IMINYANGO

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'Stepping Stones' evaluated

New information on HIV prevention programme

The South African Medical Research Council recently released the findings of its evaluation study of the well-known 'Stepping Stones' HIV prevention programme.

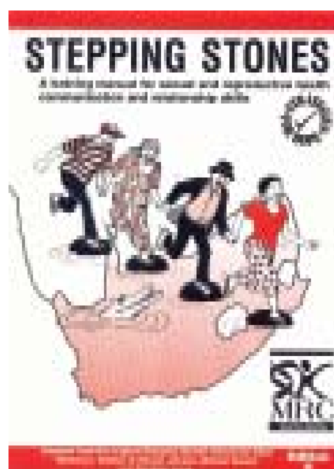
Given the urgent need to identify effective behavioural interventions, especially in settings of high HIV prevalence, this evaluation study provides timely and useful information.

What is Stepping Stones?

Stepping Stones is a programme for HIV prevention that aims to improve sexual health through building stronger, more gender-equitable relationships with better communication between partners. It uses participatory learning approaches to build knowledge of sexual health, awareness of health risks and the consequences of risk taking and communication skills, and provides opportunities for facilitated self-reflection on sexual behaviour. It was originally developed in Uganda and over the last decade has been used in over 40 countries, adapted for at least 17 settings, and translated into at least 13 languages. The second edition of the South African adaptation was evaluated in this study.

How was the evaluation study conducted?

The overall aim of the project was to study Stepping Stones scientifically in the rural Eastern Cape. The primary



aim was to determine the impact of Stepping Stones on new HIV infections, and secondary aims were to determine the impact on new genital herpes infections, sexual behaviour and male violence. The study was a cluster randomised control trial, in which Stepping Stones was compared with a 3 hour session on safer sex and HIV.

What did the study find?

Two years after the baseline assessment, a significant impact on new HIV infections was not detected, but there was strong evidence that Stepping Stones lowered the incidence of HSV 2 (genital herpes) in men and women (by 33%) (P=0.023). Researchers learnt that the overall rate of HIV infection in men was very low, in fact 4-5 times lower than that for women. Significantly, the proportion of men in the Stepping Stones programme who disclosed perpetrating severe intimate partner violence was lower at 12 months and 24 months follow up of the study. Men also reported fewer partners, higher condom use, less transactional sex (at 12 months), and less substance use.

Qualitative findings

The qualitative findings suggested that Stepping Stones impacted on several areas of participants' lives. Many described how after Stepping Stones they had come to be advisors to others on a range of issues, particularly related to HIV, preventing pregnancy, avoiding the use of violence and reducing risk taking. Men interviewed particularly spoke of how Stepping Stones had made them much more aware of the consequences of their acts.

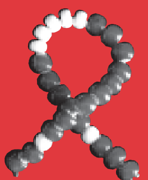
Improvements in communication of both men and women with partners were prominent. Stepping Stones had profoundly changed communication by teaching them to express their opinions and feelings clearly, listen to each other and to discuss issues rather than remaining quiet and keeping things inside.

The improved communication was coupled with a new realisation that violence against women was wrong. Some of the women had seen it as so normative before that they had not thought to act on it. Several of the men spoke of new awareness:

'I saw that thing that it is not a right thing. I mean when I beat a

'Iminyango' is the isiZulu word for 'doors'. We have selected this title for the newsletter as a reminder of the following explanation for the intersection between gender-based violence and HIV/AIDS, given by a survivor of domestic violence who had also contracted HIV as a result of this violence:

"Gender-based violence happens behind closed doors and HIV is killing women behind those closed doors. The solution is to break down those doors."



girl now you see at my age that means I will beat my wife, if I continue beating girls this time, so I decided that I must stop it.'

One of the most critical areas in which new communication skills were applied was in gaining acceptance for condom use. Several said that as a group they 'took a decision' that from then onwards they would not have sex without a condom. Men had a very clear sense of agency and conveyed a confidence that if condom use was their decision, they would be able to follow the practice at least most of the time and persuade their partners. Two of the women had the same confidence, but most did not. In some of these cases it was clear that it was because they were in relationships with very unequal power relations, or where they feared being demoted from their position as 'queen' if they did not ensure that sex with them was better than sex with the other women. Nonetheless, most of the participants became much more aware of sexual risk taking and concerned that they should avoid it if possible. Women who could not use condoms often did other things to reduce their risks including reducing their number of partners and learning their own and their partners' HIV status. Many of the study participants took their results in the study or went to get tested from clinics, some got their partners to test and others inspired several family members to go and get tested.

What is the significance of this evaluation?

