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Impact of a Gender-Transformative HIV and Antiviolence Program on Gender Ideologies and Masculinities in Two Rural, South African Communities

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Abstract

“One Man Can” (OMC) is a rights-based gender equality and health program implemented by Sonke Gender Justice Network (Sonke) in South Africa. The program seeks to reduce the spread and impact of HIV and AIDS and reduce violence against women and men. To understand how OMC workshops impact masculinities, gender norms, and perceptions of women’s rights, an academic/non-governmental organization (NGO) partnership was carried out with the University of Cape Town, the University of California at San Francisco, and Sonke. Sixty qualitative, in-depth interviews were carried out with men who had completed OMC workshops and who were recruited from Sonke’s partner organizations that were focused on gender and/or health-related services. Men were recruited who were over age 18 and who participated in OMC workshops in Limpopo and Eastern Cape Provinces, South Africa. Results reveal how men reconfigured notions of hegemonic masculinity both in terms of beliefs and practices in relationships, households, and in terms of women’s rights. In the conclusions, we consider the ways in which the OMC program extends public health research focused on masculinities, violence, and HIV/AIDS. We then critically assess the ways in which health researchers and practitioners can bolster men’s engagement within programs focused on gender equality and health.

Keywords

masculinities; gender relations; women’s rights; South Africa; HIV prevention; violence

Introduction and Overview

Hegemonic masculinity as a concept was a welcome addition to the social science literature in the late 1980s and early 1990s and emerged out of critiques of the “male sex role,” which

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argued that roles reified essentialist, individualized, ahistorical notions of men while negating power relations (Connell and Messerschmidt 2005; Messner 1998). Hegemonic masculinity refers to the most dominant form of masculinity in a given era and time and it is hierarchically defined in relation to marginalized and subordinated masculinities and in relation to women (Connell 1987, 1995). Within the social science literature, there is solid recognition that while only a minority of men might enact the norms and practices of hegemonic masculinity, this idealized version of masculinity helps to shape configurations of practice, beliefs, and social action among hegemonic, marginalized, and subordinated men (Connell and Messerschmidt 2005; Morrell, Jewkes, and Lindegger 2012).

Despite major conceptual advances and a large body of work that has applied the concept of hegemonic masculinity in recent years, numerous critiques have also been advanced. Scholars have argued, for example, that hegemonic masculinity becomes all too easily conflated with “problematic male attitudes and behaviors, such as violence and abuse of women and children, substance abuse, and risky sexual behaviors” (Morrell, Jewkes, and Lindegger 2012). Still others find that hegemonic masculinity is deployed in scholarship in ways that homogenize men, instead of drawing out a nuanced range of hegemonic, subordinated, and marginalized masculinities (Connell and Messerschmidt 2005). Finally, some claim that the concept carries forward many of the problematic aspects of the male sex role, with research focusing on masculinity in a way that is fixed and deterministic, instead of examining “the practical constitution of masculinities as ways of living in everyday local circumstances” (Connell and Messerschmidt 2005, 838).

Despite these well-known tensions and problematic applications of this concept, scholars increasingly apply concepts that embrace the social construction of masculinities, particularly in the global and public health fields (Courtenay 2000; Kimmel 1986, 1987; Messner 1997). Within the public health literature, for example, there is a large body of research which suggests that ideals of masculinities that emphasize male dominance and relationship control are harmful for both men’s and women’s health (WHO 2010). Research finds that men who adhere to dominant masculine norms have worse mental health (Sharpe and Heppner 1991) and general well-being (O’Neil 2008). They are more likely to be controlling of their partners (Mahalik et al. 2005), engage in high-risk sex (Schensul, Nastasi, and Verma 2006; Courtenay 2000; Santana et al. 2006), and avoid health care clinics (Falnes et al. 2011; Montgomery et al. 2006). Men who strictly adhere to the ideologies and practices associated with hegemonic masculinity are also more likely to enact physical and sexual violence with their female partners (Haj-Yahia 2005; Moore and Stuart 2005; Santana et al. 2006). While this is an important body of work, it is subject to the criticisms mentioned above because this line of research is mainly documenting the effects of a static, singular notion of masculine hegemony on men’s and women’s health without examining “greater diversity in masculinities,” and “tracing changes in masculinities” (Connell and Messerschmidt 2005, 834).

A small body of work is developing, however, within global health, that does trace the diversity of masculinities, examines shifts in constructions of masculinities, and embraces “the possibility of democratizing gender relations” (Connell and Messerschmidt 2005, 853). For example, studies show that programs which are “gender transformative”—that seek to change gender roles and create more respectful and egalitarian relationships (Gupta 2001)—can have a positive impact on gender equality in relationships and on health (Barker et al. 2010; Barker, Ricardo, and Nascimento 2007). It has become clear that both men’s and women’s quality of life can improve by transforming particularly narrow and constraining aspects of masculine norms (e.g., distancing oneself from one’s emotions, not asking for help, equating violence with masculine respect), especially as these relate directly to health (Mankowski and Maton 2010).

