Inter-linkages between Culture, Gender Based Violence, HIV and AIDS and Women's Rights

TRAINING MANUAL
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Partnership Approach to Advocacy in linking Cultural norms, GBV and women’s rights to HIV and AIDS

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<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
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<td>CBO</td>
<td>Community-Based Organisation</td>
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<td>DAAC</td>
<td>District AIDS Action Committee</td>
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<td>DWSO</td>
<td>Disabled Women Support Organisation</td>
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<td>FBO</td>
<td>Faith-Based Organisation</td>
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<td>GBV</td>
<td>Gender-Based Violence</td>
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<tr>
<td>HIV</td>
<td>Human Immuno Virus</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>MP</td>
<td>Member of Parliament</td>
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<td>NAC</td>
<td>National AIDS Council</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>PLHIV</td>
<td>People Living with HIV</td>
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BACKGROUND

This training manual explores the theory that culture is central to the forces that trigger gender-based violence, leading to the violation of women’s rights and subsequently to the spread of HIV. Since culturally, women are viewed as ‘objects’, Southern Africa has witnessed an increase in gender-based violence (GBV), and the violation of women’s rights which have resulted in growing cases of HIV infection. Of concern, however, is that many people are ignorant of the link between these problems and culture. This training manual seeks to make development agents aware that there is not much that can be achieved in the response to HIV and AIDS if society does not deal with the root cause of the problem – CULTURE. This message must resonate within all the strategies responding to the epidemic at all levels: community, national and regional. In essence, the problems of gender-based violence and violation of women’s rights must not be viewed in isolation – as causal factors in the spread of HIV – but as culture-based evils.

Heterosexual relationships are often strongly influenced by culture, which continues to dictate the social construction of many of the gender roles and mind-sets that are important in reducing the spread of HIV. Throughout southern Africa, there are numerous cultural practices, attitudes and beliefs that entrench gender disparities, subsequently disempowering women and predisposing them to HIV. Culture continues to be the source of most attitudes and behaviours that promote the proliferation of the epidemic.

Increased mortality resulting from AIDS-related illnesses is of major concern, world wide. This is forcing humanity to ponder how the relationships between men and women in society, could be better-managed to reduce the spread of HIV and AIDS. Notably, culture needs to be revisited and an environment created to allow both men and women the social space and capacity to prevent the spread of HIV and AIDS. In many societies, especially in Southern Africa, culture primarily exists to serve the interests of men, and to make women subservient to them. In other words, culture often perpetrates the notion that women are naturally inferior to men and should therefore assume secondary roles as their sisters, daughters, wives or co-workers. In practice, this perception has seriously undermined women’s capacity to take control of their own bodies and make informed choices on preventing the spread of HIV – either by rejecting sex completely or refusing to engage in it – if it is unsafe.

However, it is not all doom and gloom where culture and its impact on HIV and AIDS is concerned. Culture is, in some cases, playing a positive role in the fight against the epidemic. These positive cultural practices need to be promoted. These include promoting the sanctity of virginity, the role of aunts and uncles in shaping responsible sexual behaviour among the youth, and fostering communication between couples.

In addressing these key issues and putting together this training manual, use was made of the SAfAIDS process, as well as the Kelleher model’s (framework) four key areas (quadrants: informal norms and culture, women’s condition, women and men’s consciousness, and formal institutions). This analytical model is essential when considering gender inequality in the systematic identification of areas of intervention specifically related to culture; GBV, women’s rights and HIV and AIDS. (See Handout 1 & 2 for The Kelleher model and the SAfAIDS process in the Annex Section).
TERMS AND CONCEPTS TO REMEMBER

**HIV stands for Human Immunodeficiency Virus**
- Human – HIV affects only human beings; it needs a human host
- Immunodeficiency – HIV creates a deficiency in the body’s immune system, making it more open to disease and infection
- Virus – HIV is one of a family of viruses known as “retroviruses”

**AIDS stands for Acquired Immune Deficiency Syndrome**
- Acquired – Means something a person is not born with but gets from someone else or as a result of an external factor, such as an injury
- Immune – This is when the body’s immune system fights off germs and keeps a person free of illness, and enables them to get better much more quickly when they are sick
- Deficiency – This means the immune system is not working well enough to fight off disease/infection
- Syndrome – This is a set of illnesses that attack the body when its immune system is weak

