K4D | Knowledge, evidence and learning for development

Changing gender and social norms, attitudes and behaviours

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Question

What rigorous evidence is there on what types of programming interventions work to bring about changes in gender and social norms, and changes in wider attitudes and behaviours (e.g. HIV/AIDs prevention and better sanitation and hygiene).

Contents

1. Overview

Social norms are informal rules and shared social expectations that shape individual attitudes and behaviour (Arias, 2015; Marcus and Harper, 2015). Gender norms are social norms that relate specifically to gender differences. A common gender norm, for example, is that women and girls will and should do the majority of domestic work (Marcus and Harper, 2015).

This helpdesk report presents studies of programmes that aim to bring about changes in gender and social norms, and changes in wider attitudes and behaviours. Much of the literature and some programme designs recognise the need to change social norms in order to change behaviours, such as HIV/AIDs prevention and better sanitation and hygiene.

The report looks at interventions targeting individual and inter-relational levels (e.g. workshops); community levels (e.g. community dialogue, community mobilisation and youth initiatives); and wider societal levels (mass media and edutainment). It highlights the effects of such interventions, focusing on rigorous evaluations.

2. Synthesis reports

Marcus, R. (2014). ***Changing discriminatory norms affecting adolescent girls through communications activities: Insights for policy and practice from an evidence review***. London: Overseas Development Institute. https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9041.pdf

- There is strong evidence from this review of 61 programmes that communication programmes are an effective way to challenge gender discriminatory attitudes and practices.

- Programmes with more than one communication component have achieved a higher proportion of positive outcomes. Integrated programmes with non-communication activities have also been slightly more effective.

- Many programmes drew on best practice in communication for social change, with sympathetic characters in radio and TV dramas and provision of new factual information and episode summaries

- Community dialogue-based programmes have created spaces for reflection and addressed key issues directly.

- Communications programmes have been effective in shifting gender norms affecting adolescents.

  o Overall, 71% of outcomes recorded in the studies reviewed here were positive (e.g. they indicated change in a gender egalitarian direction), with very little difference between changes in attitudes and changes in practices (respectively, 72% and 69% positive).

  o The gap between attitude change and practice change was greater for media-based interventions, and lowest for non-formal education-based approaches than for other communications approaches. This is consistent with a tentative finding from these programmes: approaches that stimulate discussion within a peer group are more likely to have positive outcomes and may help bridge the gap between attitude and practice change.

  o Longer or more intense exposure to a communications programme usually leads to greater and more sustained change in gender norms.

  o An increase in the number of communications components appears to be associated with a greater proportion of positive outcomes. Integrated programmes (including non-communications activities) have overall been slightly more effective than stand-alone communications programmes.

  o Working with multiple stakeholders (girls, family decision makers and community influencers) is often important in achieving norm change.

Pittman, A. and L. Haylock (2016). ***Assessing Oxfam's Contribution to changes in social norms in VAWG/GBV programming globally***. Oxfam. http://policy-practice.oxfam.org.uk/publications/assessing-oxfams-contribution-to-changes-in-social-norms-in-vawggbv-programming-620109

- Only a handful of Oxfam reports presented information on the effectiveness of particular strategies and their contributions to particular outcomes.

- The evaluations highlighted the power of creative and interactive means of communication through role plays, dramas and public hearings, rather than passive awareness-raising through leaflets or informational channels.

    o Modelling positive behaviour, especially through the Edutainment model, was the focus of two evaluations in Nigeria and Bangladesh.

    o Innovative and interactive means of communication (e.g. raising awareness of violence against women through role play that combined culture and art) was also mentioned by the evaluations in India and Vietnam.

- Engaging influential community leaders, religious leaders and duty bearers appeared to be effective in awareness-raising. It was a key strategy used to overcome community resistance for running GBV awareness campaigns and changing mind-sets about what constitutes violence.

- While Oxfam aims to bring about social norm change, projects most often focus solely on awareness and access issues.

- Short timelines decrease the effectiveness of projects and programmes aiming to contribute to social norm change.

Lundgren, R. and A. Amin. (2015). **Addressing intimate partner violence and sexual violence among adolescents: Emerging evidence of effectiveness**. *Journal of Adolescent Health*, 56(1), S42-S50. http://dx.doi.org/10.1016/j.jadohealth.2014.08.012

The study

- Programmes surveyed for this research were considered 'effective' if they were evaluated with well-designed studies, which controlled for threats to validity through randomization of participants.

- A review of 142 articles and documents revealed 61 interventions, which aimed to prevent intimate partner violence (IPV) and sexual violence (SV) among adolescents.

The findings

- Lack of rigorous evidence limits conclusions on the effectiveness of adolescent IPV and SV prevention programs.

- Three promising approaches emerge:

    o School-based dating violence interventions show considerable success. However, they have only been implemented in high-income countries.

- o Community-based interventions to form gender equitable attitudes among boys and girls have successfully prevented IPV or SV.
- o Results suggest that programmes with longer term investments and repeated exposure to ideas delivered in different settings over time have better results than single awareness-raising or discussion sessions.

3. Interventions at the individual and relationship level

Workshops and dialogue sessions

Gender transformative strategies are often implemented through workshops directed at men and women, separately or together (Fulu, Kerr-Wilson et al., 2015). Small group workshops, targeting specific groups, can also form the basis of working with the wider community using those trained in such groups to diffuse messages (Alexander-Scott, 2016).

Development initiatives and inter-relational group sessions

Gupta, J. et al. (2013). **Gender norms and economic empowerment intervention to reduce intimate partner violence against women in rural Côte d'Ivoire: a randomized controlled pilot study**. *International Health and Human Rights*, 13, 46. https://bmcinthealthhumrights.biomedcentral.com/articles/10.1186/1472-698X-13-46

http://gap.hks.harvard.edu/gender-norms-and-economic-empowerment-intervention-reduce-intimate-partner-violence-against-women

The programme

- The intervention combined gender dialogue groups (GDG) for both women and their male partners with women's only village savings and loans associations (VSLA) programmes, with the aim of reducing intimate partner violence against women.

- The control arm consisted of the VSLA and the treatment arm received VSLA <u>and</u> an 8-session GDG. The GDGs were developed for women and their male partner and sought to address household gender inequities.

- The intervention aimed to counter critiques of programmes aimed at reducing IPV through economic empowerment of women, without addressing larger gender norms that perpetuate gender inequalities and IPV.

The study

- The two-armed randomized controlled trial (RCT), conducted in rural Côte d'Ivoire between 2010-2012, aimed to evaluate the incremental impact on levels of IPV of adding Gender Dialogue Groups for women and their partners to economic empowerment programmes for women.

- 1,271 women completed the baseline survey, after which 650 women were randomized to the treatment group and 548 were randomized to the control group. Of these women, 934 (513 treatment; 421 control) were included in the follow-up analyses (95.2%).

- The study measured past-year physical IPV, sexual IPV, economic abuse, and attitudes towards justification of wife beating and a woman's ability to refuse sex with her husband.

The findings

Adding a dialogue component explicitly addressing gendered social inequalities and norms alongside economic empowerment programming had the following effects:

- The odds of reporting physical and/or sexual IPV in the past year was lower in the VSLA + GDG in comparison to the control group (20.7% vs. 21%), although this was not statistically significant. However, physical IPV decreased from 15.4% to 7.5% among women and their partners that attended at least 75% of the intervention sessions.

- VSLA + GDG women were significantly less likely to report economic abuse than VSLA-only counterparts. The percentage of participants in the treatment group who reported experiencing economic abuse decreased by 11 percentage points, compared with an increase of 7.2 percentage points in the control group.

- Acceptance of justification towards wife beating was significantly reduced in the VSLA + GDG group. Among the partners that attended at least 75% of the intervention, the percent that reported 'wife beating' is justified decreased from 4.2% to 3.6%.

Falb, K. L. et al. (2014). **Gender norms, poverty and armed conflict in Côte D'Ivoire: engaging men in women's social and economic empowerment programming**. *Health Education Research,* 29 (6): 1015-1027. Doi: 10.1093/her/cyu058. https://academic.oup.com/her/article-lookup/doi/10.1093/her/cyu058

The programme

- The intervention combined gender dialogue groups (GDG) for both women and their male partners with women's only village savings and loans associations (VSLA) programmes, with the aim of reducing intimate partner violence against women.

The study

- This investigation focuses on qualitative data collected as part of a two-armed randomized controlled trial.