Research provides emerging evidence that transformation is not only possible, but occurs alongside of numerous historical and social transformations at the global and local levels (Hunter 2005; Sideris 2004). Within health programming in particular, men tend to reevaluate their own notions of masculinity when they recognize that conforming to normative masculinity is restrictive or harmful (Lynch, Brouard, and Visser 2010). In short, rather than view men as reproducing a fixed notion of hegemonic masculinity or as recalcitrant to change, it is the case that health-seeking behaviors, non-violence, and gender equitable relationships can all be nurtured and bolstered when men are supported to have a high degree of self-reflection and space to rehearse new ideas and behaviors (Barker and Ricardo 2005).

Such programs are urgently needed in the South African context, where conformity to a particularly narrow band of beliefs and behaviors associated with hegemonic masculinity (Connell 1995a; Connell and Messerschmidt 2005) can translate into numerous health risks for men themselves and their partners (Dworkin, Colvin, Hatcher and Peacock 2012; Dunkle et al. 2006; Jewkes et al. 2011). Scholars focused on the twin epidemics of HIV and violence have taken an interest in gender inequalities in South African society and this has catalyzed a new focus on masculinities in the past five years (Dworkin, Colvin, Hatcher and Peacock 2012; Barker, Ricardo, and Nascimento 2007; Jewkes et al. 2008; Morrell, Jewkes, and Lindegger 2012).

Such an emphasis is critical. In addition to being a nation that is most affected by the HIV epidemic (UNAIDS 2010), South Africa scholars report that it has one of the highest rates of domestic and sexual violence in the world (Dunkle et al. 2006; Jewkes et al. 2009). Among black South African men (the focus of our study) between the ages of twenty-five and forty-nine, HIV prevalence is 24 percent (Shisana and Simbayi 2008). Between 30 percent and 50 percent of men in this region of the world are physically violent toward a partner (Morrell and Jewkes 2011; Kalichman et al. 2009), and nearly one-third of men report raping a woman during their lifetime (Morrell and Jewkes 2011; Abrahams et al. 2006). In addition, high-risk sexual behavior, such as partner concurrency, are common in many South African settings (Kalichman et al. 2009; Steffenson et al. 2011) although the norms and practices of multiple partnerships and concurrency are historically specific and constantly changing (Hunter 2005). Unfortunately, most HIV and antiviolence programming in South Africa targets women, and few programs focus on men. The current analysis focuses on one antiviolence and HIV prevention program that has been developed by men for men in the South African context.

Programs within HIV and violence prevention that do seek to secure changes in men and boys concerning their collective beliefs and practices urgently need to further understand local experiences and constructions of masculinity that both include and go beyond “hegemonic masculinity” (Connell 1995b; Connell and Messerschmidt 2005). Connell and others have urged recognition of the agency of women, a plural vision of masculinities, and the internal contradictions of hegemonic masculinities and possibilities for change. However, the evidence base for precisely *how* health interventions encourage men to shift masculinities and how men embrace or contest this work in health programs is limited (Dworkin, Colvin, Hatcher and Peacock 2012). Evidence from existing health programs with men is limited to a handful of recent interventions (Barker, Ricardo, and Nascimento 2007; Pulerwitz, Barker, and Segundo 2004; Jewkes et al. 2008). In addition, the available studies tend to be quantitative and with limited exceptions (Walker 2005), little is known qualitatively about what a process of change within health programs looks like. Examining these themes within health programs can assist researchers with ensuring that they deploy sophisticated understandings of hegemonic, marginalized, and subordinated masculinities. Such an analysis can also help researchers to find more effective strategies to engage men

and maximize the success of gender equity and health programs. We aim to address this knowledge gap by exploring how participation in a workshop-based antiviolenace and HIV program known as One Man Can (OMC) induced changes in the beliefs and practices associated with hegemonic masculinity among a group of sixty rural, South African men.

Conceptualization of Masculinities

Drawing upon conceptions of gender as relational, we recognize masculinities as socially constructed, agentially deployed in contexts of constraint and opportunity, and as shifting over time and locale (Connell 1995; Kimmel 1987). South African scholars have noted that current idealized versions of masculinity in South Africa emphasize the importance of “control, (un)emotionality, physicality and toughness, competition, success, (hetero)sexuality, and responsibility” (Luyt 2012, 35). Research finds that men are expected to demonstrate heterosexual success, with male sexuality often centering upon penetration and conquest (Morrell 1998; Simpson 2005). Men are trained to display emotional detachment, be self-reliant, and responsible (Wyrod 2008; Jewkes et al. 2008; Luyt 2003). Often, physical strength is used as a marker for toughness, and violence is legitimized as an appropriate way to demonstrate power over others (Campbell 2001). Toughness, risk taking, and heterosexual success are also expressed through men’s risk taking in sexual partnerships (Barker and Ricardo 2005; Jewkes and Morrell 2010).

