

HIV/AIDS and gender-based violence: Who has the power?

A challenge for school management in South African schools

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Executive Summary

HIV/AIDS and gender-based violence: Who has the power? A challenge for school management in South African schools¹

Gender-based violence directed towards girls and young women often finds lethal expression in the increasing rate of HIV / AIDS infection amongst this population. In this paper we suggest that the crucial distinction between power and force in relation to aggressive masculinity needs to be analysed and understood if preventative intervention is to stand any chance of success. Such understanding needs to underpin initiatives implemented through school management structures. Schools are part of the problem and must become part of the solution: they are often the site of gender-based violence but are also potential sites for transformation through behaviour and attitude change. Indeed, in noting the particular challenges faced by educators confronted by the enormous implications of the reality of HIV/AIDS today, Hubert J. Charles of UNESCO Maputo affirms our belief that "the school represents the best opportunity for developing an effective challenge to the AIDS pandemic among school age learners and youth" (6), and our recommendation that school-based programs must start with the involvement of school principals and head teachers. Our focus is on the management of schools as a "first step" in school-based approaches to looking at HIV/AIDS prevention. School principals and school management teams are responsible for establishing a climate of trust and confidentiality for teachers and learners whose lives are directly affected by HIV/AIDS, for providing leadership in relation to human resource policies and absenteeism related to HIV/AIDS and --central to the argument of this paper -- responsible for managing a safe school.

In the paper we examine the ways in which various initiatives geared towards looking at a school-based approach to understanding issues of gender equity and gender-based violence are linked directly to HIV/AIDS prevention. In particular, we focus on the relation of aggressive masculinity to issues of power and force as a way to interrogate and destabilise the discourse within HIV/AIDS prevention which emphasises negotiation and communication skills aimed at improving decision-making and conflict resolution skills. We suggest that setting up a theoretical framework which spells out the ways in which sexual harassment and gender-based violence can be understood through an interrogation of the notions of power and force be seen as integral to the work of training Life Skills specialists working in the area of HIV/AIDS prevention.

Two interventions related to HIV / AIDS developed through the Canada South Africa Education Management Programme are described in the paper: the integration of gender and HIV / AIDS in the Handbook on Mainstreaming Gender Equity, and a workshop on Gender - based violence and HIV / AIDS within the School-based module on managing sexual harassment and gender-based violence. Both of these interventions are developed in partnership with the Gender Directorate of the National Department of Education and 3 provinces, Gauteng, Free State and Mpumalanga.

The paper concludes by linking work on aggressive masculinity within HIV/AIDS prevention to the training of education managers and youth leaders.

HIV/AIDS and gender-based violence: Who has the power? A challenge for school management in South African schools²

Section 1: Introduction

Evidence suggests that a critical factor for successful prevention [of HIV/AIDS] is leadership. Leaders at all levels, from a the President to the village headman or councillor, from the preacher in the pulpit to the captain of industry at a school prize-winning, from sports heroes to soap opera stars, should be taking every opportunity to talk about HIV and lead by example (Whiteside and Sunter, 138).

Gender-based violence directed towards girls and young women often finds lethal expression in the increasing rate of HIV /AIDS infection amongst this population.³ We suggest that the crucial distinction between power and force in relation to aggressive masculinity needs to be analysed and understood if preventative intervention is to stand any chance of success. Such understanding needs to underpin initiatives implemented through school management structures. Schools are part of the problem and must become part of the solution: they are often the site of gender-based violence but are also potential sites for transformation through behaviour and attitude change. Indeed, in noting the particular challenges faced by educators confronted by the enormous implications of the reality of HIV/AIDS today, Hubert J. Charles of UNESCO Maputo affirms our belief that "the school represents the best opportunity for developing an effective challenge to the AIDS pandemic among school age learners and youth" (6), and our recommendation that school-based programs must start with the involvement of school principals and head teachers.

School principals and school management teams need to be made aware that they are responsible for establishing a climate of trust and confidentiality for teachers and learners whose lives are directly affected by HIV /AIDS, for providing leadership in relation to human resource policies and absenteeism related to HIV/AIDS and, central to the argument of this paper, responsible for managing a safe school. School management teams and policy makers in education involved in HIV/AIDS prevention programs cannot afford to ignore the imperative of addressing the issue of aggressive masculinity and gender -based violence, in society in general but, more particularly, in the schools themselves.

