

Championing Gender Equality: *The CHAMPION Project's Gender-Based Violence Prevention Interventions*



KEY POINTS

Gender-based violence (GBV)—and intimate partner violence in particular—is pervasive in Tanzania and has serious health consequences for individuals, families, and the entire country.

The CHAMPION Project's national and community-based GBV work aimed to reduce social acceptance of violence and encourage people to openly talk about GBV, question norms surrounding GBV, and ultimately take preventive action.

Empowering community members with the knowledge, skills, and technical support needed to take action against GBV is critical to generating sustained behavior change and ensuring comprehensive support.



INTIMATE PARTNER VIOLENCE: AN EPIDEMIC IN TANZANIA

Gender-based violence (GBV), and in particular intimate partner violence, is a reality that gravely affects the lives of many men and women in Tanzania. GBV reflects the power imbalances between men and women and is most commonly committed at home, with 44% of ever-married women reporting abuse—whether physical, emotional, or sexual—by their husband or intimate partner (NBS & ICF Macro, 2011). In addition, 54% of women and 38% of men aged 15–49 believe that a husband is justified in beating his wife under certain conditions, such as when she has burned food, yelled at him, gone out without telling him, or refused to have sex (Dahlberg & Krug, 2002; NBS & ICF Macro, 2011).

Gender, Violence, and Its Impact on Health and Development

Links between violence, HIV, and unequal gender norms have been widely established, and GBV can be both a cause and a consequence of HIV. Coerced and unprotected sex increases the risk of HIV transmission for both men and women (Bott et al., 2005). Women who experience violence are less likely to be able to negotiate condom use (Swan & O'Connell, 2012; Wingood & DiClemente, 1997), less likely to get tested for HIV (Maman et al., 2001), and less likely to use their preferred method of contraception (Fanslow et al., 2008; Williams, Larsen, & McCloskey, 2008). HIV-positive women who experience violence are also less likely to adhere to antiretroviral therapy (Maman et al., 2002).

What Is Gender?

Gender refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.

In addition, GBV has serious consequences for women's physical, mental (e.g., depression, alcohol abuse), and sexual and reproductive health (SRH) (e.g., unwanted pregnancy, unsafe abortion). Violence also has socioeconomic consequences—weakening productivity, straining economic resources to support health-sector and judicial responses to GBV, and decreasing community participation by survivors of GBV (Botts et al., 2005).

"CHAMPION's work is great for our community because it challenges men's tendency to beat their wives. I tell others to attend CHAMPION clinic days so that they too can receive this valuable education."

—Alex Mng'ong'o, community leader

GENDER-BASED VIOLENCE INTERVENTION



ECOLOGICAL APPROACH

Addressing widespread social acceptance of GBV requires a multilevel, multisectoral approach. Organized around an ecological model, the CHAMPION Project's GBV-related activities spanned all levels and focused on factors that put people at risk for experiencing or perpetrating violence. Use of this model facilitated an examination of the complex interaction of factors at all levels—individual, relationship, community, and societal—that impede behavior and social change (Figure 1). CHAMPION contracted with Raising Voices of Uganda to provide technical assistance on the design of several of its GBV interventions, using its SASA! methodology,¹ a tool for addressing violence against women and HIV by fostering critical reflection on gender and power, as well as instigating local-level activism.