Certainly, the practices that men use to construct their own sense of masculinity are complex, dynamic, and potentially contradictory (Connell 1995; Messner 1997). While it is true that there is no single version of masculinity, it is important to uncover, within the context of HIV and violence programs that are seeking to change hegemonic notions of masculinities in South Africa (see Jewkes and Morrell 2010), the complex patterns of masculinities that are practiced at the local, societal, and global level (Connell and Messerschmidt 2005). OMC activities, implemented by a South African non-governmental organization (NGO), Sonke Gender Justice Network (Sonke), is one such program that seeks to transform narrow and constraining definitions of masculinities in order to attain reduced rates of violence, decreased levels of unsafe sex, and work toward more just and equitable gender relations.

The Program

Sonke is a South African NGO that was established in 2006 in order to support men and boys to take action toward gender equality and the prevention of violence and HIV/AIDS. OMC workshops are designed and implemented by Sonke in sites throughout South Africa using a rights-based approach. The program explicitly framed masculinity as constructed and embedded in local contexts, situational, achieved via interaction, strategic, and in-flux (Lorber 1994; West and Zimmerman 1987). OMC aimed to (1) examine the links between gender, power, and health (alcohol use, violence, HIV/AIDS); (2) reflect on masculinities as these are practiced in relationships with women, other men, and the broader community, and (3) use a rights-based approach to reducing violence against women and both women’s and men’s HIV risks. The program worked to achieve these goals by actively engaging with men and boys on the ground in the process of understanding, reflecting on and reconfiguring gender inequalities in their families and communities.

The program materials emphasize that men enjoy social and cultural privileges over and above women as a group (Messner 1997), and that inequities in education, work, sex, and power translate into increased HIV risks for women. Workshop materials also focus on the costs of masculinity, or the negative effects of endorsing and enacting dominant norms of masculinity (Courtenay 2000; Messner 1997). These materials focus attention on the links between hegemonic masculinity and numerous resultant health issues such as alcohol use,

lack of health care access and use, HIV testing, HIV risk, and violence. Finally, OMC workshops recognize differences and inequalities among men (Courtenay 2000; Messner 1997), taking care to link programmatic work on gender inequalities to the history of racial inequalities and apartheid in South Africa. In this way, the program deliberately draws on South Africa's legacy of social justice activism and promotes the idea that men can be agents of change in their homes and in their communities.

OMC provides spaces for critical reflection on masculinities and gender relations by pairing participatory workshops (that generally have short-term impacts) with community action team (CATs; that promote more medium and long-term impacts) efforts that work toward gender equality in communities. Workshops are held on six topics, including gender and power, critical reflections on the norms and practices associated with hegemonic masculinity, gender and violence, gender and HIV/AIDS, healthy relationships, and taking action for social change. The workshops are facilitated by men and are held in groups of fifteen to twenty. The sessions provide ample space for men to reflect upon human rights, women's rights, and how masculinities are defined, practiced, reified, and can be challenged in relationships, communities, and broader society.

Methods

To better understand how the OMC program impacts men's individual and collective practices centered on masculinities, the researchers conducted sixty qualitative, in-depth interviews with men who participated in OMC in rural Limpopo and Eastern Cape, South Africa. Men were recruited from Eastern Cape ($N = 30$; Mvumelwano, Bhlas, and Qumbu), and Limpopo ($N = 30$; Thoyandau). Inclusion criteria for the current study were being male, age 18 years or older, having completed OMC workshops in Limpopo and Eastern Cape provinces no more than six months ago, and residing in communities where Sonke implements OMC. All participants in our sample are Black, South African men, given that this particular population is disproportionately affected by HIV (Marais 2007) and is the target population of OMC (Colvin 2011). The provinces for the current study, Limpopo and Eastern Cape, were selected because Sonke Gender Justice carried out a needs assessment and determined that these are underserved rural areas that also experience high rates of poverty, high HIV seroprevalence rates, and high levels of violence and gender inequality (Colvin 2011; Pronyk et al. 2006). Participants were recruited through Sonke's community partners, which included organizations that were focused on gender-based violence and HIV/AIDS issues. Given that the men in this sample were recruited by partner organizations of the Sonke Gender Justice Network that were invested in gender equality and health, these men might not be representative of the broader community in terms of their attitudes, beliefs, and practices related to gender equality and women's rights.