We focus on the relation of aggressive masculinity to issues of power and force as a way to interrogate and destabilise the discourse within HIV/AIDS prevention which emphasises negotiation and communication skills aimed at improving decision-making and conflict resolution skills. We suggest that setting up a theoretical framework which spells out the ways in which sexual harassment and gender-based violence can be understood through an interrogation of the notions of power and force be seen as integral to the work of training Life Skills specialists working in the area of HIV/AIDS prevention. At present, there is no enforced formal dictate that HIV/AIDS awareness programmes be linked to gender programming at all, nor to any of the work that might offer a framework for considering the politics of language and power. However, within Life Skills programs, students are introduced to specific communication-related skills such as assertiveness, negotiation, decision-making and conflict resolution. For female learners these communication skills, in an ideal world (of which present day South Africa cannot be considered a part) may translate

into strategies to help them to refuse unwanted sex and to negotiate the dangers of unprotected sex. For both males and females, the mechanisms of procuring and using a condom is considered part of communication skills. This seems to us to presuppose that lines of communication are already established and open. The "desired behaviours" work of the Life Skills component is neatly contained within the current ABC of HIV/AIDS Prevention: Abstain, Be faithful, Condomize. But, and this is of major significance here, while these are all important areas of concern in HIV/AIDS prevention, they overlook the significance of the ways in which power and force operate in personal and sexual relationships. Most programmes operate, as is noted in a recent report on sexual abuse and young adult reproductive health, on the premise that young people are engaging in consensual sex. (Focus, 1998). From studies such as the Andersson et al: CIETAfrica Report, *Beyond Victims and Villains: The Culture of Sexual Violence in South Johannesburg*. 20 June 2000, however, we know that this is not necessarily the case.

By 18 years of age, 20% (141/703) of female youths and 13% (141/1125) of male youths reported a history of sexual abuse. Out of around 4000 women interviewed in each of the surveys, 658 women in 1998 and 241 in 2000 claimed that they had personally gone to a centre for help as a case of sexual violence in the 11 months prior to the survey. This means that at least 13% of all women sought support each year, assuming conservatively that all who declined to answer did not do so. Based on responses of women...an estimated 16% of women in the SMLC [Southern Metropolitan Local Council of Johannesburg] were victims of rape each year (vii).

Rape and sexual assault put women at high risk for HIV / AIDS infection, not least because their physiology dictates greater vulnerability to such infection, particularly in the case of girls and young women.⁴ (Note 2) Moreover, as noted in an earlier study, "adolescent girls who have been abused [sexually] often have difficulty differentiating between sexual and affectionate behaviours and have a higher incidence of teenage pregnancy and STD/HIV infection than in their non-abused peers" (Focus, 2) Indeed, as Whiteside and Sunter (2000) observe of the high incidence of crime and gang violence in South Africa:

...rape and gang rape have become extremely potent methods of spreading HIV. Rape has associated with it much higher odds of HIV transmission because the victim is more likely to bleed as a result of being forcibly violated. There is every reason to assume that the HIV prevalence rate among rapists is just as high, if not higher, than the average adult prevalence rate. Rape therefore brings with it the possibility of premature illness and death for the victims (66).

Young women who are being forced to engage in sex have no power and are hardly in a position to negotiate a non-sexual relationship or one in which the male partner uses a condom. Their vulnerability in relation to aggressive masculinity must be taken into account in any programs aimed at the prevention of HIV / AIDS infection.

Section 2: Power, Force and Aggressive Masculinity

...dealing with it [AIDS] means addressing many of the issues around male sexuality and power -not something South African males (of all races) are comfortable with (Whiteside and Sunter, 2000, 124).

...no matter how much knowledge and intent young people might have [about sexuality], the most significant factor seemed to be the position taken by male partners (Holland et al, 467).

Following Michel Foucault's extensive analysis of the politics of power, we need to keep in sharp focus the highly significant observation that there is a crucial distinction between power and force.

A relationship of power between two people admits of the possibility of refusal by one party to the demands or requests of the other. Such refusal might carry with it the risk of various forms of punishment ranging from, say, the withdrawal of affection to imprisonment, but the space in which to refuse still exists. In a relationship of force, however, no such space is found. Marital rape, still not recognised as a category of possibility, much less of criminality in many societies, provides an example of a relationship of power between two people, a woman and her husband, becoming one of force where the man sees his wife as his chattel to be used as he sees fit regardless of her wishes in the matter. That some legal (and many more cultural) systems do not include such an act in the list of what counts as gender -based violent crimes serves to endorse the validity of force as the basis of the marital sexual contract. This expression of extremely aggressive masculinity is seen to be a perfectly acceptable norm of male sexual behaviour, so, to see as normal the rape of all women is but a small step on a continuum which can then easily be extended to include girls. If rape within the intimacy of marriage is validated as the norm, date-rape becomes equally acceptable since a relationship of some intimacy can be said to already exist between a man and a woman or girl who has agreed to go out, or to be seen out with him.

