

## South Africa at 20: Redressing gender imbalances could bring democracy into South African homes

*LSE's Giulia Ferrari examines ongoing efforts in South Africa to address power imbalances and outlines the challenges that still lie ahead.*

In South Africa, one in four adult women has experienced violence from an intimate partner (IPV) in her life[1]. IPV is often **justified by social norms** that subordinate women to their partners. It is a pattern of coercive control[2] that encompasses the financial, emotional and sexual spheres, limiting women's agency. One key question is how to break the cycle of disempowerment and enable women to enjoy their right to self-determination and a life free of violence. The recently approved **Women Empowerment and Gender Equality Bill** has high ambitions to provide an implementation framework for legislation aimed at redressing the gender imbalance in South Africa, but remains too vague in its prescriptions to stand a realistic chance of success.



South Africa's visionary Constitution enshrines the right to freedom, personal security and non-discrimination on the basis of gender. Against this backdrop, South Africa has, over these first 20 years of democracy, built a remarkable legislative framework both to directly tackle domestic violence, i.e. abuse from a partner or a family member; and enable the empowerment of women, who are the most likely victims. **The Domestic Violence Act of 1998** (DVA) is exemplary for writing into law a very advanced definition of domestic violence (DV) as a pattern of coercive control. **The National Policy Framework on Gender Equality (NFPGE)** of 2000 defined a best practice institutional framework, the National Gender Machinery (NGM), paying heed to the call of **The Beijing Platform for Action**. The NGM spans the entire institutional spectrum, from the highest levels of Government to grassroots organisations. It is designed to achieve the overarching goal of gender equality in politics, economics and the social and cultural spheres, by prioritising women's needs and aspirations in policy making, and monitoring progress towards gender equality.

However, though political representation among women has **increased to almost 50%** under the banner of the ANC, enforcement of these legal provisions has been in most cases ineffectual.

Women are still left behind in the workplace: only **15% of board members in private companies are women**, and it is not clear how many of these are black South African women, who record the highest unemployment rates in the country. Moreover, little progress has been made to reduce violence inflicted on the basis of gender: between 2004/2005 and 2012/2013 the number of **reported sexual offences remained virtually unchanged at around 66,000 per year**, while all other contact crimes decreased by between 18 and 45%.

The Bill passed by the Government on 20 November, 2013 defines general guidelines for both public and private entities on how to implement existing laws that aim to reduce the gender gap in the social, economic and political spheres. It is an effort to bring the DVA, the NPFGE, and other relevant pieces of legislation together under a single framework for implementation. It shifts the focus towards implementation, addressing the most glaring shortcoming in South Africa's path towards women's empowerment and the fight against domestic violence: the failure to enforce the exemplary legislative framework the country has in place for women's empowerment and the reduction of IPV and domestic violence more generally.

The Bill reflects current sophisticated understandings of the interlinkages between empowerment and violence against women. It stipulates that educating the public on gender based violence (GBV) is an explicit policy priority for the achievement of gender equality. This should help shift perceptions of what is and is not acceptable in matters of gender norms. It also provides for the economic empowerment of women and the removal of barriers they encounter in accessing services, particularly health and reproductive services.

However, the Bill presents each goal separately, and does not comment on synergies that may derive from pursuing them jointly. It also still shifts the burden of empowerment solely on to women, and leaves the role of men and the training of service providers out of the picture. More generally, it seems to miss the target in terms of *who* would benefit from the implementation, and *who* contributes to the efforts towards implementation; it also remains vague as to *how* such efforts are to be effected.

There are a number of reasons why this is problematic, and a number of places Government may want to look when choosing what policies to implement.

First, black South African women are currently the group with the lowest level of employment in South Africa (30%). Many of them are still left behind in rural areas, where opportunities for employment are low, and traditional gender roles that see women as subordinate to men are more likely to prevail. The Bill's focus on "public and private bodies" as vehicles for policy implementation is likely to miss these women, if clearer prescriptions are not taken into consideration.