Men were interviewed once following program participation, and interviews took place from February to September 2010. To minimize social desirability bias, we hired interviewers external to Sonke, but who were familiar with the communities of interest. Interviews focused on topics related to masculinities, gender relations and rights, violence, gender and HIV risk, alcohol, fatherhood, and relationships. Interviewers were trained for 3 days in qualitative methods, ethical research practices, and techniques of probing during interviews. Researchers were already experienced in researching sensitive topics such as gender, masculinities, HIV, and sexuality. Interviews were carried out in the local languages (Venda or Xhosa), were transcribed into the local language, and then into English by the researcher themselves. Ongoing quality control and mentorship was carried out during data collection and included monthly phone calls, transcription reviews, and clarification of transcripts. The research protocol was approved by ethics boards at the University of Cape Town, South Africa, and University of California San Francisco. Participants were offered R100 (about

US \$12) as reimbursement for time and transportation associated with participation. Interviews took between 1 and 2 hours.

For coding and analysis, we drew on conventions in thematic analysis and principles of grounded theory within qualitative research methods (Braun and Clarke 2006; Lofland and Lofland 1995; Strauss and Corbin 1990). To begin the coding process, two researchers extracted excerpts of the transcribed interviews that related to shifts in gender ideologies, masculinities, and rights. To establish a codebook, five interviews were randomly selected and independently evaluated using an open-coding process employed during the initial phase of coding often deployed in qualitative research methods (Lofland and Lofland 1995; Strauss and Corbin 1994). From this initial process of broad category generation, an additional four randomly selected interviews were coded. After a second round of coding, coders met to ensure full refinement of primary and secondary categories referred to as focused, intensive, or axial coding (Berg 2001; Lofland and Lofland 1995; Strauss and Corbin 1990). Once the full range of categories was established, the remaining interviews were double coded independently by the first and second authors. Following independent coding of these transcripts, decision trails were noted and documented, and the overall concordance rate across coding categories was calculated to be 92 percent across the interviews. As coding categories were straightforward, discrepancies were not common. In nearly all cases, discrepancies were simple miscodes and did not involve substantive discussion. Finally, we wrote analytical memos to capture main themes and to lift multiple subcodes to a broader thematic analysis (Lofland and Lofland 1995). To facilitate the analysis, the codebook was applied to the data using qualitative analytical software (QSR Nvivo 9).

Given that this interview was carried out once men completed their participation in OMC workshops and we do not have a baseline interview, we had to take great analytical care in coding material about “changes” in masculinities. Thus, in the interview guide, we discussed broader shifts in masculinities and gender relations in South African society and in local communities in addition to men’s perceptions of change that specifically resulted from participation in OMC. We only attributed changes in gendered norms, practices, and masculinities to OMC in the analysis when men specifically offered that these had changed because of their involvement in OMC in particular. In the results that follow, we examine how OMC workshops impacted masculinities, particularly in the areas of perceptions of women’s rights, sexual relationship power, gendered divisions of labor in the household, and violence toward women, children, and other men.

Results

Perceptions of Women’s Rights

Previous work has focused on men’s reactions to improvements in women’s rights in South Africa more generally and has found a mixture of support and backlash (Peacock, Khumalo, and McNab, 2006; Dworkin, Colvin, Hatcher and Peacock 2012; Walker 2005). One of the most prominent themes that men discussed in our sample was how OMC changed their perceptions of women’s rights. They reported that this change in perception, in turn, impacted their attitudes and behaviors related to relationship power, gendered divisions of labor, and masculinity. Men described an improved awareness of women’s rights specifically derived from OMC:

There is change that can be credited to the One Man Can training ... We (the older generation) grew up in disregard of women’s rights. To us, women were supposed to be subservient to men, agree with men and also know that men were the heads of the household. We did not know anything about women’s rights. We have come to

realize that women have to be treated as equals in the home and in the community and we are not supposed to abuse them. (Eastern Cape 3, age 62, single)

Some men agreed by explaining that OMC shifted their views concerning the previous invisibility of women in relationships:

A lot has changed ... My childhood observations of man as boss were wrong. Before I attended OMC sessions, I continued to believe that it is the same wrong things that need to be done. But after some sessions and engagement in discussions with various people with various points of view, I then realized that it is wrong to treat women like they do not exist. (LIM 02, age 32, single).

