

From Concept to Practice – Involving Men and Boys *as partners*

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IMPLICATIONS of WHO Option B+ Guidelines *on* GBV

- Safety at home
- Safety in *healthcare settings*
- ***Accountability of healthcare systems to safety of women with HIV***



This afternoon in this session I would like to share with you information about the Stepping Stones programme, known in French as “parcours”. Let’s just step back a minute. Do you remember yesterday there was talk of the importance of protecting women with HIV from violence in healthcare settings? And do you remember this morning we talked about the dangers of criminalisation for women with HIV in relation to peri-natal transmission? And the issues around forced sterilisation? Well I think we need to start to be far more mindful of such issues in relation to accountability of government ministries of health and other health services in countries. In particular I would like to raise the issue of Option B+, which has just been launched by WHO. This “option” – which is only an option for *governments*, not for individual women, states that all pregnant women with HIV should go on treatment for life. Well you will see in the film I am about to show you that many women face violence in their communities because of having to go to the health centre to access HIV treatment. We know from other research that such experiences are widespread and not confined to Malawi. So ministries of health – and WHO – need to hold themselves to account to ensure that their programmes are not increasing women’s risk of GBV because of their policies. Please think about this when you watch this film.

CONSEQUENCES OF IPV ON COUPLES, HOUSEHOLDS AND OVERALL HIV/ AIDS MANAGEMENT.....



Coalition of Women Living with HIV and AIDS (COWLHA)

BASELINE REPORT ON INTIMATE PARTNER VIOLENCE AMONGST PEOPLE LIVING WITH HIV

Made possible with financial assistance from



1. Refusal to Continue ART
2. Inconsistency in following ART guidelines
3.

COWLHA May 2012

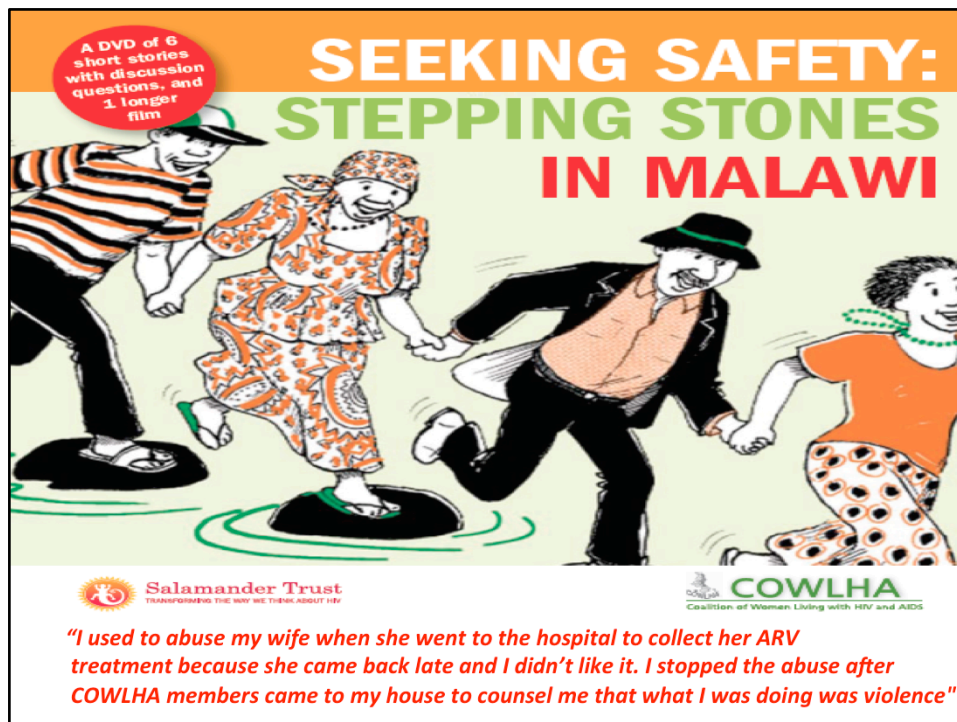
So moving on to Malawi and the Coalition of Women living with HIV and AIDS. Last year they conducted a baseline survey on intimate partner violence. They learnt from this study that intimate partner violence is widespread amongst its members. They also learnt that when women with HIV face IPV, the first casualty is refusal to continue taking ARTs. They give up the ARTs rather than risk exposure to violence. Secondly, they do not adhere well to treatment. Well as we all know, adherence to this medication is really important. Adherence to *any* medication is really hard. You know how often people don't take anti-biotics properly. But you don't get beaten up for taking anti-biotics. How much harder is it then to be adhering well to medication which will risk violence? No wonder women find it hard to adhere when they are experiencing or fearing this.

