

Empowering communities for cultural makeover

By Sue Holden and Hellen Otieno



Photo by Adriaan Backer.

In our efforts to stop the spread of HIV, we need to focus less on individuals, and instead look at, and respond to, the bigger picture of HIV transmission – the contexts in which it occurs. Instead of telling people to behave in certain ways, we can support them to think about the issues around HIV transmission and to seek the changes they prioritise. This article outlines how STOP AIDS NOW! and community-based organisation partners in Kenya did this in their Gender Development Project.

Twenty-five Kenyan organisations participated in the four-year project, working in a coalition that was coordinated by Women Fighting AIDS in Kenya (WOFAK). The partners received training on gender, HIV and AIDS, rights, and gender transformation to support them to adapt their existing work, rather than start new projects.

HIV, gender and rights

How are men and women treated differently in a community? What expectations are there of them, and what can they do or not do? Do people believe that men and women have the same rights? Norms about gender and rights have a great influence on vulnerability to HIV infection through sexual transmission, so these issues were at the heart of the project. The overall strategy was to carry out HIV prevention by empowering women and girls.

Figure 1 illustrates the approach. The inner oval contains key aims of community HIV prevention projects. The next ring features some key aims of gender programmes, while the outer oval

contains human rights, including those related to sexual and reproductive health. While a

focused approach to HIV prevention is limited to the central oval, responding to the big picture means acting at the gender and rights levels too. Note that the gender and rights aims are important in themselves, as well as linking to HIV prevention aims.

At community level, our lives are not ordered in neat boxes labelled 'HIV', 'gender' and so on. Indeed, things are complicated and interlinked. But within institutions, we tend to organise and specialise by themes. One outcome is organisations and departments that focus on HIV while ignoring related issues.

Yet, failing to address those issues can undermine our efforts to prevent HIV infection. For example, if girls and women are to challenge sexual abuse, they need to know their rights, to have the power to assert themselves, and to be supported by systems that act against sexual abuse. It is much more complicated than just learning to say 'no'.

Change from within

A crucial element of the project was that the partners supported local people to carry out most of the activities.

They mostly worked with women and girls' groups, but also involved men and boys by working with local leaders and the wider community. Outside 'experts' – lawyers and trainers integrating gender, HIV and human rights – were only used to train the

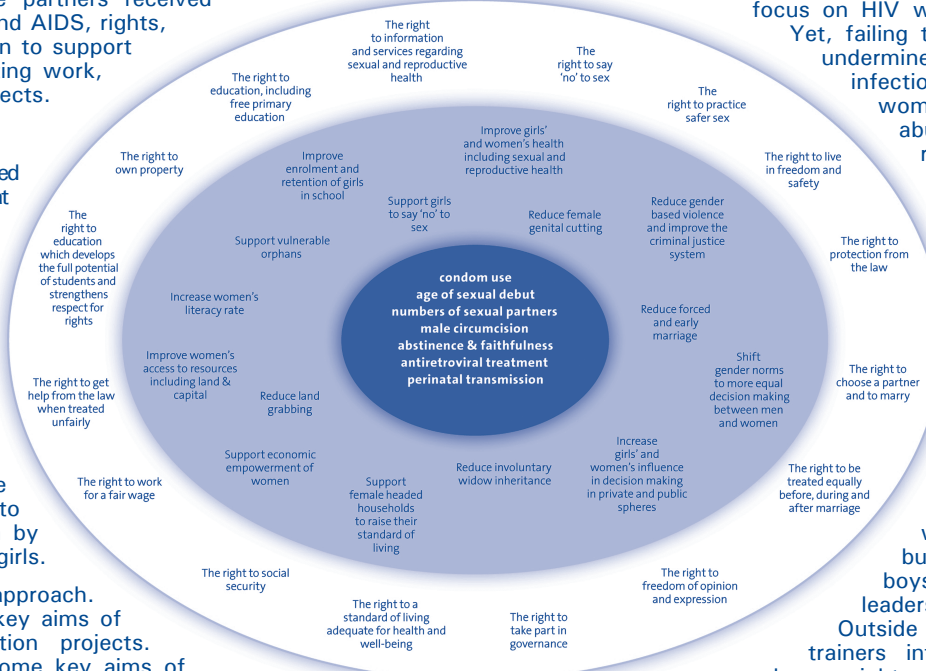


Figure 1: The Big picture of HIV Prevention, Gender, Equality and Human Rights

partners, who themselves then went on to train the community members.

