



TRADITIONAL LEADERS WIELD THE POWER, AND THEY ARE ALMOST ALL MEN: The Importance of Involving Traditional Leaders in Gender Transformation

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In African society, the sphere of influence of traditional leaders continues to be strong, especially in rural areas. As heads of their communities, traditional leaders are key decision makers and the custodians of tradition, culture and rites.

Civil society organisations have realised that if they want to tackle important social issues in rural communities on the continent, such as HIV, gender equality, violence or crime, they have to get traditional leadership on board, as a gateway to the people within the communities they want to reach.

A number of non-governmental organisations (NGOs), including South African Sonke Gender Justice Network, Ubuntu Institute, CARE International and Zambian Women For Change (WFC), work with traditional leaders on the continent on how to address gender-based violence, promote gender equality and reduce HIV/AIDS in their communities.

Through the support of traditional leadership, they involve men (and women) to take action in their own homes and communities to end domestic and sexual violence, change their perception of masculinity and address HIV and other health-related issues.

This approach is recognised by various African governments – Lesotho, Swaziland, Botswana, Ghana, Zambia, Malawi, South Africa and Zimbabwe – who acknowledge in their national strategic plans to fight HIV/AIDS traditional leadership structures and religious groups as key implementing partners.

Addressing FGM through Gender, Rights and Health

CARE International has initiated projects in Ethiopia and Kenya that involve traditional and religious leaders in addressing issues of health, rights and gender with focus on female genital mutilation (FGM), which remains a key issue affecting women’s reproductive and sexual health¹.

Between 2000 and 2002, CARE, with technical support from the Frontiers in Reproductive Health Programme of the Population Council, collaborated with traditional and religious leaders to raise awareness on the effects of FGM and advocate for the reduction of the practice among the Afar people of Ethiopia and Somali refugees in Daadab camps in Kenya. Both communities are predominantly of Islamic faith and practise infibulation, the most severe form of FGM.

“We start with traditional leaders, because the idea is that traditional leaders are very strong custodians of these practices,” explains one of the researchers, Jane Chege, now associate director of research, design and M&E for Global Health and HIV&AIDS Hope Initiative at World Vision International.

The core aim of the project was to increase knowledge of social and psycho-sexual effects of FGM and make communities understand that FGM is both a health and a human rights issue.

“Only a small component of FGM-related issues is medical. The main drivers are cultural practices, so we

¹ Information about this project stems from a personal interview with Jane Chege on 1 September 2009 and is taken from the report ‘Testing the Effectiveness of Integrating Community-Based Approaches for Encouraging Abandonment of Female Genital Cutting into CARE’s Reproductive Health programmes in Ethiopia and Kenya’.

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are engaging with rites of passage as a way of getting people to stop practicing FGM,” she explains. “Traditional leaders wield the power, and they are almost all men. If you don’t involve traditional leadership in such discussions, the environment will not be conducive, and it will be very difficult for women to take the next step.”

Chege also points out the strong gender aspect that influences FGM: “For example, if a woman can’t get married if she isn’t circumcised, not only men, but also many women will defend the practice.” Only if traditional and religious leaders question these cultural and gender norms is there an opportunity for change, she says.

Because FGM has been practiced for many generations, the practice is generally not questioned and little thought is spent on its physical and emotional implications for women. “We explained the full medical implications of FGM. This makes people revise their thinking,” says Chege. “Men get to a point where they accept marrying an uncircumcised woman.”

Project staff systematically targeted influential people who could serve as advocates – religious leaders, teachers, elders and other community leaders – with activities designed to provide information, raise issues and educate. Specific training modules and messages were constructed for each group. For example, religious leaders were trained to speak to the erroneous association of Islam and FGM.

In Kenya, advocates were drawn from a wide variety of influential people, while in Ethiopia, staff worked particularly with religious leaders, as this group of advocates was felt to be the most critical in terms of re-defining the relationship of FGM to religious obligation, erroneously associated by much of the community including some religious leaders.

At the end of the project, a range of social changes could be noted. There was a significant increase in the number of people who believed FGM violates the human rights of women and girls. In Ethiopia, this translated to a positive attitude within broader society in support of FGM abandonment and an intention not to cut their daughters in future.

“In Ethiopia, the results were fantastic,” says Chege. “We saw a great shift in attitude in support for abandoning the practice. Qualitatively, we can say that fewer girls have been cut since then.”

The majority of religious leaders agreed that FGM was not required on religious grounds and that they would speak of this finding to the faithful. “Religious leaders who strongly supported FGM realised, by studying the Quran, that it’s not a prescribed religious practice,” explains Chege.