It is important to note that it is not solely OMC that challenged men to share power with women in relationships, but also a broader societal shift in emphasis in South Africa on women's rights and women's entrance into the occupational structure. Men's experiences of economic marginalization within a context of economic retraction have also conditioned how they are able to achieve hegemonic norms of masculinity. These changes have revealed to many men the limits of cultural constructions of masculine power in the face of significant social and legal changes and urgent material pressures:

People are different but I would generally say that people are seeing the importance of women's rights ... most of us men are presently at a disadvantage because we are unemployed and we cannot get jobs. So when the woman of the house becomes the breadwinner then it becomes virtually impossible to try and be the boss just because you are a man. (Eastern Cape 1, age 74, married)

Numerous men reported that their understanding of women's rights had fundamentally shifted from negative to positive as a result of their participation, largely as a result of a reframing of the gendered impact of rights. Prior to OMC, men said they perceived that women's rights were focused on harming and oppressing men. After OMC sessions, however, they felt that women's rights were not about taking rights away from men, and that in addition, men's participation was needed to support women's rights efforts:

Honestly, I had a bad attitude about women's rights. I used to think that women's rights are about oppressing men. But most importantly, I have learnt through One Man Can discussions that women's rights cannot be realised without men's engagement to support the women. (Limpopo 12, age 36, married)

Within South Africa, there are now strong laws that criminalize child abuse and domestic and sexual violence. Particularly in the area of intimate partner violence, men embraced changes in women's rights to protect women from violence, and they credited both government policies and OMC workshops:

I think the main positive change is that men can no longer abuse women. Our generation and our fathers' generations were guilty of abusing women. We did not see it as abuse ... but as I listen to what the government and OMC says, I realize that it was abuse of some kind. I don't see women being beaten up anymore because the police will arrest you for that. Women have rights that protect them from being beaten up. (Eastern Cape 28, age 72, married)

While most men in our sample stated that OMC helped them to embrace women's rights, some men described resistance, contestation, and ambivalence. These men seemed to perceive that women's rights "take away" men's social power. Without traditional sources of gendered authority, men feared that women would not only stop respecting men but would either start controlling men or conversely, stop needing them at all and simply drift away:

Women are given powers to control us, through these women's rights. That makes them to not respect us any longer. They do not mind to go out and stay alone in their own yard, so that they can just live their life without hearing from men. (Limpopo 20, age 56, single)

Finally, several men agreed with an emphasis on women's rights in principle, but in practice, they felt that the police and the criminal justice system had gone too far given that they were perceived to only protect women from abuse. These narratives underscored that men saw themselves as also deserving unique rights and protections:

Women's rights protect women so much that women now do whatever they want to because they know that the law will protect them. If a woman reports that you did something wrong to her, the police will only listen to her story and they will just arrest you (the man) without listening to your side of the story. I am not saying it is a bad thing for women to have rights but I think that women are abusing a good thing that was supposed to benefit them (Eastern Cape 16, age 25, single)

This notion of women's abuse of rights and unfair treatment at the hands of police is a common narrative among men in South Africa (Colvin, Robins, and Leavens 2010; Dworkin, Colvin, Hatcher and Peacock 2012) and appears to reflect a growing "cultural script" about men's experiences of maltreatment by police and their general sense of being unable to access or influence the state to recognize and protect local social and cultural norms. This in turn, often reflects a belief that many of the political changes since the end of apartheid have been shaped by ideologies foreign to local values and practices (For an extended discussion, see Dworkin, Colvin, Hatcher and Peacock 2012). It may also reflect many people's experiences of a police force that is increasingly perceived as unaccountable and disdainful in its treatment of ordinary citizens.

Indeed, several men viewed the law as too restrictive and they feared that their female partners would just have free rein in taking on multiple male sexual partners, and then justify their actions with a rights narrative:

I think women, especially young girls, are taking the rights issue wrongly because in everything they do, they always say, "we have a right to do that". It makes it even hard to argue with or discipline your girlfriend because she will tell that she has "the right to walk with anybody or call anyone". We can't do anything to them because they tell us that they will report us to the police if we ever lay a hand on them. (Eastern Cape 26, age 21, single)

Of the men who described resistance to women's rights and shifting notions of masculinity, nearly all of them focused on changes at the broader societal level. However, a few men stated open resistance to themes within OMC programming that focused on equality in relationships and households. Here, some men perceived that they were being constituted as a problem to be fixed. For example:

The one thing men ask most about is why OMC is focused on men only. Men think that this is a form of making them culprits and they have shown their displeasure at the viewpoint that men are the castigators of abuse and violence. Men have also complained a lot about children's rights. They believe that they will lose their disciplinary powers because of children's rights. The other topic that frequently elicits negative response is the issue of doing household chores. Most men simply view this as taboo and an affront to their manhood. The commonly ask, "Why did I get married then if I have to cook and wash dishes?" (Eastern Cape 5, age 33, single)

Despite Sonke's attempt to make OMC workshops a safe space for critical and supportive reflection among men, some participants clearly interpreted the focus on men as a pathologizing move, one intended to advance an agenda of transferring rights and powers from men to women and children. However, this view was expressed by a minority of the men in our sample, and given the small number of men who stated this theme, it is difficult to ascertain whether men in certain age groups, ethnicities, or other social axes were more likely to experience or perceive OMC workshops as stigmatizing men than others.