Women in these areas are likely to be in informal employment or not economically active, and are supported by government subsidies or policy interventions such as micro-finance, often seen as a panacea for improving the conditions of the poor, especially women. In South Africa, micro-finance has previously been identified as a policy tool for the **reduction of poverty among rural women**.

However, economic empowerment through financing for poor women has consistently failed to provide sustainable and substantive emancipation, so that clearer indications on whether such types of interventions are encouraged and in what forms would be useful. Evidence that microfinance-only interventions contribute to the empowerment of women is patchy at best, and suggests that these interventions may increase women's risk of exposure to IPV[3]. When subject to the rigorous test of randomised experiments, microfinance-only interventions **fail to record any significant improvement in empowerment**. In South Africa, the IMAGE study found that providing poor women with access to both microfinance services and life-skills talks aimed at shifting gender norms, instead reduces their exposure to violence by as much as 45%, compared to women who receive no policy intervention. These findings seem promising, but a key question is whether interventions like IMAGE, with a strong health and women empowerment focus, are always acceptable and whether it may be appropriate to also actively include men in the process of

women's emancipation. The decision to inflict violence is ultimately in their hands, so it is worth asking whether they should also be encouraged to improve their ability to make **joint decisions** with their wives and improve their negotiation skills.

We still do not fully understand the reasons why this type of intervention may have different impacts from one like IMAGE[4]. Despite some evidence of an increase in joint decision making, improving negotiation skills does not seem to reduce women's exposure to abuse, nor increase women's empowerment. However, if we take into account previous evidence suggesting that an increase in personal consumption for men leads to increased IPV in poor households[5], the fact that we observe no change in exposure suggests that learning how to manage resources together may have some protective effect against IPV for women.

What does this mean for the Bill's provisions? It means that policies to foster economic empowerment need to be carefully thought out; and synergies with education on GBV awareness, and men's role in democratic decision-making in the household should be explored.

This is only one example of the areas a roadmap for implementation, as the Bill purports itself, could have provided indications on.

The Bill also prescribes that women have increased access to health and reproductive services. However, access alone is not sufficient. Service providers (medical doctors and nurses) must become able to identify, manage and appropriately refer women (and men) at risk of DV. Training for the medical profession has the potential to make a significant difference in South Africa in the fight against domestic abuse, and the Minister may want to consider this, also in light of **recent initiatives to improve the training curriculum of medical students**. The training of medical doctors has increased identification and referral of women at risk of IPV in the UK[6], and may prove successful in South Africa, if appropriately tailored. Similar interventions are in fact **not new to South Africa**, and have been successful in their own right[7].

The Bill sets out an ambitious plan, and seeks to revive policy efforts toward gender equality that have struggled to bring about effective improvements. However, it has been **received with great scepticism by civil society and grassroots organisations** because of its vagueness. If this push towards implementation is to truly benefit women, the Government and all stakeholders – from grassroots organisations to the research community and, more importantly, South African women across the socio-economic spectrum – need to take stock of what has worked on the ground in South Africa and elsewhere, and focus on interventions that build on existing successful experiences, as well as courageously modify what has not worked.

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[1] Jewkes, R., Levin, J., Penn-Kekana, L., (2002) *Risk factors for domestic violence: findings from a South African cross-sectional study*, Social Science and Medicine, 22 1603-1617.

[2] Stark, E. (2007) *Coercive Control, How Men Entrap Women in Personal Life*, Oxford University Press

[3] Vyas, S and Watts, C. (2012) How does economic empowerment affect women's risk of intimate partner violence in low and middle income countries? A systematic review of published evidence, World Development, 21(5)

[4] This is the current focus of my research, where I make use of economic models to disentangle mechanisms of impact.

[5] Tauchen, H. V. and Witte, A. D. (1991) Domestic Violence: A Nonrandom Affair, International Economic Review, 32(2)

[6] Feder, G., et al (2011) Identification and Referral to Improve Safety (IRIS) of women experiencing domestic violence with a primary care training and support programme: a cluster

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[7] Kim, J C et al (2009) Comprehensive care and HIV prophylaxis after sexual assault in rural South Africa: the Refentse intervention study *BMJ* 2009;338:b515

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