In a context such as this of what use is the standard ABC (Abstain, Be Faithful, Condomise) of AIDS .prevention worth?

To be able to **abstain** presupposes a space in which to say '*no*'. How many women, perhaps particularly in developing countries such as Africa, have this space? Women cannot abstain from sex if they have no such option.

Nearly one half of the male youth said they believed a girl who said '*no*' means '*yes*' (OETAfrica Report, 53)

How many men are willing to forego the institutionalised cultural 'right' to have sex with any woman of their choice? Similarly, how many husbands will not take advantage of the often legally endorsed expression of what is thought of as their natural and contractual right to have sex with their wives? The very notion of aggressive masculinity is based on the belief or perception that men have to have sex, that they are either physiologically unable to help

themselves or that sexual abstinence is psychologically emasculating. For this reason, aggressive masculinity is most often one of the criteria upon which male peer affirmation is seen to rest. Sexual abstinence is so great a threat to such affirmation that it is an unlikely option for vast numbers of young boys and men.

Half of South Africa's current group of 15 year old boys will probably die of AIDS (Report of the United Nations Programme on HIV/AIDS, 27 June 2000).

Given what is seen to be the male imperative towards sex, how can women and girls who find themselves in mixed sex communities possibly practise abstinence? (The question of why this perceived male imperative should be *the* reason behind a woman or a girl's choosing sexual abstinence inevitably raises its head but this is not the place to deal with it.) An additional burden is placed on those women who abstain from sex altogether since there is a pervasive, seemingly ineradicable, belief that sex with a virgin will cure a man of AIDS. In many communities this practice has been extended to include elderly widows who, it is supposed, have been celibate for long enough to count as being virginal. It is, therefore, supremely ironic that the first of the ABC preventative measures puts those who abstain fully at greatest risk of forced sex, in many cases by men and boys who know, or who have strong reason to suspect that they have AIDS. Very young girls whose virginity is not yet the result of conscious personal choice are, of course, also at extreme risk at the hands, or, more precisely, the penises of such seekers after the miracle cure of virgin-penetration.

For many poverty stricken, unemployed and unemployable women and girls sex is the only currency they have in a world dominated by male access to the money and goods they need. To 'abstain' is to starve and is to watch one's dependent children starve. Furthermore, as the medical anthropologist Leclerc- Madlala points out,

[t]he notion and practice of reciprocity and gift -giving is a pivotal feature of sexual relations that has been documented in most parts of Africa. "Gifts for sex" is a practice that expresses itself most strongly in premarital and extramarital relationships... [and] such a practice cannot be equated with Western notions of prostitution. ...[and] Christian ...religious systems that imply sinfulness and it has never been bound up, as in Europe, with the refinements of romanticism. Sex, then, could be viewed rather more objectively and instrumentally in an African context. Selling sex for money or other material benefits in the face of Africa's entrenched poverty and women's continued financial dependence on men is one form of transactional sex ("The Silences that Nourish AIDS in Africa." *Mail and Guardian*, Vol. 16 No 33, August 18- 24, 2000: 28-29).

Students report that teachers demand sex in return for better marks, and in a country where education is seen to be the only way out of grinding poverty, the exchange seems to be a worthwhile one to many young learners. (This is also a factor in the refusal of many learners to report having been raped or sexually abused by a teacher: the risk of punitive marking is too high.) Furthermore, parents also sometimes endorse sexual relationships between their children and the teachers responsible for their education. The rationale is that if pregnancy is a given for their daughters, the least they can hope for is a 'decent' father or a 'clever' one.

Parents do not mind so much that their daughters are impregnated by male teachers. At least they know, then, that the baby will be clever and that the father has a good job (Fieldnotes: PAGE (Project for the Advancement of Girls' Education), Zambia, 1995).

It is reasonable that young women, to quote one of these parents, may be seen to "throw themselves at" or at least "make themselves available to" male teachers who are in a position of economic advantage. This point which was made in a gender awareness training workshop, conducted several years ago, which involved focus groups made up of senior administrators from several school districts, speaks to the economic vulnerability of female learners. More recently, however, a similar point about girls 'throwing themselves at male teachers' has been made by female teachers who talk about the difficulty they sometimes have in asserting themselves in secondary schools where female students "invest" male teachers with power.⁵

Another form of transactional sex that has more to do with popularity and fashion-consciousness, as Leclerc-Madlala observes,

has little to do with poverty per se. It involves girls eagerly and easily exchanging sex to pay for chain-store accounts, cellphone bills, designer-label clothing and buckets of take-away chicken. As one young woman commented: "If I want jewellery and other nice things, I must get them now. After we're married, forget it! Our men are awful"

Her conclusion that "[t]he exchange nature of sexual activity in much of Africa puts girls at increased risk of HIV and plays a major role in sustaining the AIDS epidemic in Africa" speaks to our concern with the efficacy of an instruction to African women and girls to abstain from sex.

