDS programmes
- ⌘ Utilise our influence in society positively

Free State

- ⌘ Protect women and children through initiating care, support and treatment programmes
- ⌘ Using available resources in leading an integrated and co-ordinated campaign to mobilise all men to fight the spread and face the challenges around HIV/AIDS

Northern Cape

- ⌘ To encourage Voluntary Counselling and Testing as well as Home/Community-based care amongst men

Kwazulu Natal

- ⌘ To fight HIV/AIDS through leadership and education and to support women and children by respecting their rights and dignity, by protecting them from being violated through forced sexual intercourse and other related sexual diseases

Gauteng

- ⌘ To be in the forefront in the war against HIV/AIDS through mobilising men and establishing a Gauteng Men's Forum

Eastern Cape

- ⌘ To mobilise other men to take part in the fight against violence against women and children and in so doing contribute effectively in the process of the reduction of the spread of the HIV/AIDS scourge.

A CALL TO ACTION

MEN AS PARTNERS IN THE FIGHT AGAINST HIV/AIDS

We the men of South Africa

Noting

1. The unacceptable levels of people infected and affected with HIV/AIDS
2. The unacceptable levels of violence in our communities, especially violence against women, children, people with disability and elderly
3. That sustainable development cannot be achieved at the present levels of violence, poverty and ill health perpetrated against the foundations of our own existence
4. Health including reproductive health lies at the core of any nation surviving and prospering

And realizing that

1. We men have not been at forefront of the HIV/AIDS epidemic
2. We have the will to change to pace and direction of epidemic
3. We must be partners in our country, our communities and our homes in the fight against HIV/AIDS

And also realizing

1. The moral fibre of our society is greatly weakened
2. The caring community and societal structures are threatened and critically compromised
3. The future of South and Southern Africa can only be assured if and when we take corrective action

Therefore call on all men to restore the nation

1. We shall be responsible for welfare, love and respect of the children and women of South Africa
2. We shall respect and protect every woman as our own mother, wife, daughter and friend
3. We shall care for every person in need of such care, whether because of ill-health or poverty (home-based care, orphans etc.)
4. We shall mobilize every sector to nurture our young people, our women and our children
5. We shall organise ourselves to be able to provide leadership and guidance to the younger generation
6. We shall protect ourselves and those close to us from being infected and affected with preventable conditions and diseases, including HIV/AIDS, tuberculosis sexual and physical violence and neglect
7. We shall speak out and act against all forms of violence and corruption
8. We shall be shelters and safe havens for all, those familiar and strangers alike
9. We shall be caring men and a caring nation.



AIDS HELP-LINE
0800 -01-23-22

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