Relationship Power and Decision Making

Beyond shifts in perceptions of women's rights at the societal level, several men described how participation in OMC led to changes in masculinities at the interpersonal level. These narratives were frequently expressed in terms of how men treat their own wives or girlfriends:

I used to think that women must listen to everything their men say. Now my wife says I have changed because when I tell her I want to do something, like buying something for the house, I ask her input. (Limpopo 18, age 41, married).

Other men specifically underscored that their choice to engage in partner reduction was linked closely with challenging their ideas about masculine respect in front of other men:

At the training we were advised on how to treat our girlfriends and about the importance of treating them well. That training made a difference to me because I liked what was being said there so I decided to apply it to my life and I am seeing a difference in the way I am treating my girlfriend. (Eastern Cape 17, age 23, single)

Men often described a shift from male-dominated decision making, including a willingness to demand that their partners have sex with them, to a more consultative approach in relationships:

Before I joined OMC, I was very critical of women's rights, or more accurately, I did not believe that there was any need for women to be accorded special rights. In one of my frequent drunken states, I would go and look for my girlfriend, and when I wanted her to come along with me there would be no compromise. My word was the final word and I would not take any input from her. Attending the OMC workshops, I got to understand the wrongs of my past behavior and I started understanding that men should also listen to the women's input. (Eastern Cape 05, age 33, single)

Some men described reductions in sexual partners and increased condom use. Here, similar to changes in relationship power where men increasingly valued women's inputs in decision making more broadly, OMC was perceived to influence men's ability to hear women's requests for condom use:

As a result of OMC, I realized the importance of using a condom and my girlfriend was happy about it because she had been encouraging me all along to using a condom. In OMC we were taught about the risks one exposes himself to if they do not use condoms. (Eastern Cape, 7, age 19, single)

Other men specifically underscored that their own reductions in unsafe sex were linked closely with challenging their ideas about masculine respect in front of other men:

To be honest with you, I was a person who did not admire a man who was loyal to his one girlfriend. I viewed such men as weak, desperate and being inhumane (a man who cannot get a girlfriend). My view was that to be respected by other men one should be involved with at least three women. However since I started OMC, I

took the decision to have one partner and be loyal to the partner. (EC 04, age 41, married)

These reports of specific changes in communication, decision making, and sexual practices within relationships provide a stronger form of evidence for attitudinal and behavior change than self-report about general changes in attitudes alone. They reveal how some men have been able to translate the principles learned in the workshops into concrete changes in thought and practice in the context of their own relationships. Indeed, such shifts were reflected not only in decision-making authority but also in terms of gendered divisions of household labor.

Gendered Divisions of Household Labor

Shifts in masculinity that were interpersonally enacted were also seen in the household realm. A typical way that men in the sample enacted their changed views around women's rights was to share—or at least help with—household chores and engage in child care:

I had heard about women's rights but did not fully understand what they meant. For an example, if you have a wife and a child, you will find that the wife is cooking and at the same time taking care of the child while the husband is busy watching TV. OMC made me realize that in such a situation, the man must also be helping her. I now know that household chores are not only for women but the man should also help. (Eastern Cape 16, age 25, single)

Several men described OMC programming as challenging them to reevaluate why they used to do numerous household tasks during their childhood but then stopped offering this contribution to the household once they became married:

From our family backgrounds we found that there are so many men who grew up (as first-born) in their families. As a result, they had to do family chores like washing dishes, cleaning and cooking for their younger brothers and sisters ... But, when we get married we expect our wives to do the work for us instead, whether the wife works or not. It just becomes their burden to cook, clean and wash dishes and laundry. The discussion at that workshop really made me to open my forever-closed eyes, considering that I used to cook for my younger brothers as we were growing but now that I am married, I do not do any of those chores. That was one of my best sessions in the program. (Limpopo 9, age 42, married)

Here, OMC workshops enabled a reframing of household roles and responsibilities. This time, however, rather than approaching the problem solely from an abstract and normative position about women's rights and the importance of inequality, insight also emerged from within men's existing experiences and social norms. Questioning gendered roles in the context of men's own experiences is an important part of the strategy of OMC workshops. Using examples from the lives of those participating in the workshop to illustrate positive and negative aspects of gendered norms and roles seems to be particularly effective in encouraging men to challenge their notions of manhood:

It was one of my fascinations to hear men defining power that people have within the communities, that included sexual power carried by men over women. The discussion led into men realizing that sexual power is not the only thing used by men to marginalize women. I have heard men listing powers like economic power as one of the challenges faced by women ... exerted over women by men, because they have money to influence what they do and decisions they make. When I looked at the topic deeply, I then had to search inside me and compare what I do to women as well to influence their decision due to my economic power. At the conclusion of the workshop, it came out clear that it is not our sexual and economic

power we carry that makes us men. We are men because there are women who are also our equal sex to support our sexual and economic existence equally. (Limpopo 26, age 42, married)