These findings show that Stepping Stones, a participatory, gender transformative HIV prevention programme, can be effective in reducing the incidence of sexually transmitted infections in sub-Saharan Africa. The study has also shown the programme to be effective in reducing sexual risk taking and violence perpetration among young, rural African men. The cluster of male behaviours transformed by the intervention are associated with ideas of masculinity that entail risk taking and anti-social behaviour, which have also been shown to be linked to perpetration of intimate partner violence, rape and participation in transactional sex. HIV prevention programmes are essential in combating the epidemic in Africa and in challenging men's violence against women. These findings show that these programmes can be effective and suggest that considerably more resources should be targeted to further development and evaluation of similar programmes in this setting.

This review is based on the Medical Research Council Policy Brief entitled ***Evaluation of Stepping Stones: A Gender Transformative HIV Prevention Intervention*** (March 2007). The Policy Brief can be accessed at www.mrc.ac.za/policybriefs/steppingstones.pdf.

The Protocol on Women's Rights in Africa

What does it say about gender-based violence and HIV/AIDS?

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The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (or: 'the Women's Protocol') was adopted in Maputo in July 2003, and came into force on 25 November 2005.

According to the African Union's website (see 'Sources'), the Protocol now boasts of 21 ratifications by African countries – seven of these situated in the Southern African subregion.

A question with specific significance for Southern Africa is how the Women's Protocol addresses the issues of gender-based violence and HIV/AIDS. This subregion is characterized by the highest HIV infection levels internationally, as well as countries such as South Africa with inordinately high levels of gender-based violence. (For example, the most recent police statistics from South Africa show a staggering total of 52,617 reported rape cases for the 2006–2007.) In addition to the intersections between gender-based violence and HIV/AIDS, an important (and under-explored) gendered aspect of the AIDS pandemic in Southern Africa is that of harmful cultural practices such as virginity inspections and 'dry sex'.

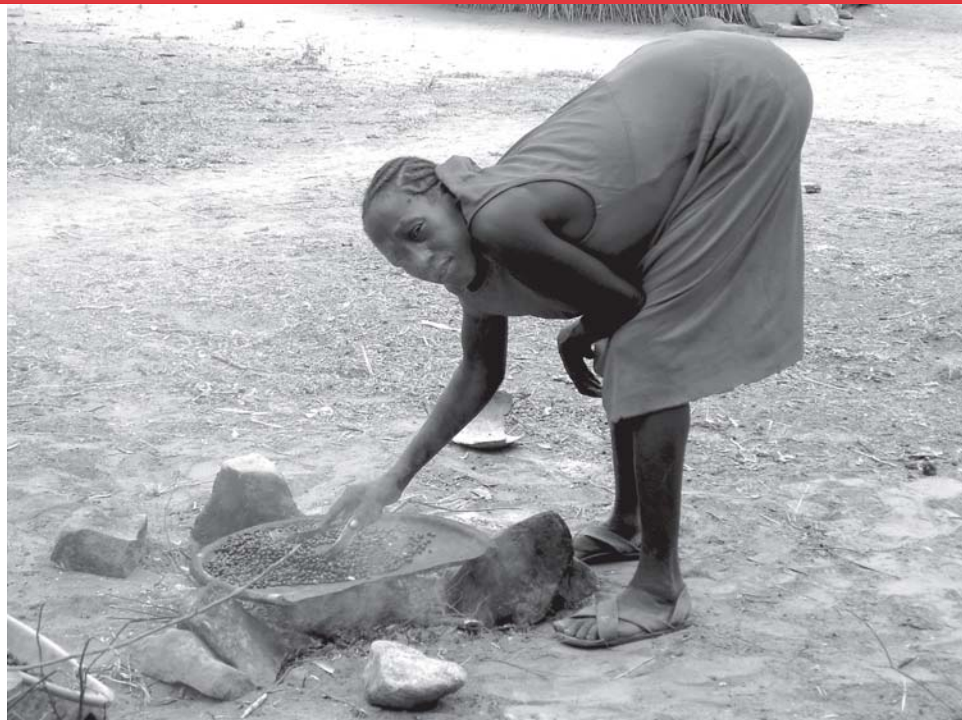
The subject of virginity inspections has resulted in waves of debate since their resurgence in the 1990s as a 'traditional' response to HIV/AIDS. The WHO includes virginity testing in its definition of sexual violence. As such it can be seen as a form of violation that is directly related to HIV/AIDS. It has also been argued that examining girls to determine their virginity status is another thread to reinforce a web of meaning that places women and their sexuality at the centre of the current AIDS pandemic.

'Dry sex' is yet another unfortunate practice prevalent in some communities in Southern Africa. It entails a practice in which men prefer to have sex in dry conditions of the vagina with the result that women use herbs and substances to make their vaginas dry to meet this demand. The men also say that the dry condition of the vagina makes their penises feel bigger, a feeling they enjoy at the expense of the woman. This is partly because of the mistaken belief that big penises portray the image of a 'real' man. There is also a misconception that a woman with a lubricated vagina is promiscuous.