Some key ingredients....

- ✓ Evidence
- ✓ Scaling-up
- ✓ MIWA
- ✓ Engaging Men and Boys as *Partners*
- ✓ Empowerment
- ✓ Enabling Environment



So as we look at this film, let's remind ourselves of some of the key ingredients we have been hearing about over the past two days. These are listed above. COWLHA did their base-line survey and came up with this evidence about intimate partner violence in communities. You will hear that they have scaled up the programme to 12 of 28 districts – and in fact they are now taking it to even more districts. You will see real Meaningful Involvement of Women living with HIV and AIDS in action. You will see that men and boys are involved and engaged there also. You will see what empowerment can look like in a community. And finally you can see how COWLHA have created a real enabling environment in these communities.



In this film, you will see and hear one of the headmen of the community say the quote above. If someone in his position has this approach it is inevitable that others will also. It is really clear therefore that health services need to recognise and respond to such issues *as a part of* their programmes. They cannot ethically ignore such issues. Yet so often these policies are being decided without any involvement of women living with HIV. As we saw in the participation tree this morning, many such policies are decided without any meaningful involvement of women with HIV.

COWLHA MALAWI EXAMPLE

“Seeking Safety: Stepping Stones in Malawi”



The film can be accessed at the bottom of the following webpage, which explains more about the whole film-making programme with COWLHA: <http://tinyurl.com/pxafv34>

Stepping Stones history

- Uganda
- Post-conflict reconstruction (eg Mozambique, Liberia, Angola)
- Christian, Muslim, local faith
- Rural, urban
- Young and old men, young and old women
- Key populations: harm reduction, LGBTI, sex work
- The Gambia



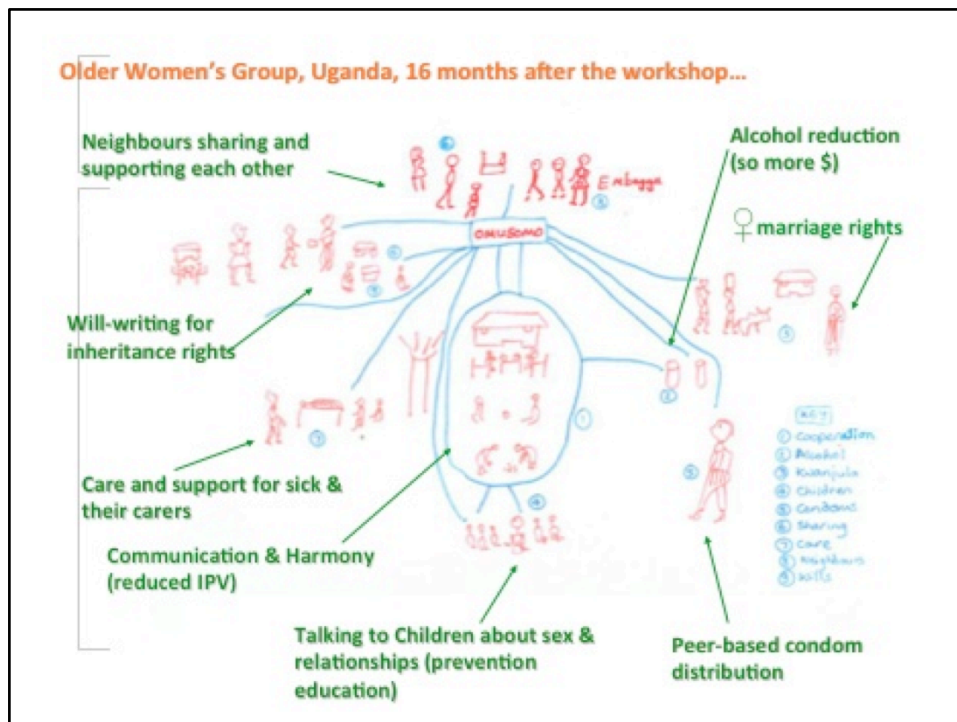
Here is a very brief outline of the history of the Stepping Stones programme, which COWLHA has been using. You can learn more about the whole programme at www.steppingstonesfeedback.org You can also watch a brief film which explains how the programme works here: <https://vimeo.com/39882878>

EVIDENCE

- Randomized Control Trial MRC S. Africa:
- WHO, USAID
- “What Works for Women”:
www.whatworksforwomen.org



Now everyone wants to know about evidence of what works in such programmes. Well Stepping Stones had an RCT conducted by the MRC in South Africa and has as a result been recognised by both WHO and USAID as one of the few programmes which reduces GBV in communities. You can read more about all this at the “What Works for Women” website, whose website address is above. (You can enter “Stepping Stones” in the search box there to see more).