To **be faithful** presupposes a contract based on equal power, which manifests itself through trust and integrity demonstrated in the choice and implementation of monogamy, between sexual partners. Apart from the fact that this is to limit AIDS prevention methods to a relatively very small and very select group of people, it is also to assume that such faithfulness cannot be breached by a third person who subjects one of these faithful partners to forced sex. It also presupposes that both partners are willing and able to disclose to the other any such forced sex, and this, in turn presupposes that the partner who learns of the other's subjection to sexually enacted force is psychologically mature and sophisticated enough to deal with such disclosure.

I can't tell him I was raped because I know that he will always believe that I could have prevented it from happening. Even if he says he believes me he will never be able to see me in the same way as he did before (Rape victim's written statement. People Opposing Women Abuse Files, July 2000).

The implications, for many women in Africa, of the instruction regarding abstinence and that advocating sexual fidelity overlap: of what possible use to a woman or girl whose dependence on transactional sex for the necessities of survival, or the pragmatic acceptance

of such a practice for the things she wants and desires, is the injunction to 'be faithful' or 'to abstain'?

To know the consequences is not always to observe the prescription as this exchange between a teacher and a 12-year-old student indicates:

Female learner: Ma'am, you can get AIDS from lipstick, can't you?

Teacher: AIDS from lipstick- how could that be?

Female learner: Ma'am, in order to get money to buy lipstick and sanitary napkins, we have sex (Fieldnotes: secondary school literacy project, 2000). See Appendix A

To suggest that couples **condomise** is to presuppose total sexual equality between them. Many women in a variety of geographical and social contexts have commented that to suggest that a male partner use a condom is to be seen to be 'sexually knowing and experienced'. This has enormous implications in that such women are then perceived as 'loose' and 'sluttish' and, therefore, not worthy of respect, much less of being protected in any way during any sexual encounter.

In many cultures it is considered indecent for a woman to take the initiative in sexual encounters. And many women dare not bring up the subject of safer sex even with a regular partner for fear of a violent reaction or even abandonment by a man on whom they are totally dependent for survival (HIV/AIDS. Emerging Issues and Challenges for Women, Young People and Infants. (Second edition) UNAIDS, no date, 10)

An additional problem here has to do with other cultural aspects of what counts as masculinity. Risk taking, for example, is seen to be the province of men rather than of women. Seeking health care is not considered 'manly' behaviour and refusing to use a condom unites these in an act of, at best, bravado and, at worst, criminal irresponsibility. A kind of fatalism might well follow: "as more young men are informed of their HIV status, they will become more reckless in their sexual forays as they compensate for not having long to live" (Whiteside and Sunter, 2000,66). These men often see 'taking others down' with them as part of this fatalism and condom use is thus ruled out. This potential for recklessness is also noted by the UNAIDS in their "Men Can Make a Difference" campaign for HIV/AIDS prevention:

Men are less likely to seek health care than women, and are much more likely to engage in behaviours -such as drinking, using illegal substances or driving recklessly -that put their health at risk. Men are also less likely to pay attention to their sexual health and safety, and are more likely to inject drugs, risking infection from needles and syringes contaminated with HIV ... (UNAIDS, March 2000).

Jack-rolling, *magintsa* or gang rape is thought to be 'cool' by 4% of 12 year old males and by 13% of those over 18 years of age. According to the CIETAfrica Report, 2000, this "leap in male opinion in favour of jack-rolling ...probably reveals an extreme type of bravado, an attempt to lead rather than follow the culture of sexual violence" (56).

In the light of all this, the advice 'to condomise' has, quite clearly, little currency with the male group most at risk of HIV/AIDS in South Africa. What hope is there that the women and girls involved will be able to insist on condom use? It is any wonder, then, that for every 10 men in South Africa who are infected with HIV/AIDS, 12-13 women, it has been estimated, fall victim to this plague?