- During endline data collection in 2012, qualitative in-depth interviews were conducted among a subsample of female study participants and male partners to understand their experiences with the intervention.

- Overall, a total of 32 male partners were invited to participate.

The findings

- Men who had participated in gender dialogue groups, alongside the VSLA, identified improvements in their relationships with their female partners, including: increased communication with their wives; more transparency of household finances; and greater respect for their wives and their ability to contribute to the household financially and otherwise.

- They attributed increased joint financial decision-making with their wives to the intervention.

- Alongside, there was also a decrease in wasteful spending, particularly on alcohol.

- These qualitative findings are mirrored in quantitative findings: women who participated in both the VSLA and GDGs with their male partner reported a 61% reduction in economic abuse compared to women randomised to VSLA only.

- While quantitative findings did not demonstrate statistically significant reductions in intimate partner violence, women who attended at least six of eight GDG sessions with the male partner reported a relative decrease in physical IPV by 55%, compared with women who were in the VSLA only group.

Kim, J. et al. (2009). **Assessing the incremental effects of combining economic and health interventions: the IMAGE study in South Africa**. *Bulletin of the World Health Organisation,* 87, 824–832. Doi:10.2471/BLT.08.056580.
http://www.who.int/bulletin/volumes/87/11/08-056580.pdf

The programme

- Carried out in rural South Africa, IMAGE combined group-based microfinance with a 12-month gender and HIV training curriculum.

- Women received the training at loan meetings held every two weeks.

The study

- Data on IMAGE participants and controls were derived from a cluster randomized trial.

- The study was conducted between June 2001 and March 2005 in rural Limpopo province, with a total of 1409 participants, all female, with a median age of 45.

- The study aimed to explore whether adding a gender and HIV training programme to microfinance initiatives can lead to health and social benefits beyond those achieved by microfinance alone.

The findings

- After 2 years, both the microfinance-only group and the IMAGE group showed economic improvements relative to the control group. However, only the IMAGE group demonstrated consistent associations across all domains with regard to women's empowerment, intimate partner violence and HIV risk behaviour.

- Levels of physical and sexual IPV were 55% lower among IMAGE participants compared with controls, and young programme participants reported higher levels of HIV-related communication and HIV testing and greater condom use with non-spousal partners.

Initiatives targeting men and boys

Pulerwitz, J. et al. (2015). **Changing gender norms and reducing HIV and violence risk among workers and students in China**. *Journal of Health Communication*, 20(8), 869-878. Doi: 10.1080/10810730.2015.1018573. http://dx.doi.org/10.1080/10810730.2015.1018573

<u>The programme</u>

- The China Family Planning Association and PATH developed and evaluated a gender-focused behaviour change communication intervention for HIV and violence prevention.
- It is based on the understanding that inequitable gender norms negatively influence key health outcomes and that men need to be involved in prevention efforts.
- Eight participatory education sessions were implemented in factories and schools.

<u>The study</u>

- Baseline and endline surveys were conducted with 219 male factory workers and 496 male vocational students.
- Support for (in)equitable norms was measured by the Gender Equitable Men Scale, as well as partner violence and communication.
- Focus groups with male and female workers, students, teachers, and factory managers were used to corroborate findings.

<u>Findings</u>

- The programme resulted in significant positive changes in gender-related views and greater support for equitable gender norms (e.g. reduction from 42% to 18% of workers agreeing that 'a woman should tolerate violence in order to keep her family together').
- It also resulted in related reported behavioural changes (e.g. reduction from 15% to 7% of students reporting partner violence over the past 3 months).
- These findings suggest that a relatively low intensity intervention can influence important gender norms and related behaviours.

Dworkin, S. L. et al. (2013). *Impact of a gender-transformative HIV and anti-violence programme on gender ideologies and masculinities in two rural, South African communities*. *Men and Masculinities* 16(2), 181-202.
http://journals.sagepub.com/doi/abs/10.1177/1097184X12469878

The programme

- 'One Man Can' (OMC) is a rights-based gender equality and health programme implemented by Sonke Gender Justice Network (Sonke) in South Africa.

- The programme seeks to reduce the spread and impact of HIV/AIDS and reduce violence against women and men.

The study

- To better understand how the programme impacts men's individual and collective practices centered on masculinities, the researchers conducted sixty qualitative, in-depth interviews in 2010 with men who participated in OMC in rural Limpopo and Eastern Cape, South Africa.

- Given that the men in this sample were recruited by partner organizations of the Sonke Gender Justice Network that were invested in gender equality and health, these men might not be representative of the broader community.

The findings

- While most OMC participants became supportive of a shifting terrain of rights and shared power, a clear minority also believed that the rights of women and children were being promoted and protected at their own expense.

Van den Berg, W. et al. (2013). **'One Man Can': shifts in fatherhood beliefs and parenting practices following a gender-transformative programme in Eastern Cape, South Africa**. *Gender & Development,* 21(1), 111-125. http://www.tandfonline.com /doi/abs/10.1080/13552074.2013.769775

The programme

- The OMC Fatherhood Project, the focus of this article, was developed and implemented in 2007-2009 to increase men's involvement in meeting the needs of children affected by HIV and AIDS.

- OMC seeks to improve men's relationships with their partners, children, and families, reduce the spread and impact of HIV and AIDS, and reduce violence against women, men, and children.

The study

- The study aimed to understand whether and how OMC workshops brought about changes in men's attitudes and practices related to parenting.

- Participants were interviewed once during the six-month period in 2010 following their participation in the programme.

<u>The findings</u>

- Most participants reported that OMC had influenced their way of thinking about masculinity and fatherhood, and ascribed these changes specifically to the project. For example, many men described how OMC shifted their parenting style from a financial 'providership' role to one of increased involvement, companionship, nurturing, and affection.

- Several fathers also described a shift towards being less violent and being more caring and protective.

- In addition to influencing men's beliefs about fatherhood, interviewees also revealed how OMC led to changes in four other fatherhood-related practices: away from being an absentee father and towards being a present, positive role model in their children's lives; improved communication with children; fewer corporal discipline strategies with their children; recognition of the role they could play in positively socialising the next generation of youth to be respectful, gender-equitable, and to share household responsibilities.

4. Interventions at the community level

Changing individual attitudes may be insufficient to change behaviours. Greater efforts are often needed to engage the larger community in multi-component initiatives designed to change social norms (Fulu, Kerr-Wilson et al., 2015).

Community mobilisation

Community-level interventions often have components aimed at mobilising specific people (change agents) within a community to encourage others to change by fostering dialogue and diffusing messages to people beyond direct participants (Alexander-Scott, 2016). There is some evidence that community-wide mobilisation approaches are effective and can have a wide reach (ibid).

Abramsky, T. et al. (2014). **Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda**. *BMC Medicine*, 12, 122. Doi: 10.1186/s12916-014-0122-5
https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-014-0122-5

See also: Abramsky, T, et al. (2016). **The impact of SASA!, a community mobilisation intervention, on women's experiences of intimate partner violence: secondary findings from a cluster randomised trial in Kampala, Uganda**. *Journal of Epidemiology and Community Health.* 70, 818-825. http://jech.bmj.com/content/70/8/818

See also: Watts, C. et al. (2015). **The SASA! study: a cluster randomised trial to assess the impact of a violence and HIV prevention programme in Kampala, Uganda**. 3ie

The programme

- The SASA! Activist Kit for Preventing Violence against Women and HIV was a community mobilisation intervention that sought to change community norms and behaviours that result in gender inequality, violence and increased HIV vulnerability for women in Kampala, Uganda.

- SASA! used four strategies: local activism, media and advocacy (small-scale media and street theatre), communication materials, and training of community activists.

- Community activists conducted informal activities within their own social networks, among their families, friends, colleagues and neighbours. In this way, community members were exposed to SASA! ideas repeatedly and in diverse ways within the course of their daily lives, from people they know and trust as well as from more formal sources within their communities.

- SASA! was aimed at both primary violence prevention (stopping the onset of violence where it was not previously occurring) and secondary violence prevention (stopping violence from continuing where it was occurring previously).

The study

- A pair-matched cluster randomized controlled trial was conducted in eight communities (four intervention and four control) in Kampala from 2007 to 2012.

- Surveys were undertaken at baseline (n = 1,583) and four years post intervention implementation (n = 2,532).

- It looked at four categories of IPV-related outcomes: physical and sexual IPV, emotional aggression, controlling behaviours, and a woman's reported fear of her partner.

- Secondary analysis of data from the SASA! study assessed the potential of a community mobilisation intervention to reduce overall prevalence of IPV, new onset of abuse and continuation of prior abuse.