Leaders became advocates on FGM abandonment. They also expressed their intention to work with other indigenous or traditional structures and community leaders to define/redefine their traditional roles to include playing a greater protection role for women, girls and families who chose to publicly declare themselves against the practice.

In Kenya, the results of the project were a little less positive. Men and women only slightly increased their support for FGM abandonment, and only few expressed the intention not to cut their daughters in the future.

Surprisingly, in both Kenya and Ethiopia, higher proportions of men supported the view that FGM violates the rights of women and girls. In addition, men had higher mean scores in positive gender equality indicators.

“I think that many women own their oppression so

much, they feel that they gain a level of acceptance within society through it. They don't know how to live with the change, and they are scared," Chege explains the findings.

Nonetheless, in both countries, there was active public debate on the merits of continuing the practice, and some uncut girls, men, women and families publicly stated that they did not want to continue practicing FGM. In Kenya, support groups were formed for those who did not want to succumb to FGM, while in Ethiopia, collective action was beginning to be observed: 70 elders made open declarations that in future their villages would not cut their daughters.

Tackling HIV in Southern Africa

Another research project, undertaken by the South Africa-based Ubuntu Institute, examined the current and potential roles of traditional leaders in the fight against HIV/AIDS in various southern African countries, including South Africa, Swaziland, Botswana and Lesotho².

The project has resulted in some useful findings that could assist in education and information campaigns and ultimately help to prevent the spread of HIV, especially among the youth.

"The purpose of the study was to investigate the role traditional leaders in the SADC region could play in reducing the spread of HIV in a region where about 18,8 million people are living with HIV/AIDS, and to explore avenues in which traditional leaders could influence behaviour change, especially in rural areas where indigenous leaders and traditional structures are influential and yet most HIV/AIDS campaigns do not reach," says Prince Cedza Dlamini, chief executive and founder of the Ubuntu Institute.

The study investigated the role men, culture, customary law and institutions of traditional leadership can play in addressing the key drivers of the HIV/AIDS pandemic

in Southern Africa. "We need to urgently address the socio-cultural aspects of HIV/AIDS," believes Dlamini.

Evidence suggests that traditional leaders can play key leadership roles in HIV and AIDS awareness, prevention campaigns and in supporting treatment and care, as they are in direct contact with remote communities and very influential.

The study found that traditional leaders felt marginalised and circumvented by government and donors, yet almost all were eager to become more involved in the development and health improvements in their areas. They felt that, due to tensions between traditional and political systems of governance, there had been limited input from traditional authorities in both design and implementation of their countries' national HIV/AIDS strategic plans.

"Some traditional leaders feel that local government officials, operating within Western-style political parties, undermine the importance of traditional leaders in their communities and do projects without their consultation," explains Dlamini.

Importantly, ceremonial rites of passage, which attract thousands of young people every year, should and could be used for HIV/AIDS education in a way that is currently unexplored to its full potential, he says.

Traditional leaders cited a breakdown in family values and morals in society. These should be revived at community-level, the Ubuntu Institute believes, and family units should be strengthened to promote social cohesion and platforms to educate young people.

Lastly, the study showed that female traditional leaders, such as wives of chiefs and members of royal families, should be involved in HIV/AIDS education, especially for young girls. They could provide treatment support and care to community members, as they were the ones that usually dealt directly with the sick in the community.

Working with the Limpopo House of Traditional Leaders, South Africa

² Information about this research project was taken from <http://www.sabcoha.org/in-the-news/traditional-leaders-key-partners-in-the-fight-against-hiv-and-2.html>

“Traditional leaders can play key leadership roles in HIV and AIDS awareness, prevention campaigns and in supporting treatment and care.”

A good example for engaging traditional leadership in work around gender and HIV is the Sonke Gender Justice Network’s work with the House of Traditional Leaders in Limpopo, to which more than 30 traditional leaders from different areas within the province belong.

Sonke provided the chiefs with in-depth training on gender, culture and human rights. They also discussed the role traditional leaders can play in using the traditional justice system to influence key issues in their communities, for example violence against women.

“Traditional leaders are the key stakeholders in the fight against HIV and the promotion of gender,” explains Sonke co-director Bafana Khumalo. “It is crucial to have a good relationship with them to get access to the areas they control.”

Khumalo highlights the importance of engaging traditional leaders with an approach that respects their cultural background. Instead of introducing the gender discourse from a Western perspective – an approach that is often taken by civil society organisations – Sonke bases its strategy on the African concept of *ubuntu*, “a person is a person through other persons”. *Ubuntu* is the fundamental principal of every African society and addresses humanity and people’s interdependence in the broadest sense.