Any intervention in the arena of HIV / AIDS prevention must take sex and gender inequality and the huge differentials operating along the power-force axis into account: offering only the **ABC of Abstaining, Being faithful and Condomising** is to refuse to do so. (See Appendix B)

Organizations such as UNAIDS have begun to consider the need for a 'gendered approach' to HIV/AIDS prevention which takes account of the role of men. Indeed, in the strategy document "Men and AIDS -a gendered approach: 2000 World AIDS Campaign", there is the acknowledgment, under the heading "the roots of masculinity", that

extra challenges for HIV prevention arise from traditional expectations that men should take risks, have frequent sexual intercourse (often with more than one partner) and exercise authority over women. Among other things, these expectations that encourage men to force sex on unwilling partners, to reject condom use and the search for safety as 'unmanly', and to view drug-injecting as a risk worth taking. Changing these commonly-held attitudes and behaviours must be part of the effort to curb the AIDS epidemic (4-5).

While acknowledging the complexity of the origins of male violence, although at this point offering no solutions, the document goes some way to placing on the agenda of HIV/AIDS prevention some recognition of the significance of gender-based violence.

What is alarmingly noteworthy is the contrast between this approach to HIV/AIDS prevention and the failure of a vast amount of work on girl child education in Africa to confront the issues of male patriarchal hegemonic ideology and practice generally, and the significance of the construction of masculinity more specifically.

Section 3: Interventions on HIV/AIDS and gender-based violence within school management

HIV/AIDS presents the greatest learning challenge to education systems. In the past, the consequences of failure to learn involved simply a delay in progress from one academic area to another or confinement (sometimes temporary) to a lower socio-economic order. With AIDS no such time is allowed for such correction of failures in pedagogy. With HIV/AIDS the consequences of pedagogic failure is terminal, with equally devastating consequences for economy and society (Charles, p.9).

In this section of the paper, we refer to two South African education initiatives that support the role of school management in HIV/ AIDS prevention within a framework of addressing gender-based violence. Both initiatives are located within the gender programming of the Canada South Africa Education Management Program (CSAEMP), a partnership of the National Department of Education, the Canadian International Development Agency and McGill University: one on mainstreaming gender into HIV/AIDS programming and vice versa, and the other on ensuring that school-based programmes addressing sexual harassment and gender-based violence include work on aggressive masculinity and its relationship to HIV/AIDS.

Mainstreaming HIV/AIDS into gender programming and vice versa

When the Gender Equity Task Team Report (GETT) was released by the National Department of Education in 1998, one of the major tasks presented to those occupying gender desks in provincial departments of education, or working as gender focal persons in districts and schools was that of mainstreaming gender. What was envisaged, for example, was mainstreaming:

- gender into the curriculum
- gender into modes of evaluation
- gender into hiring practices
- gender into education management
- gender into policy making
- .gender into school governing bodies and their recommendations and practices

While there has been a great deal of progress in this area, there are new challenges to the whole notion of mainstreaming as a result of the crisis around HIV/AIDS. Where there was the need for gender-across- the-curriculum, for example, we are now seeing a new "call to action", one which asks for HIV/AIDS interventions and strategies across the curriculum, HIV/AIDS and management, HIV/AIDS and policy making at the level of school governing bodies and so on.⁶

Thus, what we are seeing is a need to mainstream gender work into HIV/AIDS programming and vice versa. For example, while there are already structures set up nationally, a set of focused interventions in the area of Life Skills and a national education policy on HIV / AIDS, it is very clear that much of the work on HIV/AIDS should be handled or directed by those who are working in the area of gender. For example, as emphasised earlier the " ABC Campaign" of Abstinence, Be Faithful, Condomize is one that very clearly cannot be separated from the work that is already going on in schools in relation to gender- based violence. The relationship between aggressive masculinity and attitudes towards male and female sexuality needs to be linked to the increased vulnerability of girls to the spread of HIV/AIDS. There is an even greater need to develop educational programs that highlight the rights of girls to free choice in sexual relations. As mentioned above, a great deal is currently being explored in Life Skills programmes in relation to negotiation and assertiveness when it comes to girls' free choice in sexual relations. Experience and a vast amount of documentation, though, in the work being done to address gender-based violence suggest that the ideas of 'negotiation' and ' assertiveness' cannot be looked at independently of male power, girls , positions in society, the presence or absence of structures and policies that work for gender equity and so on.

