



# Why Engaging Men, Women and Gender Transformative Norms Matters

Edith Maziofa-Tapfuma and Alessandra Cornale  
 Swedish Workplace HIV and AIDS Programme, Harare, Zimbabwe  
 Swedish Workplace HIV and AIDS Programme, Stockholm, Sweden

## Background

Over 30 years into the HIV epidemic, it is well documented that unequal relationships between men and women and societal norms of femininity and masculinity are important influences on HIV prevention, treatment and management. "Gender inequality heightens the vulnerability of women and girls to HIV infection, particularly where access to education, age-appropriate HIV information as well as sexual and reproductive health services necessary to prevent HIV infection are unavailable or inaccessible" (unicef.org). HIV and AIDS are not only driven by gender inequality, they entrench gender inequality, putting women, men and children at further risk. For example, in many low-and middle-income countries where most women are economically dependent on men, their ability to make decisions about sex may be most constrained (Wood and Jewkes, 1997).

Workplaces in most sectors in sub-Saharan Africa are largely dominated by men. Over 80% of employees in companies supported by the Swedish Workplace HIV and AIDS Programme (SWHAP) are male resulting in a disproportionate access to HIV and AIDS information and services among men and their spouses or partners. These inequalities put women at further risk. Already HIV has a disproportionate impact on women in this region with 59% of people living with HIV in East and Southern Africa being women and girls (unaids.org).



## Description

The mandate of SWHAP is to support the development and implementation of workplace HIV and wellness programmes and policies at workplaces in sub-Saharan Africa. Having noted that the workplace programmes only reached one spouse/sexual partner SWHAP acknowledged the need to make this intervention complete by mainstreaming gender into all programmes. This involved:

- ▶ Technical and financial support to companies to update HIV and wellness policies to include gender considerations.
- ▶ Promotion of gender mainstreaming strategies and approaches that included spouses and communities.
- ▶ Capacity building in gender norms transformation strategies for Peer Educators including Spouse Peer Educators.
- ▶ Workplace and community gender dialogues on the importance of involving men in HIV, gender-based violence (GBV) and sexual reproductive health and rights (SRHR) responses.
- ▶ Workplace based sensitisation promoting partnerships between men and women in areas of parenting, SRH, and the division of labour in homes and communities.
- ▶ Support for spousal programmes which provided training on; HIV and AIDS, SRHR, financial literacy, and income generation opportunities.



## Lessons Learnt

The initiatives have:

- ▶ Reduced the information gap between spouses regarding HIV equipping partners with information to better protect themselves.
- ▶ Provided access to HIV Testing and Counselling services for spouses/ partners through workplace and community wellness days.
- ▶ Equipped Peer Educators to examine cultural norms relating to gender.
- ▶ Increased understanding on how harmful gender norms place women at increased risk of HIV infection, GBV and poor SRH outcomes.
- ▶ Influenced positive workplace policy changes incorporating gender equality and equity.
- ▶ Enhanced communication and dialogue between couples and increased access to HIV testing services for couples.



*Ever since I started learning about gender, I have come a long way. For instance, there have been a lot of times when I am home that I take care of my children whether my wife is present or not. I even cook, my wife is here you can ask her.*

Over **200** Steering committee members from **30** companies learnt how to mainstream gender into their programmes



**85** Spouse Peer Educators trained in 2016



**9 793** Family members participated in the programme **333** participated in HCT

*Anyone can take on any role or responsibility without necessarily thinking that these roles or tasks are for men or women. There are no barriers where I work.*

## Conclusions/ Next Steps

- ▶ Replicate gender transformation norms to other workplaces in East, Central and Southern Africa.
- ▶ Cascade through advocacy into workplaces and promote gender equity considerations into workplace policies and programmes.



The Swedish Workplace HIV and AIDS Programme (SWHAP) is a joint initiative by the International Council of Swedish Industry (NIR) and the Swedish Industrial and Metalworkers' Union (IF Metall). It is a long-term strategy to contribute to the establishment and/or support of HIV and Wellness programmes at workplaces in sub-Saharan Africa. SWHAP is an example of how management, employees and trade unions can contribute to a successful intervention that saves lives and secures future markets. Since 2004, this programme has been helping companies invest in workplace programmes that reverse the negative impact of HIV and AIDS. SWHAP provides support for HIV and Wellness workplace programmes in over 360 workplaces in Botswana, DRC, Kenya, Mozambique, Namibia, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. The programme is cofunded by the Swedish International Development Cooperation Agency, Sida, and by the companies that participate in the programme.

[www.swhap.org](http://www.swhap.org)



Contact: SWHAP Secretariat - [info@swhap.org](mailto:info@swhap.org) or Country Coordinators - [www.swhap.org/about/coordinators](http://www.swhap.org/about/coordinators)

Presented at the 19th International Conference on AIDS and STIs in Africa - Abidjan, Côte d'Ivoire