The consequence of this practice is that women are more predisposed to tears and bruising of the vagina during sexual intercourse, which puts them at greater risk of HIV infection. The substances used to keep the vagina dry also pose serious health risks.

Against this background, it is significant that the Women's Protocol has been hailed for dealing with violence against women, HIV/AIDS as well as harmful cultural practices. The Protocol defines violence against women as all acts perpetrated against women that cause or could cause them physical, sexual, psychological and economic harm. States parties are enjoined to take appropriate and effective measures to enact and enforce laws to prohibit all forms of violence against women including unwanted or forced sex, whether the violence takes place in private or public (Article 4). They are also required to adopt such other measures as may be necessary to ensure the prevention, punishment and eradication of all forms of violence against women.

In terms of Article 5, States parties are expected to prohibit and condemn all harmful practices that negatively affect the human rights of women and are contrary to recognised international standards. States Parties must take all measures required to eliminate such practices, including creating public awareness regarding harmful practices through information, formal and informal education and outreach programmes. These measures also include the protection of women who are at risk of being subjected to harmful practices or any other forms of violence, abuse and intolerance. This article should be read with Article 17, which provides that women have the right to live in a positive cultural context and to participate at all levels in the determination of cultural policies.



Article 14 of the Protocol deals with health and reproductive rights. States Parties are expected to ensure that the right to health of women, including sexual and reproductive health, is respected and promoted. This includes the right to self-protection and to be protected against sexually transmitted infections, including HIV/AIDS. It also includes the right to be informed on one's health status and on the health status of one's partner, particularly if affected with sexually transmitted infections, including HIV/AIDS, in accordance with internationally recognised standards. States Parties must take all appropriate measures to provide adequate, affordable and accessible health services to women, especially those in rural areas.

Given that only seven of the fourteen SADC countries have so far ratified the Protocol, there is clearly some way to go in terms of commitment to the document. On the other hand, it is encouraging that all the countries, except for Botswana, have taken the initial step of signing the Protocol.

It is also encouraging to note that progress is being made in the fight against HIV/AIDS. For example, the general increase in the number of people receiving treatment in sub-Saharan Africa in 2005 has been ascribed to increased treatment access in Southern and Eastern African countries – South Africa, Botswana, Zambia, Kenya and Uganda.

In terms of violence against women, recent years have seen the enactment of legislation in a number of the Southern African countries, including Namibia, South Africa, Lesotho and Zimbabwe. Monitoring reports however consistently show that more government resources need to be allocated to ensure that these laws operate effectively to protect women against violence.

What also remains to be done is to nurture an environment in which women can feel safe, armed with the information they need to protect themselves against both violence and HIV infection. There is a great need to cut through the boundaries of the 'private or domestic' setting, since the home remains the most notorious site of abuse of women and girls worldwide. If this line between the private and the public is not erased, the Protocol holds little hope for women in the context of violence and HIV/AIDS. There is also a great need to nurture a positive and gender-sensitive culture. A positive cultural context would, for example, mean emphasizing a comprehensive sex education in

schools and among the youth. It would also mean promoting aspects of pleasure in sex education to encourage a positive culture about sex.

This is obviously easier said than done, since it calls for overhauling personal and cultural beliefs in a radical manner. However, this is the task that states undertake when they commit themselves to the Protocol, as set out in Article 2:

States Parties shall commit themselves to modify the social and cultural patterns of conduct of women and men through public education, information, education and communication strategies, with a view to achieving the elimination of harmful cultural and traditional practices and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes, or on stereotyped roles for women and men.

A major challenge, but given the current levels of violence against women and HIV/AIDS in Southern Africa, one that has to be undertaken not out of goodwill but as a legal treaty commitment.

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African Union: www.africa-union.org

Announcement:

Introduction of a new website

Do you need more information about the links between gender-based violence and HIV/AIDS?

Would you like to make contact with other organisations working in the field of gender-based violence or HIV/AIDS in Southern Africa?

Have you developed training material, pamphlets or similar material that you think could be useful to others in this field and would like to make these available to a broader audience?

If so, you are warmly invited to pay a visit to the Gender Project's newly launched information and resource site on gender-based violence and HIV/AIDS in Southern Africa. Its main objective is to create awareness of the links between gender-based violence and HIV/ AIDS, and also to serve as a platform for the exchange of information and resources between organisations working in these fields within Southern Africa.

Who is this website for?

Bearing in mind that one of the website's functions is to exchange information and resources between organisations, it is addressed mostly to organisations working in the fields of gender-based violence and/or HIV/AIDS.

It is also open to government departments and any other users with a particular interest in these issues.

Where can I find this website?

The URL link to this website is: www.gbvhiv.org.za.

Full contact details are available on the site under 'Contact us'.

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