- While the ultimate aim of prevention activities may be to entirely eradicate violence, reductions in frequency and severity are also important, especially in settings with high levels of violence.

The findings

- The intervention was associated with significantly lower social acceptance of IPV among women and men; and significantly greater acceptance that a woman can refuse sex among women and men.

- Women in intervention communities were 52% less likely to report past year experience of physical intimate partner violence (after just under 3 years of intervention programming), compared with women in control communities.

- Women in intervention communities were also much less likely than women in control communities to report severe/repeated episodes of physical IPV; injury associated with physical/sexual IPV; high-intensity emotional aggression; and high-intensity controlling behaviours.

- Women experiencing violence in intervention communities were more likely to receive supportive community responses. Reported past year sexual concurrency by men was significantly lower in intervention compared to control communities.

- At follow-up, all types of IPV (including severe forms of each) were lower in intervention communities compared with control communities.

- Impacts were largest when the more severe or intense forms of abuse were considered, suggesting that in cases where IPV was not completely eliminated, SASA! may at least have reduced the frequency and/or severity of violent episodes.

- SASA! was associated with lower onset of abuse and lower continuation of prior abuse.

- Quantitative and qualitative analyses indicate that key pathways through which physical IPV was reduced include changes in community-level norms relating to gender-related power dynamics and the acceptability of IPV, as well as improved communication within relationships.

- The findings also suggest that SASA! impacted significantly on the reported levels of sexual concurrency, with 27 per cent of partnered men in intervention communities reporting having had other sexual partners in the past year, compared to 45 per cent of men in the control communities.

- Quantitative findings are strongly supported by in-depth interviews with stakeholders and community members, which suggest that these results were achieved through SASA!'s influence on the dynamics of individual relationships, as well as its impact on broader community norms.

- At the relationship level, SASA! helped couples explore the benefits of mutually supportive gender roles and encouraged better communication, joint decision making and problem solving between couples. This resulted in reduced relationship tensions and disharmony, a more deliberate effort by individuals to work together for the good of their relationship and family, and an increase in intimacy within the relationship.

- At the community level, SASA! helped foster a climate of non-tolerance of violence against women, by reducing the acceptability of violence against women and improving individuals' skills, willingness and sense of responsibility to reduce violence against women in their communities. It also helped to develop and improve formal and informal community-based support mechanisms and services to support this change.

- Women in intervention communities who had experienced violence were more than twice as likely as women in control communities to report that they experienced a supportive community response, although this was not significant due to small numbers in each cluster.

Wagman, J.A., et al. (2015). **Effectiveness of an integrated intimate partner violence and HIV prevention intervention in Rakai, Uganda: analysis of an intervention in an existing cluster randomised cohort**. *Lancet Global Health*, 3, e23–33.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4370228/

<u>The programme</u>

- The Safe Homes and Respect for Everyone (SHARE) Project aimed to reduce physical and sexual IPV and HIV incidence.

- SHARE used two main approaches: community-based mobilisation to change attitudes and social norms that contribute to IPV and HIV risk, and a screening and brief intervention to reduce HIV-disclosure-related violence and sexual risk in women seeking HIV counselling and testing.

- 5337 individuals (in four intervention clusters) were randomly allocated into the SHARE plus HIV services group and 6111 individuals (in seven control clusters) were allocated into the HIV services only group.

<u>The study</u>

- This study aims to assess the effect on past-year IPV against women, HIV incidence, and certain sexual risk behaviours of adding SHARE into ongoing HIV treatment and prevention activities of the Rakai Health Sciences Programme in Rakai, Uganda.

- A baseline survey was conducted in 2005-2006, and two follow-up surveys in 2006-2008; and 2008-2009.

- Primary endpoints were self-reported experience and perpetration of past year IPV.

<u>The findings</u>

- Exposure to SHARE was associated with significantly reduced reports of women's physical IPV, sexual IPV, and forced sex. However, male-reported perpetration of IPV was not significantly affected by the intervention.
    - Compared with control groups, individuals in the SHARE intervention groups had fewer self-reports of past-year physical IPV (346 [16%] of 2127 responders in control groups *vs* 217 [12%] of 1812 responders in intervention groups.
    - The intervention did not significantly reduce women's experiences of emotional IPV. Incidence of emotional IPV did not differ between intervention and control groups (409 [20%] of 2039 *vs* 311 [18%] of 1737.
    - Men's reports of emotional and physical IPV perpetration decreased over the course of the trial in both groups, but reported final IPV rates at follow-up did not differ significantly.

- SHARE was associated with significant increases in disclosure of HIV status in men and women.

- SHARE was associated with a lower HIV incidence during the intervention period (possibly through a reduction in forced sex and increased disclosure of HIV results),

but this reduction was not maintained after SHARE ended, suggesting that continued exposure to the intervention may be needed to achieve a sustained effect.

Mentoring and positive role-modelling

Miller, E. et al. (2014). **Evaluation of a gender-based violence prevention programme for student athletes in Mumbai, India**. *Journal of Interpersonal Violence*, 29(4), 758–778. http://journals.sagepub.com/doi/abs/10.1177/0886260513505205

The programme

- The programme, 'Coaching Boys Into Men', conducted in Mumbai, India, trains coaches to be messengers to young athletes about standing up against GBV and promoting gender-equitable attitudes and behaviours.

- By engaging coaches as positive role models, training them to deliver consistent messages about respecting women, and conveying the importance of stopping GBV, the programme encourages youth to interrupt disrespectful, abusive behaviours they witness among their peers.

The survey

- Baseline and 12 month follow-up surveys were administered to 309 male cricket athletes aged 10 to 16 years in 46 urban middle schools in Mumbai, India (27 intervention, 19 control).

The findings

- There were statistically significant increases in gender-equitable attitudes among athletes receiving the intervention compared to athletes from comparison schools.

- There were no differences in changes in attitudes disapproving of violence against females.

- Fewer negative intervention behaviours (e.g. laughing and going along with peers' abusive behaviours) were reported by intervention athletes at follow-up compared with comparison athletes, but this difference was only marginally significant.

- Athletes whose coaches were trained in the programme demonstrated greater improvements in gender-equitable attitudes compared to athletes whose coaches provided standard coaching only.

- Marginally significant improvements were seen in reduction of negative bystander behaviour.

- Middle school–age male athletes in urban India reported high levels of abusive behaviours in their homes, schools, and communities (overall prevalence of over 80% in both arms). This is in contrast to their reported sexual violence perpetration toward females (7% of intervention and 11% of the comparison group).

Community dialogue, campaigns and media

Skevington, S. M., Sovetkina, E.C., and F. B. Gillison FB. (2013). **A systematic review to quantitatively evaluate 'Stepping Stones': a participatory community-based HIV/AIDS prevention intervention**. *AIDS Behaviour,* 17(3), 1025–39.
https://link.springer.com/article/10.1007/s10461-012-0327-6s

The programme

- 'Stepping stones' (SS) is a gender transformative community training programme designed to address gender roles and promote equitable relationships, with the aim of reducing HIV transmission.

- It uses a participatory learning approach to empower women and men to enhance control over their sexual and emotional relationships.

- Peer groups divided by gender and age band (young/old) work separately, then together intensively over 3–4 months to build sexual health knowledge and reflect on behavioural motivation.

- Peer group meetings promote dialogue between genders and generations on three occasions.

- At the end of the programme, each peer group presents its own 'special request' to the community outlining its most important problem or need.

- The community analyses factors that mutually affect their lives and behaviour, and different generations of men and women engage with implementing positive change that could reduce HIV/AIDS vulnerability in their life and community.

- The intervention adopts critical reflection and role play techniques to build communication and other skills.

- The programme has been implemented in India, Gambia, S. Africa, Ethiopia, Angola, Tanzania, Uganda and Fiji.

The study

- This first independent systematic review examined evidence for the effectiveness of the stepping stones intervention in HIV prevention.

- It included published completed evaluations of SS interventions: randomised control trials (RCTs), observational and pilot studies.

The findings

- The RCT study investigated the effects of SS on **biological outcomes**:
  - It did not detect a significant reduction in HIV incidence following programme completion. Although young women had 15% fewer new HIV infections than controls, this was not significant.
  - SS participants were more likely to obtain their HIV test results (39%) than controls (30%).

- o The number of HIV infections for men was 4 times lower than women overall.
- o RCT results showed a significant decrease in the incidence of herpes simplex type 2 (HSV-2) among young South Africans. Although this short-term reduction was similar for gender groups, 2 years later young women who completed the programme showed 31% less HSV-2 infections compared with 28% of young men, although this was not significant.