One intervention that ensures that gender is mainstreamed into work on HIV/AIDS prevention is the inclusion of strategies in the *Gender Equity for All: An Educator's Handbook* to enable gender focal persons to work with those responsible for such work on HIV / AIDS prevention. Developed by those responsible for gender programming within the Canada South Africa Education Management Program for the use of all Gender Focal Persons in the nine provinces and at the National Department of Education, and supported by implementation workshops, this initiative is meant to offer practical ways to ensuring complementarity between HIV/AIDS prevention work and work on gender-based violence.⁷

School-based workshops on HIV/AIDS and gender-based violence

Another CSAEMP initiative which acknowledges the significance of the link between HIV/AIDS prevention and gender-based violence is *Opening our Eyes: Addressing Gender-based Violence in South African Schools*. Piloted in three provinces, Gauteng, Mpumalanga and Free State in preparation for cross-country distribution, this initiative is organized as a module made up of a series of workshops for educators, school management teams and school governing bodies on gender-based violence. A school-based module fits into the movement towards the democratization of schools in South Africa insofar as there is an institutional acknowledgment of the significance of power-sharing that includes not just the principal, but also the school governing bodies, school management teams, educators and learners taking on responsibility for the management of schools. Thus, the school-based module can be located within the Whole School Development/School Improvement approach to change and transformation.

Each of the workshops consists of a short background paper that provides facilitators with an orientation to the topic. In the background paper on HIV/AIDS and gender-based violence, the facilitator is provided with data and other information that shows the links between HIV infection and sexual violence. It also offers an analysis of commonly used terms in HIV/AIDS prevention (such as negotiation, assertiveness, decision-making and so on), in the

context of power, force and aggressive masculinity. Finally, it provides background on the appropriate medical interventions for girls who might have been forced to engage in unprotected sex and who are at risk of being infected with HIV / AIDS. The background paper is followed by the outline of a two-hour workshop that the facilitators could conduct with various school personnel (teachers, principals, school governing bodies, etc.). Each workshop is complete in itself and includes appropriate hand-out material, specific guidelines for implementing the workshop and so on. These workshops make use of interactive small group work which draws on case studies, role plays, myth-fact activities and so on. In the case of the HIV/AIDS workshop the scenarios and activities used in the workshop draw from such episodes as the "aids from lipstick" one cited earlier so that participants are encouraged to discuss the ways in which young women, because of economic hardship or because of the acceptability of other forms of transactional sex either do not have, or choose not to have, a space in which to say "no" to unprotected sex.

While it is not necessary that all participants experience all the workshops in the same order, the idea is that the knowledge gained in one workshop will carry over to others so that there is a cumulative effect in relation to understanding the complexity of sexual violence.

Workshop 1: Gendered violence and sexual harassment

Workshop 2: Strategies for working with learners on sexual harassment

Workshop 3: Gender-based violence and homophobia

Workshop 4: Abuse of learners: Some guidelines for educators

Workshop 5: Developing as school policy on sexual harassment

Workshop 6: A workshop for community use with school management teams and sexual harassment

Workshop 7: Gender-based violence and HIV/AIDS

Workshop 8: Teachers as agents of healing

Conclusion

Experience around the world has shown that seeking counselling and HIV testing is not an easy step to take, but the hope of benefiting from early treatment creates a major incentive. This has highlighted the need for decisive intervention in the education sector. Evian (Director of AIDS Management and Support in South Africa) said that training teachers to handle sexuality and AIDS education in schools is becoming critical. 'Teachers are not comfortable themselves doing it,' he said. 'However, our problem is not what to do but how to do it.' He said implementation of programs had always been the main problem in South Africa and that is where efforts should be directed." (Emphasis added, Zondi, *The Sunday Independent*, July 2, 2000).

While both initiatives noted in the previous section are offered in the context of work within one specific donor partnership project, the Canada South Africa Education Management Programme, and they focus on only one area of HIV/AIDS prevention -that based on an understanding of the continuum from power to force in relation to aggressive masculinity - they are approaches that can be applied to mV/AIDS programming more generally. Far from

suggesting a single approach, we see, as only one component of HIV/AIDS prevention, the need for a variety of practical ways of trying to understand how the constructions of masculinity work in relation to gender-based violence.⁸ The "AIDS from lipstick" exchange mentioned above is only one of the many scenarios that beg to be 'unpacked' by educators who are on the front line when it comes to working with young people and HIV/AIDS. Above all, however, these initiatives should be taken as compelling arguments for strong education management support for those occupying gender desks at provincial and national level in Departments of Education. Where there are also dedicated "desks" in provincial and district structures given over to HIV/AIDS, it is vital that there be in place structures to enable the gender focal person and the person responsible for HIV/AIDS in schools to work together. Indeed, a performance indicator of a successful educational manager in contemporary South African education is that he or she makes sure that there is complementarity and collaboration between HIV/AIDS and gender programming.