Of course, as we said this morning, no evidence really matters unless those most affected by an issue really can feel the difference for themselves. This diagram drawn by older women in a community in Uganda 16 months after the programme finished show the Complex Structural Drivers involved which the programme addresses. These women were just asked “what changes have you seen?” and this is what they responded. They drew their responses because they didn’t have much formal education – but of course they had a deep understanding of what had changed in their lives nonetheless and needed no formal education to benefit from the programme.

CREATING FUTURES



Background

Preventing the heterosexual transmission of HIV amongst young women and men remains a critical global health priority. While globally the HIV epidemic has stabilised and in places declined, in 2009 UNAIDS estimated young people aged 15-24 accounted for 41% of all new HIV acquisitions in those over 15, of which 79% were in Sub-Saharan Africa (UNAIDS, 2011).

Informal settlements in South Africa and globally remain the epicentre of the HIV epidemic, with sustained high incidence among youth despite HIV prevention efforts and bio-medical interventions (Ghani, Reine, Gilmay, & Zuma, 2009; Thomas, Veeney, & Marang, 2011; van Rensburg & Jackson, 2008). In South Africa, 25-30% of the total estimated HIV incidence was found in urban informal settlements, even though only 5-7% of South Africans live there (Rutledge et al., 2007). Estimates suggest that HIV prevalence in urban informal settlements is twice the South African national HIV prevalence.

In women, HIV risk is inextricably linked to women's experience of gender subordination including social and economic dependency on men. A cohort study of young South African women showed a significant proportion of HIV in women could be prevented if relationship power inequality were reduced and there was no severe physical or sexual intimate partner violence (IPV) (R. K. Jewkes, Dunkle, Nouna, & Ghai, 2010). One of the important causes of dependency among women is financial dependency, which reduces women's ability to resist men's control (R. Jewkes, Dunkle, Nouna, & Juma, 2012).

In research on men, arguments have been advanced

that prevailing constructions of masculinity that link dominance over and control of women to the justification of sexual risk-taking behaviours, particularly having many partners and not using condoms, are a response for many men to weak economic contexts (Hunter, 2012; R. Jewkes & Morell, 2010).

Tackling the intersections of gender inequalities and poverty has been a priority for HIV programmes recently, with some success. The intervention for Microfinance and Gender Equality (MAGE) project in rural South Africa combined a microfinance and gender equality intervention and saw a 40% reduction in women's experience of IPV after two years (Pronyk et al., 2008). Yet, similar interventions in urban informal settlements and with younger populations have not shown similar positive outcomes. Nor have these approaches explored the potential positive impacts of including men in gender transformative and livelihood strengthening interventions (Giles, Wilan, Masehoni, & Mangena, 2012; Gupta, Gupta, & Warner, 2011; Hunter, 2010).

This brief presents the results of a 12 month follow up of a pilot of the Stepping Stones and Creating Futures intervention, a combined structural and behavioural intervention designed to address gender inequalities and livelihood insecurity simultaneously. The combined intervention was delivered in 2012 to 232 young women and men (average age 21.7 years) in urban informal settlements in Durban, South Africa.

The pilot intervention and its evaluation is a joint initiative of three partners: the Health Economics and HIV and AIDS Research Division (HEARD) at the University of KwaZulu-Natal (UKZN), the Gender and Health Unit of the South African Medical Research

INCOME FOR YOUNG MEN
AND YOUNG WOMEN UP

“Women reported a statistically significant reduction in their experience of sexual or physical IPV in the past three months”

YOUNG MEN'S MENTAL HEALTH
UP

YOUNG MEN'S
SUICIDAL IDEATION DOWN



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Finally I want to flag up this great new programme which is a new supplement to the Stepping Stones programme, focusing on livelihoods. Stepping Stones is only a beginning. It's a springboard for change and a programme like this new “Creating Futures” programme can then really take off. Here on the right you see some of the changes reported in the 12 month post-programme pilot. These changes sound very promising and we hope very much that this programme will be taken up by others after their Stepping Stones programme. More info about “Creating Futures” will be on the memory sticks.

Thank you.