Violence Toward Women, Children, and Other Men

Several men also explained that OMC specifically shifted their notions about male dominance, violent behavior, and notions of masculine respect. This came through very clearly in discussions focused on violence against women, children, and other men. Men described reductions in the use of violence against women by learning, for example, how to control their anger:

OMC changed me in a way because it changed my own relationship. If my girlfriend is angry with me and even if she is the one that is wrong, I calm down and talk to her without fighting. I respect her and I know that I should not beat her up. She even told me that things have changed in the way I act in our relationship and she is happy about it. (Eastern Cape 22, age 34, single)

Other men explained that they shifted from equating toughness and masculinity to become more caring toward women and children:

OMC changed a lot of things in me. I used to be the kind of person who was feared in the village by young people because of my tough reputation. I was the kind of man whom, when a child cries would be told “I will call him,” and the child would go quiet. The training I got from OMC changed me in a way that I was taught not to intimidate children but be more caring to them. (Eastern Cape 4, age 41, single)

Men also described reducing violent behavior with other men:

I am a person who used to like fighting. Men in rural areas view fighting as a measure of manhood and competition. What we do not realize is the risk associated with fighting because many a time people get seriously injured or even die during these fights. That OMC program made me realize that there are other alternatives to fighting and thus if a person does something wrong to me and apologizes, I do accept the apology. (Eastern Cape 20, age 41, married)

In each of these examples, men described changes not only in how they perceived women, rights and social norms but also how they responded emotionally in their relationships. These affective changes in the context of daily relationships are an important and underrecognized dimension of gender transformation. While conceptual and normative changes are often the focus of gender interventions, and are clearly central in promoting lasting transformation, the affective dimensions of change are also extremely important. The OMC workshop seems to have managed to engage men on this level as well and encouraged them to connect changes in explicit values and ideas with new forms of both practice and feeling.

Nonetheless, in the heat of domestic disputes, both large and small, men still struggled at times to know how to translate the new ideals promoted by Sonke into a strategy for dealing with intense interpersonal conflict and tension. In these cases, men tended to revert to the argument described above about the overextension of the notion of women’s rights and the need to preserve some means for men to “discipline” their girlfriend under certain circumstances.

Conclusions

Scholars have underscored how notions of hegemonic masculinity are narrowly deployed in the public and global health literatures and how this leads to a negative and overdetermined

conceptualization of male socialization and masculinities in particular. Much of the root of these critiques are embedded in an understanding that scholars are deploying a limited application of the concept of hegemonic masculinity. As we have previously noted, when hegemonic masculinity is viewed as fixed, as unchangeable, ahistorical, and as deterministic of individual men's beliefs and practices (and not as a collective practice), a simplistic understanding of masculinities emerges. Sonke's OMC programming attempted to press beyond these simplistic notions of masculinities in several local contexts in a few key ways. First, the program simultaneously focuses on the ways in which gender inequality shapes women's and men's health while also offering recognition of the costs of hegemonic masculinity to men—and to marginalized men in particular. Second, OMC recognizes that masculinities are embedded not only within the structure of gender relations but also in the historical specificity of race and class relations in South African society. In this way, the program helps men to connect their experiences with racial inequality to the ways in which women and men are implicated in the gender order. This approach recognizes the coconstitutive nature of masculinities and race in health endeavors while also examining how hegemonic masculinity articulates in men's everyday lives (Luyt 2012). Third, OMC sought to press beyond conceptualizations of men as recalcitrant to change or as an individual problem, engaging men as positive agents of change in their relationships and communities. This approach linked the possibility of change to participants' experience of bringing about changes in government from Apartheid to the new democratic dispensation.

While these are important elements of the program, several critiques likely emerge from our study. First, from a conceptual perspective, we are essentially examining masculinities as intervened upon in OMC primarily at the individual and small-group level with some men taking community-level action to shift the norms and practices of masculinity at the collective level. While such a perspective is important given that it recognizes "masculinities as configurations of practice that are accomplished in social action" (Connell and Messerschmidt 2005, 836), we did not have the opportunity to observe men's actions at the community level once the small group workshops ended. Hence, without the opportunity to triangulate our interview findings with participant observation, we have little firsthand knowledge of how men are met by their partners at home or by other women and men in the community at large (this is critical for a full understanding of masculinities as a set of collective practices). Second, even though OMC attempts to positively engage men beyond negative, singular, fixed notions of hegemonic masculinity, it is still the case that our results revealed a few men who felt that they were being problematized as individuals or as men. Still, this was not often the case and our results do seem consistent with those who claim that "gender transformative" programming can and does have a positive impact on relationship equality and health (Peacock, Khumalo, and McNab, 2006; Dworkin, Dunbar, Krishnan, Hatcher and Sawires, 2011; Barker, Ricardo, and Nascimento 2007; Pulerwitz and Barker 2004).