“There are a lot of aspects of African culture we can use to build on ideas of gender equality. It is significant to discuss ideas in a way that doesn’t put people in conflict with traditional values. We start with what people know and what they accept. This is also a way of gaining mutual respect,” says Khumalo.

“Behaviour change is always a very sensitive topic, because when communities perceive ideas coming

from the outside, they are likely to be resistant because they feel their culture is undermined,” he further explains. “You can only achieve commonality if leaders believe the initiative enhances life in their community.”

Sonke’s strategy has proven to be a success. During the training sessions, traditional leaders spoke about their concerns of ever-increasing HIV infection rates, violence and single mothers in their communities and welcomed the idea to mobilise community members based on an approach that respects the values of *ubuntu*.

“We’ve had amazing responses from traditional leaders. None of them has been resistant to our message. All invited us to address their communities,” confirms Khumalo.

The leaders called *imbizos* in their communities, which were attended by hundreds of people – mainly men – and provided Sonke with an opportunity to gain buy-in from community members. This then opened the door for Sonke to launch its One Man Can (OMC) training that supports men and boys to take action to end domestic and sexual violence and to promote healthy, equitable relationships that men and women can enjoy.

Apart from its work with the House of Traditional Leaders, Sonke collaborated with Munna Ndi Nnyi? (What is it to be a man?), a community-based organisation working with men around gender and gender-based violence, in Venda, a region within Limpopo. Supported by Sonke, Munna Ndi Nnyi? started to work with traditional leaders by using the relationship they have with the local male circumcision schools. School debates reached 200 learners with messages about gender and HIV and AIDS.

Not far from there, in Thohoyandou, Sonke coordinated

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a Men’s March to commemorate the 2008 16 Days of Activism in partnership with the Centre for Positive Care, Limpopo traditional leaders, local community organisations and NGOs. Hundreds of men and women marched from the local municipal offices, led by the local police band, to the Thohoyandou shopping centre and pledged to protect and respect women and children.

The march ended with a celebratory event at the University of Venda, which was broadcast live on Phalafala FM and televised on SABC news.

To expand its work with South African traditional leadership, Sonke has been contracted by Futures Group International to provide traditional leaders throughout the country with education and training on men’s sexual and reproductive health, including HIV testing, family planning, male circumcision, and multiple concurrent partnerships (MCP).

Through the training, Futures Group hopes to involve traditional leadership in national health policy initiatives. “Sonke is uniquely positioned to do the training because they have lots of experience working with men, gender, HIV and violence,” explains Futures Group senior technical specialist Mogale Mashiapata why Sonke was selected to implement the project.

Later this year, Sonke will convene a high level meeting with leaders from government, traditional authorities and civil society, the outcomes of which will inform policy on male sexual and reproductive health.

“Traditional leaders are key entry points into communities and play a crucial role in local municipalities. We need to involve them to help guiding processes that address unhealthy ways

of masculinity,” says Mashiapata.

Sonke will also produce digital stories with traditional leaders on men’s role in gender and HIV in indigenous languages that will be used to both inform national policy and community outreach programmes.

Post-workshop evaluations of Sonke’s work indicate substantial shifts in gender- and HIV/AIDS-related knowledge and attitudes. Evaluations after a workshop with the Chwezi Traditional Court, for example, revealed that before the workshop, 100% of respondents believed that they had the right, as men, to decide when to have sex with their partners. After the workshop, 75% changed their mind and said they did **not** have the right to decide when to have sex with their partners.

Similarly, 67% of respondents believed, before the workshop, that they could get HIV from a deep kiss with someone. After the workshop, everyone agreed that HIV cannot be transmitted by kissing.

A pre/post questionnaire after another workshop, conducted with the Ekukhanyeni Tribal Authority, indicate similar shifts. Before the workshop, 63% of respondents believed that, under some circumstances, it is acceptable for men to beat their partners. Post-workshop, 83% of respondents disagreed with this statement.

Moreover, 96% of respondents believed they should not interfere in other people’s relationships, even if there is violence, whereas after the workshop, everyone agreed that they should interfere.

Work with leadership in Mabeskraal

In the Mabeskraal area, ruled by Kgosi Mabe, Sonke’s

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training programme is already well under way. In Mabeskraal, HIV/AIDS and gender-based violence are serious issues that threaten the cohesion of the community.

During the days of apartheid, Mabeskraal formed part of the Bophuthatswana homeland and was characterised by lack of investment in social and economic development. The resulting structural poverty and unemployment have had a major impact on patterns of masculinity and gender relations in this deeply rural area. What makes matters worse is high unemployment, HIV prevalence of about 25%, high levels of domestic violence as well as alcohol and substance abuse.