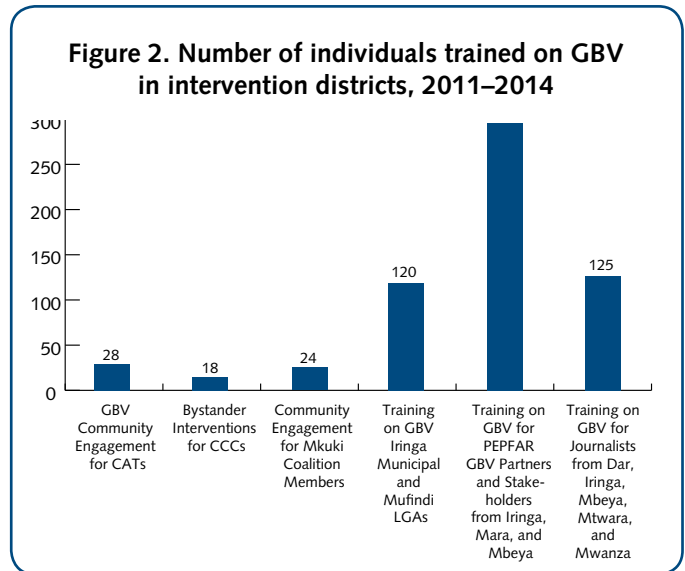
CHAMPION's GBV-related work included partnerships with 14 stakeholders to network and build local capacity, ensuring the scale-up and sustainability of programs at the community and institutional level.²

GBV INTERVENTIONS

Individual and Relationship Level

Bringing about social change begins with the individual and the transformation of one's attitudes, beliefs, and behaviors. Social change also necessitates a shift in interpersonal relationships. At the individual and relationship levels, GBV-related activities focused on raising awareness about GBV and included:

1. Integrating the SASA! methodology into the Men As Partners^{®3} (MAP[®]) and CoupleConnect⁴ group education workshop GBV modules
2. Conducting GBV sensitization sessions with local government authorities (LGAs) (e.g., ward and street executive officers, community development officers, social welfare officers, and other community leaders) (Figure 2)
3. Holding GBV-themed community outreach activities to commemorate national and international days (e.g., 16 Days of Activism against GBV)



4. Disseminating social and behavior change communication (SBCC) materials
5. Launching the *Kuwa Mfano wa Kuigwa (Be a Role Model)* campaign to encourage people to speak out against GBV (This included national television and radio spots and community outreach in Iringa Municipal and Mufindi District.)

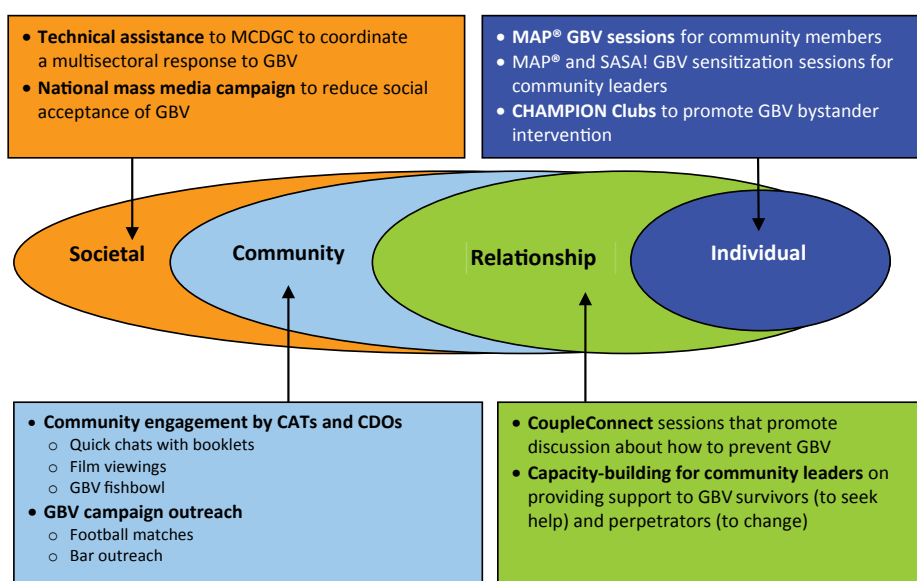
Community Level

In communities, CHAMPION conducted GBV sensitization sessions and community engagement training for Community Action Teams (CATs)⁵ (Figure 2). Following the training, CAT volunteers met with influential community members (e.g., arbitration council members, religious leaders, fathers, teachers, taxi drivers) and organized sensitization events using music, drama, posters, and poetry to convey three messages:

1. Beating your wife is never justified.
2. Forced sex, even with your partner, is violence.
3. Violence is everyone's problem.