- Every country demonstrated that SS decreased one or more self-reported HIV-related **high risk behaviours**. This was observed for each peer group.
  - o Condom use tended to increase after the intervention, but only two studies found significance (in India and Gambia), where more men endorsed condom use 16 months later. Other follow-ups were inconclusive.
  - o Significant reductions in multiple partnering were recorded in Ethiopia but were marginal for South African men and absent in India.
  - o In three studies that investigated alcohol, misuse was lower following SS and this was sustained at follow-up. In India, misuse declined in the intervention group by 43% over two years compared with 38% among controls. In Ethiopia, alcohol before sex decreased to zero after the intervention, compared with 27% of controls.
  - o Substance misuse by men decreased during the first year of the RCT.
  - o A community level analysis of Indian villages showed that communities participating in SS used less alcohol (43%) than non-SS villages (49%), demonstrating generalized local benefits.

- Each study investigated whether the intervention improved **knowledge and understanding** of HIV/AIDS, transmission modes and personal protection methods although significant results were limited.
  - o Only the Gambia showed that SS improved individual women's knowledge about how HIV is transmitted.
  - o In India, greater knowledge about HIV transmission modes was observed in participating villages.

- All studies investigated whether the SS intervention had improved **communications**, and positive reports were recorded for all peer groups. However only three of the seven countries found that skills in discussing HIV risks with partners and children significantly improved.
  - o Gambian mothers in the intervention discussed sex more often with their children afterwards, changing from 24% to 65% over 4 months. SS in Gambia was most effective in increasing the likelihood that women and men would discuss HIV risks with their spouse, and condoms with friends and relatives.
  - o After the Indian intervention, 46 % discussed sex with their partner, compared to 33% of controls.
  - o In Ethiopia, 47% reported improved relationships 6 months after SS, compared with 34% of controls. Some 78% of SS participants discussed sex

with friends, compared with 62% of controls. Forty percent of young Ethiopians discussed sex with their parents post-intervention but only 20% of controls.

- o Partners and children in Angola, Tanzania and Uganda also improved their skills in discussing sex.

- Five studies investigated the effects of SS on **gender equity**. Gender inequity was reduced in India (one in five studies), but stigma decreased in four studies.

- o In India, views that men always take the final decision at home were expressed by 53% of intervention group and 64% of controls. Fewer SS participants (31%) than controls (40%) said that educated girls do not make good wives.

- o In Fiji, men's attitudes towards gender norms were improved, and Tanzania showed better gender relations.

- o However attitudes towards gender equity were unchanged in Angola 18 months following baseline, where 73% of participants (both genders) believed that important household decisions should only be taken by men.

- There was limited evidence that physical or sexual **intimate partner violence** was reduced by SS except for marginal reductions for South African men over 2 years. Less wife-beating by men was reported in the Gambia.

Figueroa, M. E. et al. (2016). **Effectiveness of community dialogue in changing gender and sexual norms for HIV prevention: Evaluation of the Tchova Tchova programme in Mozambique.** *Journal of Health Communication*, 21: 554–563. Doi: 10.1080/10810730.2015.1114050. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4917906/

The programme

- Tchova Tchova Histórias de Vida: Diálogos Comunitários (TTHV), which translates into 'Push Forward Life Stories: Community Dialogues,' was designed to address underlying social determinants, especially inequitable gender norms, as a key step in reducing HIV risk behaviours, increasing self-efficacy to talk about and address HIV, and decreasing HIV stigma.

- The programme was implemented by community-based organizations and NGOs. They carried out 1,134 community discussions/debates in 267 villages, reaching a total of 32,679 men and women participants in the provinces of Zambezia and Sofala during 18 months between 2009 and 2010.

- The programme had two main components: facilitated community dialogues (TTHV sessions) and the TT radio magazine.

- The programme adopted the view that knowledge comes not from experts but rather from collective dialogue and from within.

- Dialogue sessions included nine video and written profiles of real Mozambican trendsetters, who tell their stories of how they overcame gender, cultural, and social

barriers, such as domestic violence, alcohol abuse, and the subordination of women, to make positive changes in their lives that impacted HIV treatment and prevention.

- TTHV facilitators led a step-by-step process for exploring both gender norms and individual behaviours in a safe environment.

- To expand the reach of TTHV activities, the TT radio magazine provided reinforcing messages and featured testimonies of TTHV participants who had made changes in their lives and modelled positive behaviours.

<u>The study</u>

- Data for this study came from a post-only sample survey of 462 participants and 453 nonparticipants in the TTHV sessions in Zambezia and Sofala provinces.

- The survey was fielded in July 2010 through face-to-face interviews using a structured questionnaire that collected information on exposure to and recall of the TTHV sessions, TTHV radio, and various gender and HIV-related attitudes, perceptions, and behaviours that the programme addressed, as well as a set of sociodemographic and control variables.

<u>The findings</u>

- The evaluation results show that the TT program contributed significantly to observed changes in three of the underlying structural factors of HIV—gender attitudes, gender roles, and HIV stigma.

- The programme also contributed to changing HIV prevention knowledge and behaviours that are associated with HIV infection, including discussion of HIV between sex partners.

- These results suggest that in a relatively short period of time the programme created opportunities to voice issues within the bounded TTHV groups that otherwise may have remained dormant or taken longer to surface.

- The stories of local Mozambicans as trendsetters/positive deviants increased audience identification with the messages and made them more credible. The videos and radio format helped ignite critical thinking and retention of the story lessons.

- Exposure to the TT radio program and frequency of listening was higher among the intervention group compared to the control group, evidence of the synergy that can be gained by coordinating content using different media formats.

Gender equity attitudes and behaviours

- Respondents in the control group had lower levels of agreement with gender equity attitudes (above the median) at 35% compared to almost double that (64%) in the intervention group.

- Regarding behaviours, the average number of shared household tasks was seven in the intervention group compared to only four in the control group.

- For sharing tasks traditionally differentiated by gender, such as doing laundry, bathing children, or fetching water, the percentage was more than double in the intervention group compared to the control group.

HIV prevention knowledge

- The number of correct answers about ways to prevent HIV was higher among respondents in the intervention group compared to the control group, except for responses about using new blades or syringes, which have been addressed by other health programmes.

HIV stigma

- About 52% of those in the intervention group had attitudes above the median that discourage HIV stigma compared to only 30% in the control group.

- The programme was also successful in changing other factors associated with HIV infection, including HIV prevention knowledge, discussion of HIV between sex partners, and having multiple sex partners.

Kaufman, M. R. et al. (2014). **Using social and behaviour change communication to increase HIV testing and condom use: the Malawi BRIDGE Project**. *AIDS Care*, 26(sup1), S46-S49. Doi: 10.1080/09540121.2014.906741.
http://dx.doi.org/10.1080/09540121.2014.906741

The programme

- The Bridge II programme was a multi-level HIV prevention intervention programme, implemented in the southern region of Malawi, where prevalence is highest.

- It sought to address barriers to individual action and to confront societal norms related to sexual risk behaviour as a means of scaling up prevention activities (HIV testing and condom use).

- Programme activities included community-based participation (e.g., small group discussions, interactive drama, community-wide events, couples' counseling, community referral, capacity building of local structures to implement activities) and mass media messages delivered through radio.

The study

- This paper examines whether a cohort sample in the southern region was affected by the programme at the point of midterm evaluation, specifically regarding the three intermediate individual-level factors of interest (HIV knowledge, self-efficacy, and risk perception) and the behaviours of testing and condom use at last sex.

- Baseline household-level surveys were conducted in 2009 to assess knowledge, attitudes, and behaviours, and midline data in November 2011.

The findings

- Programme/campaign exposure was a significant predictor of both HIV testing in the past year and condom use at last sex. This suggests that a communication intervention may play an important role in not only affecting HIV-related behaviours themselves, but also critical factors that affect HIV behaviours, including knowledge and self-efficacy.

Tumwebaze, I. K. (2015). **Effectiveness of group discussions and commitment in improving cleaning behaviour of shared sanitation users in Kampala, Uganda slums**. *Social Science & Medicine*, 147, 72–79. https://www.ncbi.nlm.nih.gov/pubmed/26547047

The programme

- This programme, involving group discussions and discussions + commitment. Interventions, was implemented for 3 months with the aim of improving cleaning behaviour.