The partners worked with community groups, and invested in their members' skills and knowledge, enabling them to assist and influence others. The process generally involved raising both the participants' awareness of their rights and their motivation to change things, and then giving them support to organise themselves to seek change. For example, Community Mobilisation for Economic Development and Advancement (C-MEDA) held regular discussion groups with existing women's groups, and trained 60 of the 200 members as 'focal points'.

The women received paralegal and conflict mediation training, then established and staffed eight 'gender desks' to which women and girls can bring cases of gender-based violence and other rights violations. The focal points provide counselling and referral for legal or medical assistance, as well as social support. C-MEDA also supported the women's groups and some school children to perform plays and to hold dialogue forums about HIV, rights and equality at chiefs' meetings and public gatherings.

C-MEDA's discussion groups enabled more women, including those living with HIV, to talk about their experiences of gender-based violence — from about five per cent of participants at the beginning, to about half of them at the end of the project. Around 500 women received practical support through the 'gender desks', and this gave more women motivation to speak out about abuses of their rights. Meanwhile, work with the wider community led to local leaders showing more support for women's rights and gender equality. For example, they called for cases of rape to be handled through the court system rather than through the traditional family compensation approach. Some of the women who participated in the discussion sessions

have taken on the role of change agents in their communities.

Three groups of around 20 women went on to organise their own discussion sessions with new participants after the project had ended. The beneficiaries of the project were in groups of 20. As a result of the training, they have

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been empowered and can stand up for their rights. They know where to seek legal redress when violated. The project was designed in such a way that it gave the beneficiaries ownership and they continue to advocate for the rights of others in the community long after the project ended. In their discussion groups they talk about various topics including sex and how to negotiate for safer sex, HIV and AIDS, reproductive health, gender and gender-based violence and economic empowerment. As C-MEDA reports, "Cases of wife battering have reduced because the women's groups have been trained and have in turn trained others."¹

WOFAK used a similar approach in Western Kenya, where it supported groups of women living with HIV. It trained some of the women to become human rights champions, who then took part in community meetings to advocate for the rights of people living with and affected by HIV and AIDS. The champions were successful in intervening in some cases where women's rights were being abused by daring to talk with the people involved, sometimes including local leaders and law enforcers. For example, an HIV-positive widow's brother-in-law was threatening to take her land and to inherit her. However, the woman was a

member of a WOFAK-supported group, who knew her rights and resisted. She asked for help, and the human rights champions spoke on several occasions with her mother-in-law and the village elder, who had also been trained in gender and rights issues by WOFAK. Eventually the land was divided amicably.² The willingness of champions to challenge injustices sometimes enabled them to achieve better outcomes, both through the power of their arguments and through the social pressure of their disapproval. Such cases were locally well known, and were thought to help to encourage other women, and to deter those who would deny them their rights.

This approach of seeking change from within is very practical in terms of cost, but more importantly it is more appropriate and sustainable than working through outsiders. Community members know their own culture. Change from within is only possible through the involvement of community stakeholders, be they leaders (women and men), law enforcers or champions from within the community.

Engaging local leaders and community members, and supporting them to reflect on the pros and cons of local norms, leads them to come up with solutions that are achievable within their context. It also means that they have ownership over the process of change. Another advantage of the approach is that there is little danger of the cultural misunderstandings which can occur when outsiders are involved. The strategy also generally leads to less resistance within the community because the people proposing change are themselves community members.

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Furthermore, it means that local priorities are addressed. The training the partners gave on rights, gender and HIV ensured local organisations and change agents addressed those themes, but with the freedom to respond to community priorities and to particular cases as they arose.