After Kgosi Mabe and other traditional leaders expressed a keen desire to address gender inequality and facilitate a change in gender roles, Sonke initiated a project in August 2008 to provide training and technical assistance to implement its OMC campaign to partner organisations in and around the village of Mabeskraal.

With the active support of Kgosi Mabe, Sonke developed strong working relationships with the Mabeskraal traditional authority (the local House of Traditional Leaders and the Mabeskraal Tribal Office) and other key community-based organisations, including Batsha Bakopane (youth organisation), Botho jwa rona (HIV home-based care organisation), local churches, schools, the then newly launched Mabeskraal Men’s Forum and loveLife.

Sonke ran several OMC training courses to build capacity among traditional leaders and its partner organisations. Sonke also developed prevention messages and culturally relevant strategies for community activism.

A key objective of the project was to encourage community mobilisation to change perceptions on gender roles and gender relations, reduce the spread and impact of HIV/AIDS and halt gender-based violence through OMC Community Action Teams (CATs), community education, campaign and activism initiatives.

“We use men as positive agents for change,” Botha explains the strategy behind the programme. “Our goal is to challenge patriarchy and cultural practices that undermine women. The main purpose is to demystify the issue that culture is a barrier to women’s rights, because many men use culture as a bulwark.”

Sonke and its local partner organisations have already reached about 1,500 people, mainly men and boys, through community gatherings, such as *imbizos* and youth *indabas* that focused on gender roles, rights and empowerment – and the benefits changes in gender roles offer for both women and men. Sonke staff used digital stories to prompt discussion and debate about men’s roles and responsibilities in ending gender-based violence and reducing the spread and impact of HIV and AIDS.

Participants at the *imbizos* and *indabas* were encouraged to develop concrete action plans that they can implement in their personal lives and in their communities. As a result, an OMC Committee was formed in Mabeskraal to work hand-in-hand with the local Men’s Forum and other civil society organisations. The formation of the committee has been key to the ongoing sustainability of the project locally, says Botha.

Through workshops, community gatherings and other

community events, the project has stimulated frank, open dialogue among boys, girls, men and women about these key issues and has challenged traditional beliefs and views about gender roles. “We try to relate issues of gender inequality, abuse and health risks to the bigger picture of culture and tradition so that people can identify,” explains Botha.

Sonke acknowledges that key to the success of the meetings was its good relationship with Kgosi Mabe, the king of Mabeskraal, in North West province, who is the head of the provincial House of Traditional Leaders and who encouraged many other traditional and religious leaders to listen to what Sonke had to propose.

With great effect, Kgosi Mabe gave a practical example of his commitment to gender equality during the Fathers’ Day celebrations in May 2009. He appointed his wife to lead the community’s Responsible Fatherhood project and insisted she take his place in addressing a Father’s Day community meeting.

“Kgosi Mabe is a king who not only speaks about gender equality but also practices it. Having a woman address a crowd, especially when the king is present, is against protocol and highly unusual in a system that does not allow women to take the lead,” explains Khumalo.

Giving women roles of leadership is a crucial step traditional and religious leaders can take to foster women’s empowerment. “It means that women will be respected and involved in substantive decision-making processes,” believes Sonke senior programmes advisor Mbuyiselo Botha. “Increasing women’s role is critical if we want to create a normal society.”

Sonke also organised an Open Day to encourage men in communities in and around Mabeskraal to test for HIV. The event was led once again by Kgosi Mabe who himself attended a voluntary counselling and testing (VCT) session. More than 1,000 community members followed the king’s lead and tested for HIV that day. “His involvement was key because in this deeply rural area, where testing is low but HIV prevalence rates are high, the chieftaincy is the beginning and end of it all,” says Botha.

Another highlight of Sonke’s work in the community was a public demonstration on how to use a condom, supported and attended by traditional leadership. “It was an exceptional event in an area where talking about sexuality is taboo and a condom use demonstration obviously has to be quite explicit,” explains Botha.

Addressing Harmful Cultural Practices in South Africa’s Eastern Cape

In South Africa’s Eastern Cape province, Sonke’s work with traditional leadership has been focusing on two particular traditions that have become critical social issues for communities in the region – male circumcision rituals and the practice of *ukuthwala*, arranged marriages.

Both practices have become human rights issues in recent years, because they have been misappropriated by those out for financial gain and because high HIV infection rates further exacerbate the problem, putting at risk the health of those falling victim to the practices.