- Group discussions, facilitated by local leaders or village health workers, took place only once in each groups among users of the same sanitation facility.

- The discussions enabled participants to talk with each other about how they use and maintain the cleanliness of their sanitation facilities.

- In the commitment component, each of the participants made a public pledge after the discussion committing their participation and that of other household members to cleaning their shared sanitation.

- They signed a commitment form and other discussion participants served as witnesses. The signed form remained with the participant.

The study

- The study evaluates the effectiveness of group discussions and commitment in improving the cleaning behaviour of shared sanitation users in three urban slums in Kampala, Uganda.

- A pre- and post-intervention survey was conducted in the three slums between December 2012 and September 2013.

- The study analyses 119 respondents randomly allocated to discussions only ($n = 38$), discussions + commitment ($n = 41$) and the control (no intervention, $n = 40$) groups.

The findings

- Compared to the control, discussions and discussions + commitment significantly improved shared toilet users' cleaning behaviour. This was observed through behavioural determinants such as cleaning obligation, cleaning ease, cleaning approval and affective beliefs.

- Group discussions effected a positive change on shared sanitation users' perceptions that other people, such as relatives, friends, neighbours or leaders, support their participation in cleaning their sanitation facilities (cleaning approval). This is considered to be a behavioural determinant.

- Group discussions supplemented with commitment also effect a positive change on other determinants such as cleaning affect (desire to clean their facilities) and cleaning obligation, which contributed to further improvement in share sanitation user's cleaning behaviour.

McMichael, C. and P. Robinson, (2016). **Drivers of sustained hygiene behaviour change: A case study from mid-western Nepal.** *Social Science & Medicine,* 163, 28–36. http://dx.doi.org/10.1016/j.socscimed.2016.06.051

The programme

- This was a water, sanitation and hygiene (WASH) intervention in mid-western Nepal.

The study

- The research was conducted during October–November 2014, two and half years following the intervention's endpoint, with a particular focus on key drivers.

- Qualitative data were collected from the target community (n = 112) via group discussions, interviews and drawings/stories of 'most significant change'.

- Households' handwashing/water facilities and toilets were observed.

The findings

- The intervention has supported development of new norms around hygiene behaviours.

- Key drivers of sustained hygiene behaviour were habit formation, emotional drivers (e.g. disgust, affiliation), and collective action and civic pride

- Key constraints included water scarcity and socioeconomic disadvantage.

Bisung, E. (2015). **Using photovoice as a community based participatory research tool for changing water, sanitation, and hygiene behaviours in Usoma, Kenya**. *BioMed Research International* http://dx.doi.org/10.1155/2015/903025

The programme

- Photovoice is a form of community-based participatory research, aimed to promote social action by equipping communities to participate in the identification and analysis of local problems.

- Photovoice was conducted with 8 women in Usoma (Western Kenya) in 2013, with a follow-up community meeting in 2014 to discuss findings with community members and government officials.
- The aim was to explore the application and utility of photovoice for understanding water, sanitation, and hygiene behaviours and catalysing community led solutions to change behaviours.

<u>The study</u>

- The first part of the study involved photovoice one-on-one interviews to explore local perceptions and practices around water-health linkages and how the ecological and socio-political environment shapes these perceptions and practices.
- The second part of the study used photovoice group discussions to explore participants' experiences with and (re)action to the photographs and the photovoice project.

<u>The findings</u>

- Photovoice provided an opportunity for researchers to fully understand the complexities of WASH related behaviours in the community that other research methods such as surveys and interviews may not fully capture.
- The study finds that there was a demonstration of adequate knowledge of the health impacts of WASH related behaviours as well as a strong desire to address them both at the individual and community levels.
- However, individual and community desire to change behaviours, as demonstrated in group discussions, has not been translated into concrete actions with identifiable outcomes.
- This is considered to be due to structural barriers, such as the diffusion of hygiene behaviours and lack of financial resources to invest in water and sanitation facilities.

Group education

Interventions that combine group education with boys and men (sometimes in combination with women and girls) and adopt a gender transformative approach and intense community mobilization are considered promising (Fulu, Kerr-Wilsone et al., 2015).

Pulerwitz, J. et al. (2015). **Changing gender norms and reducing intimate partner violence: Results from a quasi-experimental intervention study with young men in Ethiopia**. *American Journal of Public Health*, 105(1), 132-137.
https://www.ncbi.nlm.nih.gov/pubmed/25393199

<u>The programme</u>

- The programme involved community engagement (CE) and group education (GE) activities.

- CE activities involved entire communities and included distribution of monthly newsletters and leaflets (approximately 15,000), music and drama skits reaching 8700 people, monthly community workshop meetings, and distribution of more than 1000 condoms. They took place over six months.

- GE activities included role plays, group discussions, and personal reflection. They took place over four months.

The study

- Baseline and endline surveys were conducted among participants.

The findings

- Participants in the GE + CE intervention were twice as likely as those in the comparison group to show increased support for gender-equitable norms.

- The percentage of GE + CE participants who reported IPV toward their partner in the preceding 6 months decreased from 53% to 38% between baseline and end line.

- The percentage in the CE-only group decreased from 60% to 37%.

- Changes were negligible in the comparison group.

Doyle, K. et al. (2014). **Transforming gender roles in domestic and caregiving work: preliminary findings from engaging fathers in maternal, newborn, and child health in Rwanda**. *Gender & Development,* 22(3), 515-531.
http://www.tandfonline.com/doi/abs/10.1080/13552074.2014.963326

The programme

- MenCare is a global initiative to engage men in promoting family well-being and gender equality as equitable, caring, and non-violent partners and caregivers, and is active in more than 25 countries.

- It includes campaign and programme activities that use fatherhood, and the prenatal period in particular, as an entry-point to involve men in transforming gender dynamics, and redistributing the burden of care work.

- MenCare+ is implemented in four of Rwanda's 30 districts.

- The programme, known as Bandebereho ('role model') in Kinyarwanda, aimed to engage more than 60,000 community members in campaigns or group education by the end of 2015.

- Groups for young men, young women, and couples were facilitated at the community level by a network of 112 community volunteers.

- These groups aimed to increase gender-equitable attitudes, contraception use, participation in sexual and reproductive health (SRH) and maternal, newborn and child health services, and to reduce intimate partner violence.

- The preliminary results from father groups in Rwanda reveal that gender transformative programmes, which engage men in deliberate questioning of gender norms, can increase men's involvement in ways that shift the burden of care work and address unequal power relations.

Youth educational initiatives

Lundgren, R. et al. (2013). **Whose turn to do the dishes? Transforming gender attitudes and behaviours among very young adolescents in Nepal**. *Gender & Development*, 21(1), 127-145. Doi: 10.1080/13552074.2013.767520. http://dx.doi.org/10.1080/13552074.2013.767520

The programme

- The Choices programme, designed and implemented by Save the Children, sought to enable very young adolescents (VYAs) – boys and girls aged 10-14 years old – to transform their thinking about gender norms; and to recognise gendered differences and inequality.

- The curriculum encourages children to explore expressions of positive gender roles within their households, and within their communities.

- It adopts activities that encourage behaviour based on an understanding and acceptance of gender equality.

- Choices was piloted in 12 child clubs in the Bhawanipur and Pokharvinda Village Development Committees (VDCs) in the Siraha district of Nepal.

- A total of 309 children (48 per cent of whom were girls) participated in Choices. A further 294 children were used as a control group in the evaluation.

The study

- The evaluation of Choices set out to measure whether participation in the programme resulted in a statistically significant change to boys' and girls' attitudes to gender issues, and whether this led in turn to a change in behaviour and practices.

- The evaluation used both quantitative and qualitative data.

- Young people in the experimental group were interviewed before and after participating in Choices.

The findings

- Results suggest that participation in Choices led to more equitable gender attitudes and behaviour.

- Statistically significant changes were observed in the pre- and post-test scores of the experimental group, while no differences were seen in the control group.

- Gender attitudes: the attitudes of boys and girls were significantly more equitable after participating in Choices.

- Gender roles: boys and girls who participated in Choices were more likely to consider a broad range of household roles such as washing dishes or sweeping the floor as gender neutral, tasks that should be performed by both boys and girls.

- Photovoice: the images of gendered behaviour captured by Choices participants differed markedly from those of the control group. Participants photographed community members acting in non-traditional roles (e.g. men and boys cooking, washing dishes, or helping women and girls with household chores); whereas most photos from the control group reflected difference-based gender stereotypes.