Together stronger

The project brought together NGOs and CBOs that focus on HIV, including support groups for people living with HIV, those dealing with gender, and organisations specialising in rights. As members of the same coalition, these organisations undertook some lobbying and advocacy activities. Their aim was to contribute to improving the legal and political environment for women and girls at national or sub-national levels. However, this was an additional activity, and many of the partners struggled to find the resources to commit to this.

Joining forces was useful for networking and facilitating mutual learning and capacity building. For example, WOFAK (specialising in HIV) and KEFEADO (specialising in gender) provided training to other partners who had less experience in those areas. The partners also found it useful to learn from each other with regard to different community norms and priorities, and the variety of strategies they used. Overall, by investing in the NGOs and CBOs, STOP AIDS NOW! aimed to build the capacity of the Kenyan partner organisations to respond to gender, rights and HIV. That they achieved this was evident in the partners' greater understanding of the issues, how they interconnect, and their greater emphasis on those issues when working with communities.

Shifting norms

To evaluate the project, researchers compared respondents who had participated in the Gender Development Project activities with those who had not, controlling for organisation, age, education, marital status and religion. They found strongly significant associations between participation and scores for decision making, control in relationships, gender norms and attitudes, condom norms and attitudes, and ability to use condoms.

The stories told by project participants and partners include many examples of shifts in attitudes and behaviour among women and girls, and at community level.³ These are not changes which we have measured, so they are not 'proven'. Nor can we know whether they are due to the project alone. Nonetheless, these are the positive changes they reported:

- New public dialogue on gender issues—for example, cultural custodians speaking out for the first time about women's choice in widow inheritance, and against early marriage and violence against women;
- Changes in cultural practices—such as young men and boys taking up domestic tasks, and school girls refusing to be circumcised;

- Greater involvement of women in governance—with more women attending chiefs' meetings, sitting on school and water committees, becoming priests, and being elected to leadership positions in the community;

- Economic empowerment of women—with women starting a wide variety of individual and collective businesses;

- Women resisting violence, including sexual abuse—for example, challenging their partners about domestic violence;

- Greater willingness to report rights violations—including community members trained as paralegals assisting others to act on cases of gender-based violence and inheritance issues;

- Improved self-esteem—such as school girls reporting higher levels of self-esteem, becoming more confident to speak in public, and feeling more able to refuse sex;

- Greater agency to prevent HIV transmission—including women insisting on condom use; and

- Reduced stigma regarding HIV infection and better care for people with HIV—such as improved understanding of HIV transmission, and better mutual support for positive living among groups of people living with HIV.

These changes suggest how community norms can adapt towards greater equity and better upholding of rights. Of course, outside influences can still be important. For example, changes in laws can affect how men and women are treated. Stories in the media (radio, TV, films and so on) can also help shape social norms. But community groups themselves are best placed to push for change. Our role is to support them to develop their power to shift norms; we can't do it for them.

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For more about the approach taken in the project, see *The Big Picture: a guide for implementing HIV prevention that empowers women and girls* which explains the project's rationale in more detail, and sets out five steps with tools to address the 'big picture' of HIV prevention. It also includes three case studies from partners in Kenya and one from Indonesia, where the project also ran. The Kenyan project also produced a practical toolkit called *Healthy Woman, Healthy Man, Healthy Family*. It contains guidelines and 31 exercises for working with groups on HIV while promoting gender equality and women's rights. There is an emphasis on supporting participants to become empowered, and then to move forward and use their power. Both documents can be downloaded from http://www.stopaidsnow.org/downloads_category/gender_development_project.



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References:

- 1 Harriet Kongin.2010. *Results Assessment Report, Gender Development Project, unpublished.*
- 2 As reported by Fred Nyongesa of WOFAK in Harriet Kongin (2010) *Results Assessment Report, Gender Development Project, unpublished.*
- 3 Kenya Results Assessment Report; Gender Development Project, 2010