In mid-2009, a group of mothers from Bizana, near Lusikisiki, marched into the local police station because their teenage boys had been coerced into attending an illegal circumcision school without their parents’ permission. The boys had fallen prey to a ‘circumcision scam’ and were lured to participate in coming-of-age rituals. Afterwards, their parents were presented with huge bills and threatened if they refuse to pay.

Almost at the same time, protests arose because eight young girls from remote areas of Lusikisiki, including kwaNcele, Khanayayo and Hlabathi, were abducted and forced to be married to much older men under the custom of *ukuthwala*.

The girls had been abducted by relatives, who were hoping to make money, locked into guarded huts and forced to have unprotected sex with strangers who later became their new ‘husbands’. Apart from this violation of children’s rights, the girls’ health was put at risk, as HIV infection rates in the area are high.

“They were denied their childhood and a right to

education. *Ukuthwalwa*, once a custom of a couple eloping in order to marry, is being abused to legitimise the abduction and forced marriage of under-age girls. *Ukuthwalwa* has become a violent practise,” explains Sonke OMC facilitator Patrick Godana.

One of the rescued girls, 14-year-old Neliswa, managed to escape from the hut, which was guarded by five men, two of which were her relatives. She ran to the mayor’s daughter in kwaNcele and pleaded with her: “I do not want to marry an old man. All I want is to go to school.” The mayor’s daughter took the girl to the local police station and reported the case.

Since then, Sonke has been cooperating with other civil society groups who work in the area, such as Paralegal, the Lusikisiki Child Abuse Resource Centre (LUCARC) and Treatment Action Campaign (TAC), as well as government departments to raise awareness against child abduction. The organisations agreed it would be useful if Sonke could bring its OMC campaign into the affected communities.

Tackling such matters is “very testing and difficult”, knows Godana. To gain access to the communities and effect change, meetings between Sonke and traditional and religious leaders will be the next step. But, so far, it has been challenging to set up those meetings, partly because of political infighting in the district.

“For us to be able to reach out to the community, we have to go to the gatekeepers first,” Godana explains the importance of winning the trust of the local leadership. “We have to ask the chief for permission to work in his community.”

It is important to explain to traditional leaders that Sonke’s work will not challenge his chieftainship but rather strengthen it and help adapt to modernism, he adds:

“We show respect for the chief’s authority and in turn earn his respect.”

Some community leaders have already voiced their support for Sonke’s campaign. Reverend Ntshonsho, for example, told Sonke staff that more action was needed and expressed his concern about circumcision practices that left 44 boys dead in the region last year, with many having been admitted to various hospitals after being circumcised.

Another religious leader welcomed the OMC campaign, saying he was troubled by his male colleagues’ attitudes that perpetuate gender stereotypes.

Sonke hopes the OMC campaign will be a vehicle to reach out to men and boys in relation to women in a quest to contribute to a realisation of a healthy and equitable society in the Lusikisiki area. It also plans to introduce its fatherhood project, which helps men to develop their capacity to protect children and women from violence and the spread of HIV.

“We are still in the process of resolving the situation. We are hoping to be able to train leaders, mobilise the community and create awareness campaigns very soon,” says Godana.

Sonke’s approach is backed by a 2004 Human Sciences Research Council (HSRC) study, which notes the major role cultural and traditional beliefs, such as those about male circumcision, play in increasing the spread of HIV infection among South Africans.

“There is lack of knowledge and confusion about the transmission of HIV/AIDS and other STDs during initiation,” HSRC researchers found, noting that traditional leaders should be at the forefront of promoting safe cultural practices.

Work with traditional leaders in Zambia

Similarly, a Zambian initiative found that, despite being closer to the people, traditional leaders have been left out of development initiatives, including HIV/AIDS and gender programmes. To fill this gap, Zambian NGO Women For Change (WFC)³ has been organising workshops for traditional leaders throughout the country on HIV/AIDS, gender, human rights and governance.

WFC facilitated the formation of the National Royal Foundation, together with associated provincial foundations, which functions as a forum for traditional leaders to share best practices in supporting communities and families that have been affected by HIV and AIDS, among other social issues.

The programme is supported by the Southern Africa Development Community (SADC) Council of Traditional Leaders, which has been established to lobby regional and international bodies on important developmental and social issues in southern African countries.

As a result of the WFC programme, Zambia’s traditional leaders are now being recognised as vital stakeholders in the fight against HIV/AIDS, gender imbalances, negative cultural practices and beliefs and human

rights violations, and are increasingly getting involved in development initiatives. To give just one example, the Zambia Integrated Health Programme (ZIHP) recently invited 200 traditional leaders to an HIV/AIDS workshop to put them at the centre of all its HIV/AIDS initiatives.

³ Visit www.wfc.org.zm for more information on the project.



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