- Gender inequality: after Choices, the experimental group rejected the idea of rigid stereotypical gender norms, which they had supported prior to the intervention.

- While parents did not participate directly in Choices, the results of the parent focus groups suggest that the programme encouraged parent-child communication, and exposed parents to new ideas and ways of behaving through their children.

- Qualitative data support this conclusion.

Path. (n.d.) *Evaluation summary: Changing gender norms among young men, and reducing violence, in Chongqing, China*. Washington, DC: Path.
https://www.path.org/publications/files/HIV_gender_norms_china_sum.pdf

The programme

- The programme focused on promoting gender equity among young men, with the aim of reducing harmful behaviours (e.g., partner violence and sexual harassment) and supporting the equitable treatment of girls and women.

- The main intervention audience was male vocational school students and factory workers between the ages of 15 and 24.

- For the student-focused component, teachers were trained to conduct education sessions during their ongoing classes. In factories, staff were trained to facilitate sessions with groups of male workers.

- The eight sessions covered topics related to gender, sexuality, relationships, and violence.

- The intervention period was about six months in length.

The study

- Baseline and endline evaluation data were collected using both quantitative and qualitative methodologies.

- 606 students completed the baseline survey and 496 completed the endline survey. 549 factory workers completed the baseline survey, 466 completed the endline survey and 219 completed both the baseline and endline surveys.

- Support for (in)equitable gender norms was measured using a version of the Gender Equitable Men (GEM) Scale specifically adapted for the Chinese context.

<u>The findings</u>

- 82% of students and 68% of workers felt their participation in the programme led to a change in their opinions and behaviours concerning the session topics.

- The most commonly identified change—reported by 81% of students and 56% of workers— related to respecting women more.

- Views towards gender norms also became significantly more gender equitable when comparing the baseline and endline survey responses. Specifically, median GEM Scale scores increased from baseline to endline among both students and workers.

- For both students and workers, attitudes and behaviours towards some key issues related to gender-based violence improved. For example, those who disagreed with the statement that 'women who dress in a 'sexy' manner are 'asking' to be harassed' increased from 69% to 88% among students and 32% to 60% among workers.

- Both students and workers reported some significant decreases in violence at endline towards their female partners. For example, the proportion of students who reported perpetrating emotional or physical violence against their partners in the past three months decreased from 11% to 3%, and the proportion of workers who reported perpetration of emotional violence against their partners in the past three months decreased from 12% to 2% (no significant change was found for physical violence).

- Changes reported by male workers and students were also confirmed by fellow students and workers who were female.

Safe spaces

Erulkar, A. and G. Medhin   (2014) ***Evaluation of health and education impacts of a girls' safe spaces programmes in Addis Ababa, Ethiopia***. Addis Ababa: Population Council.
https://www.popcouncil.org/uploads/pdfs/2014PGY_HealthEducImpactsSafeSpaces.pdf

<u>The programme</u>

- Biruh Tesfa (Bright Future, in Amharic) aimed to increase social networks and support for the most marginalized girls in the poorest urban areas of Ethiopia.
- 20 new sites for girls' safe spaces groups were established, managed by 80 female mentors.
- The programme used existing sites within the communities, mainly primary schools, youth centers, and community halls run by the local administration (kebele).
- Girls in need of health services were offered a voucher to subsidize the cost of basic health services.

<u>The study</u>

- This involved a longitudinal study of girls residing in the expansion sites of Biruh Tesfa and in comparable areas where Biruh Tesfa was not implemented.

- The baseline survey was conducted prior to the establishment of the girls' safe spaces groups; the endline survey took place among the same respondents, six months after establishment of the groups.

The findings

- Between baseline and endline, participation in formal schooling among formerly out-of-school girls increased from 0 to 38 percent.
- Ever attendance in non-formal schooling increased in the experimental site from 6 percent to 49 percent and from 5 percent to 12 percent in the control arm.
- Between baseline and endline, girls in the experimental area who had never been in formal schooling demonstrated significant increases on the Amharic literacy score, numeracy score and composite score. For example, the mean score on the numeracy test increased from 2.6 to 3.5 between baseline and endline.
- Health service utilization in the last six months increased significantly among respondents in the experimental site between baseline and endline (from 31 to 41 percent.
- At endline, the odds of health service utilization in the last six months was 1.60 times higher in the experimental group than the control group.

Population Council. (2016). *Adolescent girls empowerment programme (AGEP): Mid-term findings*. Population Council.
https://www.popcouncil.org/uploads/pdfs/2016PGY_AGEPMidTermFindings_brief.pdf

The programme

- AGEP is a four-year effort to support more than 11,000 of the most vulnerable adolescent girls in Zambia.
- The programme design was based on the asset-building framework which posits that if girls are able to build social, health and economic assets in the short term, there will be longer term dividends on health and education outcomes.
- In partnership with YWCA Zambia, AGEP created a platform of girls groups that meet in weekly in a designated community space over two years.
- These sessions were a way to educate girls on sexual and reproductive health, nutrition, and life skills while they gained social assets such as friendships, trusting relationships and self-esteem.
- Safe-spaces mentors also delivered financial education and saving training, often relating savings to health and personal empowerment, such as reducing the need for transactional sex to obtain money for food or other necessities.

The study

- To evaluate AGEP's impact, researchers embedded a randomized controlled trial with four years of observation.

- Each community was randomly assigned to receive either the full program (safe spaces, savings accounts and health vouchers), or a partial version: safe spaces with health vouchers, or safe spaces only. A fourth arm served as a control arm where no program components were provided. In this randomized cluster design, each group was compared with each other, as well as a control group.
- Baseline line data collection was implemented in 2013, with annual follow-up in 2014 and 2015; ongoing surveys will take place in 2016 and 2017.

The findings

- Positive changes were observed in each of the asset categories of empowerment, as well as some health behaviours; however the degree of change was more modest than expected.
- Immediately after the end of the programme, AGEP girls had higher levels of sexual and reproductive health knowledge as well as greater access to safe places in the community apart from home and school.
- In addition, girls in the programme showed a boost of self-efficacy and self-confidence in decision-making, achieving goals and managing problems. However, the latter two changes were significant only for the programme's first year.
- Overall, one in five girls who received a voucher redeemed it for health services. On average, each girl who used the voucher used it for two services,
- Older girls were more likely to make use of sexual and reproductive health (SRH) services, and over 80 percent of girls who used a SRH service also accessed a general health service.
- All the girls' financial literacy rose steadily over the full period. The programme also increased the likelihood they had saved, and the amount of money saved, and this was an even stronger effect for girls in the savings account arm.
- AGEP girls are less likely to be having transactional sex and more likely to use a condom during their first sexual experience.
- There was no change, however, as of yet in longer terms outcomes, such as age of sexual initiation; experiences of violence; or rates of unintended pregnancy, sexually transmitted infections, including HIV and HSV-2, or education outcomes.
- Regressive norms about the roles of girls and boys, women and men, as well as the common perception that a husband is often justified in hitting his wife remained static throughout the study period.
- The project findings point to the potential benefits of engaging girls early -- as young as 10 and before age 15 -- and increasing their visibility in and access to community resources via the safe spaces platform.

Small-scale edutainment

Teffrey-Goatley, A. J. (2014). *Jiving with Science:* **Small media, public transport and HIV knowledge in rural Africa.** Presented at 13th International Public Communication of Science and Technology Conference 5-8 May 2014, Salvador, Brazil. http://www.pcst-2014.org/pcst_proceedings/artigos/astrid_jane_treffrygoatley_oral_communication.pdf

<u>The programme</u>

- *Jiving with Science* involved developing, distributing and evaluating three edutainment CDs, containing information on HIV/AIDS, over two years.

- The CDs, 600 of which were distributed free-of-charge to community stakeholders – in particular to mini-bus taxi drivers, for the entertainment of commuters – were endorsed by local celebrities and contain a narrative informed by local scientific data on HIV/AIDS, interspersed with popular music tracks.

- The initiative targeted a relatively small, rural community.

<u>The study</u>

- The project was evaluated in 3 low-threshold, quantitative surveys in 2010-2011, designed to measure its impact on HIV testing knowledge and reported testing behaviour.

- A monitoring survey was conducted at 4 local taxi ranks: a total number of 207 people were interviewed (81 taxi drivers and 126 members of the public). The aim of this survey was to assess the community's initial response to *Jiving with Science* and to get feedback to inform the development of the third CD.

- A final summative survey was conducted in December 2011 to evaluate the third CD, which had been released in September 2011.