At the ward level, CHAMPION developed and piloted a three-day "bystander" training with 18 members of the Iringa Urban community change club (CCC)⁶ (Figure 2). The training equipped CCC members with the skills needed to intervene effectively and safely in cases of GBV. After their training, graduates continued to sensitize others in their communities to the need to become active bystanders. In addition, CCCs acted as community role models, conducted home visits for survivors, followed up on cases with LGAs, and escorted survivors to formal services, if needed.

Figure 1. GBV interventions spanning all levels of the ecological model



Societal Level

The *Kuwa Mfano wa Kuigwa* (Be a Role Model) mass media and community awareness campaign—co-branded with the Ministry of Community Development, Gender and Children (MCDGC), the agency responsible for coordinating the response to GBV in Tanzania—was launched to influence the national dialogue around GBV. Spread through print and electronic media (e.g., television, radio), the campaign focused on key GBV messages coupled with motivational messages and a call to action for men to be role models in their communities. Additionally, CHAMPION trained 125 journalists on GBV (Figure 2). Other community outreach activities targeted places where men congregate, such as football matches and bars.

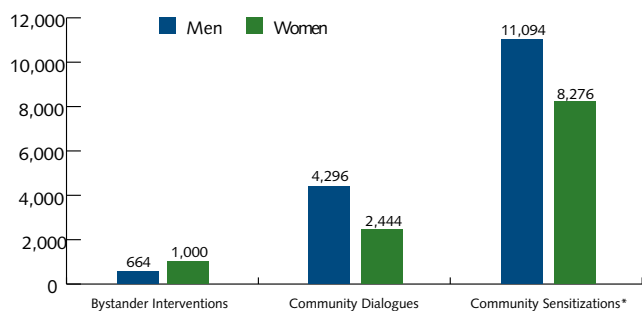
The project provided technical assistance and training for the MCDGC on effective strategies for addressing GBV, including coordinating multisectoral and civil society efforts to address violence. Further, CHAMPION worked with the MCDGC to develop a supplemental GBV module for the Community Development Technical Institutes' curricula, as well as draft National GBV Interventions Coordination Guidelines.

RESULTS

GBV intervention results demonstrated the value of investing in the social and cultural environment to change attitudes and beliefs about gender, violence, HIV, and male involvement. CHAMPION's GBV interventions reached nearly 90,000 community members with individual or small-group GBV prevention activities in target districts (Figure 3). Increased awareness of GBV also led to an increased number of people seeking support. Findings from a qualitative assessment indicate that community perceptions and dialogue around GBV have improved over time as a result of the project. The radio spots, posters, trainings, and community outreach programs contributed to most positive changes.

The *Be a Role Model* mass media campaign was successful in achieving its main behavior change objective: to increase dialogue about GBV and shift entrenched social norms surrounding GBV in Tanzania. Results showed that it is possible to alter opinions about GBV, such as whether a man is ever justified in hitting his wife, acts against GBV, and initiates a conversation about GBV with family and friends (CHAMPION Project, 2014).

Figure 3. Numbers of men and women reached by intensive individual or small-group GBV prevention activities in Iringa Municipal and Mufindi District Councils, 2011–2014



* Community sensitizations included men and women reached during 16 Days of Activism and interpersonal communication activities conducted around the *Kuwa Mfano wa Kuigwa* mass media campaign.

Success Story: Popular Artist Changing Social Norms Surrounding GBV

Mafinga is a small town in the Iringa Region of Tanzania; GBV is often a part of life there. In the region, more than half (54%) of ever-married women aged 15–49 have experienced spousal violence (physical or sexual) (NBS & IFC Macro, 2011). Andrew, 24, is a local resident and successful music artist. Growing up in a household where issues of gender and sex were not openly discussed, much of Andrew's knowledge was learned from his friends and based on myths.