As men are being asked to change in the direction of more gender equality within HIV/AIDS and antiviolenace programming, researchers and practitioners should engage more thoroughly and directly with men's articulations of shifting norms and practices of masculinity, women's rights, and gender norms. In our own sample, while most OMC participants became supportive of a shifting terrain of rights and shared power, a clear minority also believed that the rights of women and children were being promoted and protected at their own expense. Such men perceived this loss as one that undermined their household authority and some feared a loss of gendered power, especially in the domestic sphere. Future health programming can therefore engage more directly with men's unique narratives and fears on the ground so as to counter assumptions that men have about power as a zero sum gain where women gain and men lose (Colvin, Robins and Leavens 2010; Dworkin, Colvin, Hatcher and Peacock 2012; Krishnan et al. 2010).

There are several other limitations to this work. As we have noted, given that the current sample of men is small ($N = 60$) and men were recruited from Sonke's partner organizations that were often dedicated to equality and health endeavors, these men may not be representative of the broader population of South African men. In addition, this study relies on self-reported data using a retrospective design at the close of a program. Without the benefit of a randomized design, a control group, or a pre-post design in the current study, we are limited in our ability to have full confidence in these retrospective qualitative results that were collected post-intervention. In addition, while many men attributed numerous changed beliefs and behaviors to the OMC program in particular, it is difficult to ascertain the extent to which other programming by Sonke or by other groups in these local areas also played a role in producing such changes. To counter this, and to limit social desirability biases, we hired interviewers who were external to the program and external to Sonke, and we limited our analyses of change to statements that were attributed directly to OMC programming.

Despite the limitations of OMC programming and of our preliminary qualitative research, the current study is innovative given that little previous qualitative work has examined how men who largely adhere to dominant norms of masculinity that shape HIV/AIDS and violence outcomes respond to being asked to change in the direction of more gender equity in programs, particularly in contexts in which there are strict patriarchal norms (Dworkin, Colvin, Hatcher, and Peacock 2012). Although there has been much historical and social science research that underscores how men change over time in various global and local contexts (Hunter 2005; Kimmel 1987, 1990; Morrell 2002; Montgomery et al. 2006; Walker 2005; Wyrod 2008) only a few studies have carefully delved into an understanding of how hegemonic ideals actually get dislodged within HIV/AIDS and antiviolence programming (Peacock and Levack 2004; Peacock, Khumalo, and McNab 2006; Pulerwitz, Barker, and Segundo 2004). Our results reveal that OMC helped many men on the ground to wrestle with and shift their views and practices related to dominant ideals of masculinity, including changes in women's rights, relationship power, and household divisions of labor, all of which appeared to move in the direction of more gender equality.

Our findings may not be surprising given that South Africa has a thriving culture of human rights and as a nation has undergone dramatic changes in the realm of politics and gendered rights in the last fifteen years. Naturally, as formal legal protections are strengthened and government, civil society and the private sector commit themselves to promoting women's rights and gender equality, men's understanding of their own gender identity and relationships are changing in response. This process of shifting gender relations is partly similar to the one examined in the United States described by Kimmel (1986, 2000) and is paralleled in work by Morrell (1998, 2002) and others (Dworkin, Colvin, Hatcher and Peacock 2012) in South Africa. These scholars have underscored how rapidly shifting gender relations can lead to masculinism (the bolstering of all-male domains), backlash (the worst form of which is violence) or embracing women's rights. Our results reveal that the complex approach that OMC takes to engage men on the topics of masculinities, gender, and racial inequalities and health appeared to have succeeded in minimizing backlash narratives and garnered much support and enthusiasm from men about gender equality.

In future programming that is invested in the intersections between masculinities, gender equality and health, such programs can bolster their engagement with men by making more solid parallels between the process of minimizing racial inequalities and gender inequalities. In particular, researchers in South Africa and around the world have shown how dominant groups (whites, heterosexuals, or men) have strong negative reactions and make statements about their own disempowerment when more marginalized groups (women, marginalized sexualities, people of color) seek and gain empowerment (Krishnan et al. 2010; Kimmel

1986, 1997, 2000). In OMC, providing safe spaces in which to simultaneously discuss women's rights, health, and masculinities—and links between racial inequality and gender inequality—provided a particularly fruitful arena for men to both learn about and discuss abstract ideas focused on masculinities and to apply these to their own lives. Future research should draw on these positive trends while continuing to expand on our understanding of masculinities as a set of collective practices that can be intervened upon at the collective level.

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