- This quantitative survey was designed to test the coverage and penetration of the intervention, the impact on information recall and to assess whether the CDs had inspired dialogue about HIV or the Centre in the taxi. In total, 422 people were interviewed over 5 days.

<u>The findings</u>

- The surveys find that while small media can empower researchers to create low cost, targeted products to engender social change, distribution remains a challenge with only half of local taxi drivers having received the CDs.

- Results of the monitoring survey revealed that 40 (32%) of the passengers had heard the CDs being played in a taxi and 30 (38%) drivers had received the CDs.

- Of these drivers, 28 (93%) reported that they encouraged dialogue about health issues in the taxi.

- Most participants (78 drivers and 122 passengers) were able to identify antiretroviral drugs (ARVs) as medicines to fight HIV, and almost all of them knew that condoms protect one from HIV.

- This knowledge did not translate into changes in behaviour, however: testing levels in this community still appear to be low. More than half of the all participants (119/207) reporting that they had never tested for HIV.

- Results of the summative survey revealed that 68 of the 127 (54%) drivers that we interviewed had been given the CDs.

- The CDs were relatively well used with 35 drivers reporting that they played them between 0-10 times, 26 (38%) reporting that they played them more than 10 times and just 5 (4%) reporting that they had never played them.

- In terms of public exposure, 73 of the 289 listeners said they could recall hearing a CD about the Centre on the taxi and 64 about HIV. In total, 81 (28%) individuals had been exposed to the CD.

- Of those exposed to the CD, 5 (6%) reported having heard it frequently (> once a week), 40 (49%) reported hearing it occasionally (> once a month), and 24 (30%) said that they heard it rarely (> once a year).

- Although 40/68 (59%) of the drivers that received the CDs and 34/81 (42%) of passengers that heard the CDs reported having changed their behaviour as a result of exposure, when one compares the knowledge, attitudes and reported behaviour between the drivers and passengers with exposure to those with no exposure, there is no significant impact to report. The knowledge of HIV testing is relatively high across both groups.

- 38 of 68 (55%) drivers reported having engaged in a discussion about HIV with a passenger in comparison to 14 of 58 (24%) drivers who were not exposed to the CD.

5. Interventions at the societal level

Mass media, large-scale communication and edutainment

The use of mass media and marketing approaches is an efficient way of reaching large numbers of people at relatively low cost. It is well-suited to: modelling and promoting new (non-violent) norms; promoting the benefits of new norms; changing attitudes towards harmful behaviours and norms at scale; and promoting stories of change (Alexander-Scott, 2016). There is some evidence that multi-media communications can change attitudes and norms relating to violence and gender inequality among a large target population (ibid).

Multi-media

Rani, V. S., Kumari, P. A. and M.S.C. Kumari. (n.d.) **Edutainment material on adolescent reproductive health education**. Saifabad, Hyderabad: PJTSAU.
http://www.uasb.in/yahoo_site_admin/assets/docs/045.352101000.pdf

The programme

- Edutainment material in print and electronic multimedia form, incorporating adolescent and reproductive health (ARH) content, were developed and implemented in four tribal schools in Adilabad, for six days, to improve health communication.

- Respondents were studying 7th, 8th and 9th classes.

The study

- Using sequential random sampling technique, a sample of 120 adolescent girls (30 from each school), was selected.

<u>The findings</u>

- The study concludes that Edutainment material brings change in knowledge and behaviour.

- Results revealed a significant difference in terms of information and influence on ARH communication. Effectiveness of the print and electronic material was calculated and found all the indicators as effective.

Molly, C. (2016). ***Pop culture with a purpose: Violence against women in Bangladesh - Edutainment.*** Oxfam http://policy-practice.oxfam.org.uk/publications/pop-culture-with-a-purpose-violence-against-women-in-bangladesh-620141

<u>The programme</u>

- The intervention combined interactive, high quality modern communications tools, including televised docudramas and public service commercials, and traditional edutainment, such as street theatre and a three episode drama series, together with targeted and more intense school and community interventions in 10 select locations in the Khulna Division.

- This was conducted alongside a strong basis of community change-makers already formed by local partners.

<u>The study</u>

- The programme was evaluated through a rigorous and systemic approach: it adopted a quasi-randomized control design and assigned the adolescent boys and girls, their parents, community leaders and school teachers from 15 school communities to two intervention conditions (10 school communities) and a control group (5 school communities).

<u>The findings</u>

- The project reached approximately 500,000 people across Bangladesh.

- The study showed that the combined intervention resulted in a positive and significant improvement in terms of knowledge-awareness and behaviour on sexual violence against adolescent girls in the household and community.

- Knowledge of the various types of sexual violence increased by 158.5% in intervention area whereas knowledge increased by 52.4% in the control area. Knowledge and awareness on different incidents of sexual violence prevalent in the community were significantly increased.

- The data showed that the combined intervention also had an impact on behaviour. More than 3,000 students (60% were girls) and 3,000 parents reported changing their values and attitudes towards sexual violence against adolescents. About 95% of the respondents said that they would support the girl if she experienced any kind of sexual violence.

Mai Do, D., Kincaid, L. and M. E. Figueroa. (2014). **Impacts of four communication programmes on HIV testing behaviour in South Africa**. *AIDS Care*, 26(9), 1109-1117. http://dx.doi.org/10.1080/09540121.2014.901487

http://www.tandfonline.com/doi/abs/10.1080/09540121.2014.901487

The programme

- The four programmes (Intersexions, Brothers for Life, 4Play: Sex Tips for Girls, and Scrutinize), launched between 2009 and 2010, are all TV series implemented in South Africa.
- They aimed to promote HIV prevention behaviours, along with gender-based violence prevention, tuberculosis screening and treatment, and reduction of alcohol consumption.

The study

- 6004 men and women who had sex within the last 12 months were included.
- Data came from the population-based Third National AIDS Communication Survey 2012.
- Multiple causal attribution analysis is used to justify causal reference and estimate the impact of communication programmes.

The findings

- Findings indicate significant, positive effects of the programmes on HIV testing in the last 12 months, partly due to indirect effects through increasing an individual's perception of HIV testing prevalence (increased perception that friends were tested) and the probability of talking about testing with partners and friends.
- 55% of the effect of communication on HIV testing was indirect through these mechanisms
- Those who perceived a high level of testing among their friends were 25% more likely than others to have tested.
- Talking about HIV testing was the strongest predictor of testing: those who had discussed HIV tests with friends and partners were more than three times as likely as others to have tested in the last 12 months.
- Community group leadership and hearing HIV discussions in church both were related to a higher perceived HIV testing prevalence.

Breakthrough (India). (2011). *Breakthrough's Bell Bajao! A campaign to bring domestic violence to a halt*. New Delhi: Breakthrough (India). http://www.breakthrough.tv/o/wp-content/files_mf/1330816837BellBajao_Insight.pdf

The programme

- Bell Bajao! integrates mass media with community mobilization tools and leadership development training.

- The media component involved television, radio, and print ads.

- The community mobilization initiative involved extensive leadership trainings, mass outreach, and face-to-face educational events in the Indian states of Karnataka and Uttar Pradesh.

- The programme aimed to reduce domestic violence and the stigma and discrimination faced by women living with HIV/AIDS, and to highlight the role that men and boys can play in reducing violence.

The study

- Quantitative and qualitative monitoring and evaluation techniques and tools were deployed.

- The quantitative tools captured the media impact, for example, numbers of audience reached, which type of media message and platform were most effective, what shifts in knowledge happened as a result of the campaign.

- Qualitative techniques were devised to capture deeper knowledge about attitude and behaviour change.

Key findings

- The key findings from the end line survey indicated significant changes in knowledge, attitudes, and behaviour at both the individual and community levels with regard to domestic violence, HIV/AIDS and safe sex.

Changes in knowledge

- The campaign was associated with greater knowledge and community awareness about various forms of domestic violence. A significantly higher proportion of respondents expanded the definition of domestic violence beyond physical abuse to include emotional abuse, threats, economic deprivation and sexual abuse.

- There was a significant increase in the proportion of respondents who knew that a woman had the right to stay in her house even after filing a complaint against her husband.

- There was significantly more knowledge among the public regarding the other benefits to which survivors of violence are entitled, including monetary compensation, right to residence, and custody rights.

- There was a significant increase in knowledge about safe sex among respondents. Roughly 81% promptly referred to 'condom use' while nearly 31% could correctly identify safe sex as 'consistency in the use of condoms for safe sex'. More than two-thirds of respondents reported that being monogamous is a safe sex practice. Both

base- and end line data revealed that men are comparatively more aware than women about safe-sex issues.