In 2011, the CHAMPION Project held a community dialogue event on GBV in Mafinga, with support from CHAMPION's local activists, the Community Action Team (CAT) members. As a popular artist in his community, Andrew was invited to entertain the crowds. The messages Andrew heard about gender, sex, and GBV during the event resonated deeply. Following the event, Andrew asked to become a CAT member and received training on GBV.

Now, Andrew plans events and talks to community members about issues related to GBV. As a CAT member, "I know that I am talking to people about good things and for a good cause" Andrew says. He also spreads CHAMPION's messages by performing songs about GBV and the need for men to stand up to violence.

Over the past year, Andrew has sung about GBV for more than 5,000 community members in Mufindi District. Some of his biggest fans say that he has influenced the way they look at women and relationships. With Andrew, they stand strong together against GBV.



RECOMMENDATIONS

Use SBCC Materials to Reinforce Outreach Campaigns

SBCC materials help to reinforce GBV prevention messages conveyed through mass media channels and community outreach events. Qualitative findings showed that SBCC materials developed through CHAMPION's GBV work were widely seen and well understood by community members. To make best use of such materials, programs should ensure that adequate amounts are printed and distributed.

Build Community Capacity to Address GBV

Providing community members with the knowledge, skills, and technical support needed to take action against GBV is critical to generating sustained behavior change and comprehensive support. Training CATs, LGA members, and other community leaders to act as agents of change significantly contributes to changing community perceptions and dialogue around GBV. When conducting IPV training, it is important to define basic gender concepts (and how gender norms affect individual attitudes and behaviors) early on, to ensure that all participants have the same foundational knowledge to build upon.

Support the Coordination of a National GBV Response

Through its GBV prevention and support work in Tanzania, CHAMPION collaborated with a number of international, national, and community-level partners. Effectively coordinating all stakeholder efforts is essential to harmonizing interventions and maximizing their impact. National-level coordination between the health, law enforcement, paralegal, and social work sectors helps not only to ensure that all stakeholders have the technical and material support they need to work efficiently, but further strengthens the national response to GBV.

Suggested citation: The CHAMPION Project. 2014. Championing gender equality: The CHAMPION Project's gender-based violence prevention interventions. *CHAMPION Brief No. 12*. Dar es Salaam: EngenderHealth/CHAMPION Project.

¹ The SASA! methodology is based on the understanding that violence against women does not occur in isolation, but within families, communities, and societies, and this encourages engagement within all circles of influence across the Ecological Model.

² The 14 stakeholders were: the Ministry of Community Development, Gender and Children; the Ministry of Health and Social Welfare; the police (Gender and Children Desks); the Mkuki GBV Coalition; the Health Policy Initiative/Futures Group; Deloitte Building Organizational Capacity for Results (BOCAR)/Rapid Funding Envelope (RFE); Africare; Iringa Development of Youth Disabled and Children; the Tanzania Rural Women and Children Development Foundation (TARWOC); the Tanzania Home Economics Association (TAHEA); the Family Planning Association of Tanzania (UMATI); Kiota Women Health and Development Organization (KIWOHEDE); Pact Tanzania; and the Walter Reed Program Tanzania.

³ MAP® group education workshops encourage men to play a constructive role in promoting gender equality and health in their families and communities.

⁴ CoupleConnect is a curriculum-based gender-transformative program that aims to improve communication among couples and increase uptake of SRH services.

⁵ CATs are groups of local volunteers trained and engaged to identify community needs and develop action plans to address priority community concerns through culturally acceptable approaches.

⁶ Community change clubs (CCCs), originally called MAP® clubs, were formed as opportunities for MAP® workshop graduates to meet and discuss gender transformation after the intervention had ended.

This brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the CHAMPION Project led by EngenderHealth, and do not necessarily reflect the views of USAID or the United States Government.

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