Additionally, there are other areas of leadership and management that are relevant to HIV/AIDS prevention within a framework that recognizes the connections between gender-based violence and HIV/AIDS infection. The work in Life Skills, particularly in relation to HIV/AIDS and communication skills such as negotiation, assertiveness and so on, can be complemented by youth leadership programmes involving the Representative Council of Learners (RCLs). Drawing on the extensive work that has been done on peer counselling and HIV/AIDS prevention, these youth leaders could participate in initiatives where peer mediation, peer counselling, and conflict resolution could be central to addressing gender-based violence.⁹ Indeed, this could also be an opportunity for men and boys to work at exploring the connections between masculinity and gender-based violence. As noted in the UNAIDS "men can make a difference" strategy document:

All-male discussion groups that promote men's awareness about domestic violence show promise as a prevention approach. Such groups can be organized in the workplace, in sports locker rooms, or among military recruits...(np).

We would add, here, that such groups could be formed among RCL members too, particularly in the context of youth leadership programmes. What is important now is that education managers come to see their role as leaders in the area of HIV/AIDS prevention. Those responsible for principal training and support to education management must be willing to "break the silence", to invoke the theme of the XIII World Congress on HIV/AIDS, of the pandemic in relation to school management. Education managers - circuit managers, district officials and school principals - need to be willing and able to take the lead in more direct ways in relation to gender-based violence.

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Appendix A

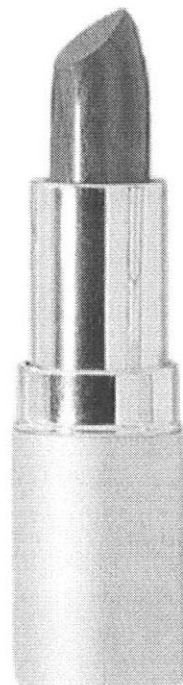
HIV/AIDS FROM LIPSTICK

Female learner: Ma'am, you can get AIDS from lipstick, can't you?

Teacher: AIDS from lipstick- how could that be ?

Female learner: Ma'am, in order to get money to buy lipstick and sanitary napkins, we have sex.

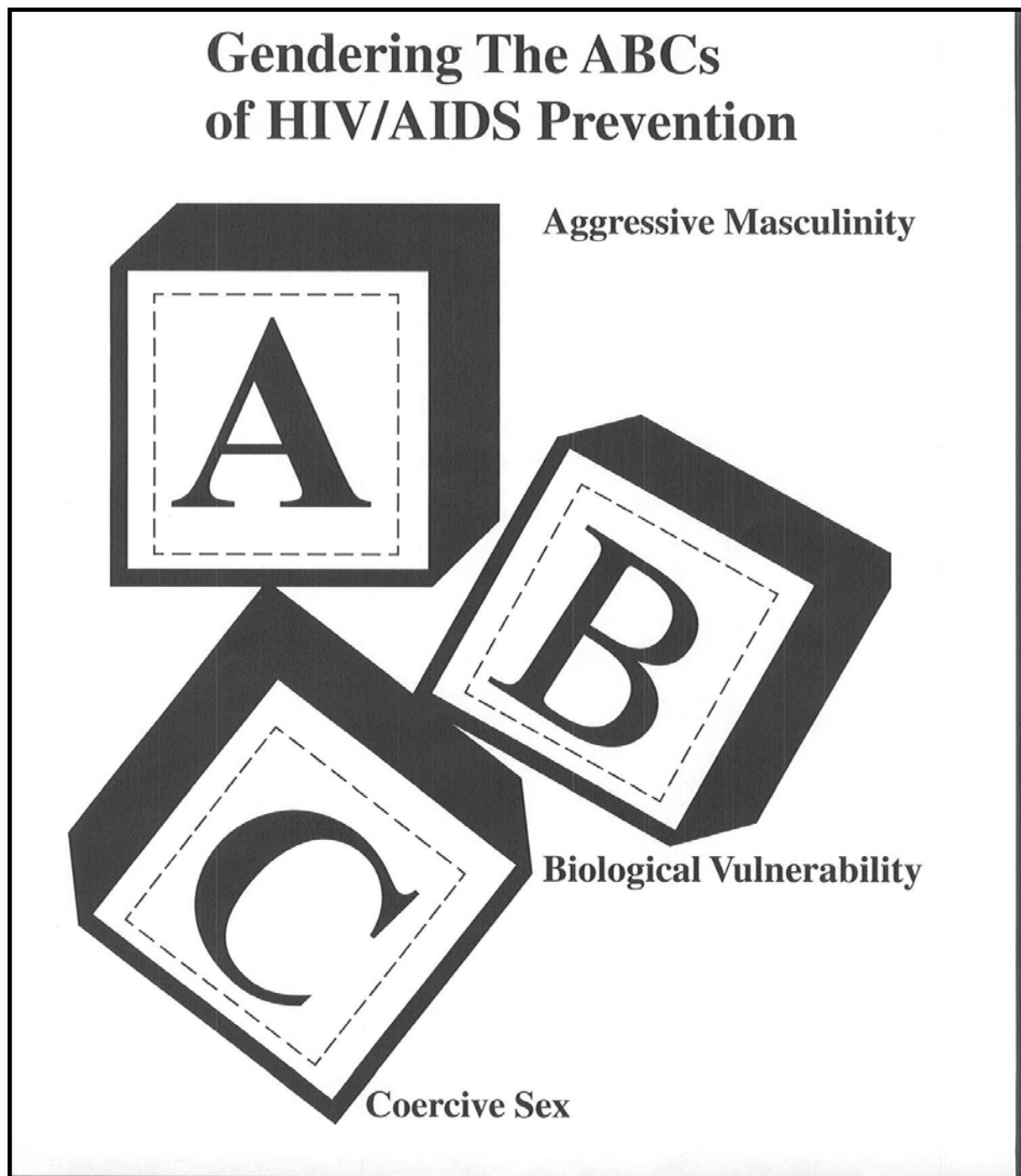
WHAT IS THE
RELATIONSHIP
BETWEEN
POVERTY,
GENDER
AND
HIV/AIDS?



