

VAW HIV **Programming Idea 6: Changing unequal and harmful norms through community mobilization**

What it involves: Community mobilization refers to working with men, women, boys, girls, community or religious leaders, and institutions in a community over time in different ways to foster critical reflection and dialogue about harmful cultural and social norms, and inspire, encourage and support them in making positive changes in their lives. It encompasses activities such as: community meetings, activities and events (e.g. door-to-door discussions, dramas, poster discussions); training or sensitization sessions with different community members; and organizing collective actions (e.g. marches, petitions). Community mobilization efforts work better when they: engage the whole community; recognize that social norm change is a gradual process requiring concerted and sustained effort and repeated exposure to alternative ideas; foster critical reflection and dialogue around alternative values related to gender, sexuality, power and violence through participatory learning; and build and strengthen community ownership and social networks by mobilizing existing community structures, resources and organizations (109).

Summary of the evidence: Several HIV programmes have successfully used community mobilization strategies (110). For example, 'Stepping Stones' was developed as a community intervention to promote gender equitable norms and behaviours and HIV prevention. It has been used in more than 100 low- and middle-income countries (66,111,112). A systematic review of Stepping Stones interventions from Angola, Ethiopia, Fiji, the Gambia, India, South Africa, the United Republic of Tanzania and Uganda shows that: reported perpetration of violence against

women, transactional sex by men, and herpes simplex virus (HSV-2) prevalence among women and men was reduced in South Africa; reported condom use increased in two out of eight studies; partner communication about HIV improved in three out of seven studies; gender equitable attitudes and behaviours improved in one out of five studies; and stigma against people living with HIV decreased in four studies (113). 'SASA!'¹ is a community mobilization approach developed by Raising Voices (a Uganda-based nongovernmental organization). SASA! encourages communities to reflect on gender norms, roles and power relationships by encouraging dialogue about the different dimensions of power. The beneficiaries include: women, men, young people, family members, neighbours, community elders and other stakeholders (e.g. health care providers, police, judges, teachers, business owners, religious leaders, policy makers and the media) (114). It is currently being evaluated using a cluster-randomized controlled trial in Uganda with eight communities (114,115). See Annex 1.5 for examples of community mobilization interventions.

Conclusion: The impact of Stepping Stones on reduction of violence against women and HIV outcomes has been established with rigorous evaluation design in only one setting. Nevertheless, its impact on HIV outcomes has been established across different settings, albeit with weaker evaluation designs. Evaluations of other models of community mobilization such as SASA! are not yet published. Therefore, this programming approach is considered to be promising.

¹ Means "now" in Kiswahili. It is also an acronym for four stages of change towards alternative values and behaviours: Start, Awareness, Support and Action.

Annex 1.5. Examples, programming idea 6: Changing unequal and harmful norms through community mobilization

| Intervention and location | Description of beneficiaries | Content of intervention | Evaluation design and outcomes | Results and limitations | Conclusions |
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| Stepping Stones South Africa (174–176) | 70 villages in the Eastern Cape province of South Africa Mostly poor youth (N=2776; 49% men), unmarried, both in and out of school | A community intervention to improve sexual health, gender equitable norms, communication and relationship skills Training involves participatory learning to build knowledge, risk awareness and communication skills, and stimulate critical reflection about gender norms, power relationships with intimate partners, other family and community members Each intervention village recruited two peer groups of 20 male and 20 female youth participants (15–26 years) Training sessions are parallel for single-sex, similar peer age groups of women and men and involve a total of 17 sessions (~50 hours) | Cluster randomized controlled trial with 35 intervention and 35 control villages. Control villages received a single three-hour training on HIV prevention Outcomes: HIV incidence; HSV-2 incidence; sexual risk behaviours; experience and perpetration of intimate partner violence, rape; unwanted pregnancy; depression; substance abuse Data collected at baseline, 12 and 24 months follow-up | Intervention participants experienced a 33% reduction in HSV-2 incidence Male intervention participants reported lower levels of violence perpetration (27% reduction at 12 months and 38% reduction at 24 months) Male participants also reported lower levels of risk behaviour (i.e. 61% reduction in transactional sex and 32% reduction in problem drinking) at 12 months follow-up Among women, no behaviour changes in the desired direction were reported and intervention participants reported more transactional sex at 12 months follow-up (but not 24 months) Limitations: There was no evidence that Stepping Stones lowered the incidence of HIV (adjusted incidence rate ratio 0.95; 95% CI 0.67–1.35) ² | A process evaluation found that it helped men become less violent, and avoid anti-social and risky behaviours. Men were more empowered to communicate and showed positive changes in reducing acceptability of violence. While some women showed greater assertiveness and agency, their ability to challenge prevalent gender norms was limited Stepping Stones may be useful in bringing about changes in men as they are already more empowered, whereas, for women it may be more effective if combined with interventions at a broader societal level to empower them The original Stepping Stones programme recommends recruiting four peer groups of older and younger women and men, but the RCT costs made it impossible to do so. |
| Lifeline Free State, South Africa (177) | Primary beneficiaries: women in three townships in Matjhabeng, Welkom, Odelaalsrus and Virginia Secondary beneficiaries: community members in churches, schools, NGOs, women's groups | Community intervention to integrate HIV and gender-based violence involving social mobilization activities, training and development of local leadership, including efforts to engage churches, schools, women's groups and other structures Emotional wellness programmes through individual centres Gender-based violence services through a National Crisis Helpline, the National AIDS Helpline and the National Gender Wellness Helpline | Post-intervention community survey in targeted communities, sampling 304 women (15 years of age and older) selected randomly from households in the intervention communities Outcomes: gender-based violence awareness, knowledge; perceived level of risk for gender-based violence; awareness of legal rights; HIV and AIDS knowledge and attitudes; HIV and AIDS disclosure | Gender-based violence awareness levels were high among women, with 94% reporting having heard of gender-based violence Nearly 68% women felt that they themselves were at risk of abuse Lifeline was mentioned as a source of gender-based violence information by 16% of respondents and as a source of HIV information by 20% of respondents. These figures are comparable to the numbers who mentioned school, church, health facilities, and friends as information sources Limitations: Weak evaluation design with no baseline data or comparison group to address bias. Outcomes cannot be attributed to Lifeline. No data on reductions in partner violence | Because of the limitations of a descriptive study, there is a need for follow up data collection in the future with a comparison group in order to better assess the impact of social mobilization on gender-based violence outcomes. While the survey included HIV-related measures, no effort was made to correlate the gender-based violence and HIV measures |

2 CI: confidence interval