Changes in attitudes

- The campaign was associated with less public acceptance and justification for domestic violence. For example, fewer people justified wife beating, even when a husband suspected infidelity.

- The vast majority of respondents listed many justifiable reasons for a woman refusing to have sex with her spouse. For example, 93% of respondents thought it was justifiable to refuse sex when a husband had a sexually transmitted disease; 90% thought it was justifiable to refuse sex when a woman was not in the mood for sex.

Changes in behaviours

- The campaign was associated with more women increasingly taking proactive stands against domestic violence. For example, the majority of respondents favoured taking legal action (90%) in cases of domestic violence. There was also a significant decrease among respondents who felt that taking legal action would bring shame to the family.

- There was a significant increase in the proportion of respondents reporting that community intervention had taken place in cases of domestic violence. Only 9% of respondents thought that domestic violence is a private matter in which nobody should intervene. Nearly 61% of respondents (as compared to 53% at baseline) of those who came across incidents of domestic violence reported that the community had taken action to stop it.

- There was significant decrease in ignorance and attitudes of shame and blame towards people with HIV/AIDS among respondents. For example, the percentage of respondents who felt that a woman should be ashamed of her HIV status dropped from 25% to 8%.

- Stigma and discrimination against women living with HIV/AIDS also showed a significant decrease: 86.2% of respondents at the end line responded that a positive woman should not be ostracized from society. The reduction in stigma was also apparent by a significant decrease in respondents wanting to keep family members' HIV status secret (from 45.3% at baseline to 6.3% at end line).

Increased joint decision making between spouses

- The campaign led to greater respect for women's role in decision-making within the family.

- A significantly higher proportion of respondents reported joint decision making on family planning matters, including whether to have sex.

Radio

Hodges, C. (2016). *Can a radio series change attitudes and norms on violence against women?* Oxfam. http://policy-practice.oxfam.org.uk/publications/can-a-radio-series-change-attitudes-and-norms-on-violence-against-women-609209

The programme

- A pilot edutainment project was implemented in Tunisia.

- The pilot and impact assessment aimed to investigate whether active participation in listening groups and debates could successfully increase knowledge and change attitudes and perceptions of social norms with regards to women's empowerment and VAWG in Tunisia.

The study

- Oxfam's impact measurement unit conducted a rigorous (randomised) evaluation of the project in 2015.

- A baseline and endline survey was conducted with all groups and the quantitative data was supplemented by the collection of 20 in-depth interviews using the 'Most Significant Change' methodology.

The findings

- Participants were more likely to report personally knowing someone who had suffered from violence (*awareness* about VAWG).

- Participants were less likely to justify violence against women (*attitudes* about VAWG).

- Participants were more likely to intend to advise others who suffer from violence to speak out (*intention to take action* on VAWG).

Arias, E. (2016). *How does media influence social norms? A field experiment on the role of common knowledge*. New York: NYU. https://wp.nyu.edu/ericarias/wp-content/uploads/sites/641/2016/04/AriasCommonKnowledge.pdf

See also: Arias, E. (2015). **Media, common knowledge, and violence against women: A field experiment on norms change in Mexico**. Presented at the annual meeting of the American Political Science Association. https://wp.nyu.edu/ericarias/wp-content/uploads/sites/641/2015/05/AriasCommonKnowledge.pdf

The programme

- The media intervention consisted of an audio soap-opera designed to challenge gender role norms and discourage violence against women in rural Mexico.

- The soap-opera was embedded in the local context featuring common reference points, with the intention of making it easy for viewers to directly relate to the situation portrayed in order to heighten its effect.

The study

- The randomised field experiment study aimed to explore the effects of individual or direct transmission mechanisms (e.g. leafletting or in the case of media interventions, where media provides information about norms and persuades individuals to accept them) versus social, collective or indirect transmission mechanisms (e.g. public meetings or mass media; where media enhances coordination on a norm or action through the creation of common knowledge).
- A survey of 340 individuals in 200 households was conducted to measure norms, attitudes and behaviour.
- The research design created two social conditions (group and public Broadcast), an individual condition (individual broadcast) and a baseline group. The intervention precluded part of the community from listening to the soap-opera broadcast. In addition, it randomly invited households to listen to the soap-opera, either: individually and privately, using an audio CD (individual broadcast); within a loudspeaker's reach (public broadcast); or in a common place (group broadcast).

The findings

- The study finds that media influence on attitudes and social norms is driven primarily by social effects rather than individual persuasion.
- A public method of delivery/social channel was able to decrease personal and perceived social acceptance of violence against women and increased support for gender equality roles, whereas individual or private delivery had no discernible effects.
- Social interactions (e.g. face-to-face meetings) are not necessary to influence attitudes and social norms; pure public method of delivery can be necessary and sufficient in this regard.

Mahoney, L. M. (2013). **What about men? Gendered reception of an edutainment drama**. *Global Media Journal - African Edition*, 7(2), 226-252. http://journals.co.za/docserver/fulltext/glomed_africa/7/2/glomed_africa_v7_n2_a8.pdf?expires=149080 3085&id=id&accname=guest&checksum=E2A630C3087DCDA0B4B82A1ACD46BEB6

The programme

- Makgabaneng is a serial radio soap drama in Botswana that aims to provide listeners with higher levels of HIV/AIDS knowledge and to help change risky behaviours associated with HIV/AIDS through modelling and reinforcement.

<u>The study</u>

- This study aims to understand how fans of the programme understand the storyline that presents narratives where female characters are portrayed as educated, independent and confident individuals.

- The study is based on 42 in-depth interviews. Participation was voluntary, and sampling recruitment was initially done through a key informant in Gaborone, Botswana.

<u>The findings</u>

- One of the most consistent themes that came out of the interviews is how admirable it is for a woman to focus on education, rather than relationships; and to be able to support herself.

- Men were found to be portrayed as cheaters, thieves, alcohol abusers and drug users. This negative representation is considered to be a problematic depiction in itself, but also because it desensitizes the audience towards negative male behaviour and normalize it for the audiences.

Social media

Govender, E. et al. (2013). **Social networks as a platform to discuss sexual networks: Intersexions and Facebook as catalysts for behavior change**. *African Communication Research*, 6(1), 65-88. http://ccms.ukzn.ac.za/Libraries/staff-documents/ACR_vol_6_No_1_1.sflb.ashx#page=68

Multiple and Concurrent Partnerships (MCP) and low condom use in particular are among the risky sexual behaviours associated with HIV infection with young people in South Africa.

<u>The programme</u>

- *Intersexions* is a South African produced multi-media intervention that addresses issues of HIV prevention, treatment, care and support and voluntary counseling and testing.

- The portrayal of South African characters allows the audience to identify at some level with the characters involved and through this identification to explore their own behaviours and attitudes towards issues and situations embedded in the storyline.

- The intervention aimed to increase the uptake of HIV counselling, testing and treatment; increase open and honest discussions within relationships; reduce the number of sexual partners; increase and maintain condom usage; and reduce the levels of alcohol consumption.

- The *Intersexions* drama series was supported through a 26 part radio talk show, designed to stimulate discussion with audiences on topics introduced in the drama series.

- The use of social media, *Facebook* and Twitter in particular, was used as a strategy to extend the dialogue beyond the drama series. Discussion forums provided an

online space that allowed users to post messages to a shared area, arguably creating a sense of virtual community.

<u>The study</u>

- This study investigates the role of social media, Facebook in particular, in extending dialogue and diffusing the ideas initiated in the *Intersexions* series.

- It takes the form of a reception analysis of viewer/participant responses in discussions on the *Intersexions* Facebook page.

<u>Findings</u>

- The data generated on *Facebook* indicated that *Intersexions*, overall, had increased viewer/participants' perceived threat to HIV infection which in turn, could be argued to have increased their efficacy. For example, episode 8 data on *Facebook* demonstrated that 18% of the participants reported HIV testing after watching that particular *Intersexions* episode. Many responses cited *Intersexions* as the direct influence for their decision to get tested.

- *Intersexions* through the use of social media contributed to social learning through providing new knowledge but also reinforced existing knowledge.

- Combined with other traditional means of communication as undertaken by *Intersexions*, social media appears to play a facilitating role in how viewers/participants deal with dynamic factors around HIV and AIDS, providing the venue for users to discuss topics and issues that are relevant to the episode, their lives and to the broader HIV/AIDS context in South Africa.

6. Additional references

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About this report