LET'S
TALK
ABOUT
IT.

HIV/AIDS from Lipstick from, *Opening our Eyes: Addressing Gender-Based Violence in South African Schools*

Appendix B



The ABCs of HIV/AIDS Prevention, from *Opening our Eyes: Addressing Gender-Based Violence in South African Schools*

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ENDNOTES

¹The document is based on work presented at the "Breaking the silence" XIII World Congress on HIV/AIDS, Durban, South Africa July 9-14, 2000.

²The population of young women between the ages of 15 and 19 is one of the most vulnerable within Southern Africa generally. According to the World Health Organization Fact Sheet No 247, June 2000, the rate of infection of women between 15 and 19 years of age is between 5 and 6 times higher than it is for similarly aged young men. See, also, the UNAIDS Global Strategy Framework on Young People with HIV/AIDS, March, 2000. It is estimated that 4.2 million South Africans, out of the estimated population of 43 million, are living with HIV/AIDS -the highest population of people living with HIV / AIDS in the world.

³ Ibid

⁴ Biological vulnerability has to do with the fact that women have a larger mucosal surface and microlesions which can occur during intercourse may be entry points for the virus, particularly for younger women. Rape, of course, increases the likelihood of mucosal damage. Also, there is more virus in sperm than in vaginal secretions. DENOSA (Democratic Nursing Organization of South Africa) Nursing Update. Vo124 No 8 August 2000: 17

⁵ See also the section on "Limits on sexuality study in formal education" in "HIV/AIDS in health, education and participation: An action space for youth involvement in the SADC region" (Mitchell, 2000), a paper prepared for the First Youth Conference of the SADC Region, held in Maputo, June 13-16,2000.

⁶ See, for example, the recent issue of Agenda edited by Robert Morrell on the theme of masculinity.

⁷ Those working as gender focal persons within the structures of the national and provincial departments of education have a double, if not a triple set of 'tasks': first, to continue to mainstream gender equity into education generally; second, to mainstream HIV/AIDS within gender equity programs and vice versa; and third, based on the experiences of working within a "mainstreaming ethos" over the past few years, to support the strategic planning of personnel in other structures and groups within education who are also working to mainstream HIV/AIDS. For example, at a recent conference involving the youth of the SADC region held in Maputo, June 13-16, one of the focal points was to consider the ways in which HIV/AIDS should be regarded as a cross-cutting theme for youth in relation to Education, Health, and Participation. In essence, their concern is to mainstream HIV /AIDS in their policies and initiatives. We may not always consider ourselves "successes" in mainstreaming since there remains a great deal to be done, or experts in mainstreaming, but we are veterans, and the lessons learned over the past several years in relation to mainstreaming gender equity are not ones that should be lost in taking on the new challenges posed by HIV/AIDS in South African schools and communities.

⁸ See 2. In that paper, there is a reference to a teacher education project in which beginning teachers preparing to become English teachers participate in an activity on popular culture, masculinity and HIV / AIDS prevention.

⁹ See recent youth leadership/learner leadership components of the Canada South Africa Education Management Programme taking place in the provinces of Free State and Gauteng.