**Culture refers to a people’s total way of life**
- It is manifested through cultural practices
- It is defined by cultural norms and attitudes

**Gender refers to the socially and culturally constructed or assigned male and female roles**
- Gender roles are often defined by culture
- Gender roles are dynamic and can evolve

**Gender-based violence (GBV) refers to a form of violence targeted at a member of the opposite sex**
- GBV is usually perpetrated by men against women and girls
- GBV can take many forms: sexual abuse, physical violence, emotional or psychological abuse, verbal abuse, or beatings during pregnancy
- GBV is a key factor in the spread of HIV, particularly among women and girls
- GBV is often ‘invisible’ and needs to be brought to the fore (open) if it is to be addressed with urgency

**Change Agents are individuals and organisations whose role in a community or society is to steer development in the direction of positive change**
- Change agents can play a key role in the prevention of GBV in communities
- Change agents can play a key role in promoting positive gender roles and practices, that contribute to a positive response to the HIV epidemic
- Development Practitioners are individuals, groups or organisations involved in promoting development in various aspects of human life
- Development practitioners include community-based volunteers, workers, programme developers and implementers
- Development practitioners have the mandate to support communities in exploring and addressing cultural practices and norms that perpetuate the spread of HIV and GBV
- Development practitioners can play a key role in influencing policy and legislation that promote the protection of women’s rights, and in supporting appropriate responses to HIV within positive cultural contexts
FIRST THINGS FIRST – Getting started

This section focuses on the purpose of the training manual, identifies target users, provides indications on how to use the training manual, poses key questions for facilitators to make the training a success, and advises on the use of participatory methodologies during training.

Purpose of the Training Manual
More often than not, culture, gender-based violence (GBV) and women’s rights are either seen as loosely connected to the spread of HIV or at worst, not connected at all. Limited understanding and appreciation of these important linkages results in change agents and development practitioners failing to achieve behaviour change in the response to HIV and AIDS in their communities. Research indicates a strong association between GBV, gender discriminating cultural norms and values, abuse of women’s rights, and increase in HIV infection. The aim is to make this training manual an invaluable resource and practical tool in building capacity and raising awareness within these areas. This training manual therefore provides development practitioners with key information on the linkages between culture, GBV, women’s rights and the various facets of HIV and AIDS, and it also has a series of practical exercises for making the linkages more recognizable in everyday life experiences.

Who is expected to use this Manual?
This training manual has been developed primarily for use by community workers and volunteers, HIV and AIDS programmers and programme implementers, Community-based Organisations (CBOs) and Faith-based Organisations (FBOs) working in the fields of culture, GBV and women’s rights, community peer support groups for women and people living with HIV (PLHIV). It can also be of use to others in the more general fields of gender, HIV and AIDS, and human rights. If you have a passion for women’s affairs and HIV and AIDS issues, you may find this training manual a useful tool in the programming, advocacy and mobilisation efforts for your community.

What will you achieve with this Manual?
After reading through and applying the suggested exercises, you will realise a series of objectives including:

(1) Gaining a deep understanding of the concepts of gender-based violence (GBV), culture and women’s rights, and their integration with HIV and AIDS
(2) Acquiring basic skills for transferring planning strategies so as to effect gender and cultural change
(3) Appreciating the use of practical methods (exercises, case studies, role plays) in facilitating understanding around the interlinkage between the concepts of gender-based violence (GBV), culture and women’s rights and their connection with HIV and AIDS
(4) Accessing and utilising the resource material essential for integrating GBV, culture and women’s rights into HIV and AIDS programming

How can you make the best use of this Manual?
The training manual has been designed for use in a formal training workshop, as a guide for the workshop facilitator. It can also be used as a reference manual, in work with smaller groups such as PLHIV, family, social and church peer group meetings, or workplace staff development sessions. You are encouraged to also share the contents of this training manual with your family and friends, and to make use of the activities given because they stimulate discussion and deeper appreciation of the issues raised, and provide encouragement for those wanting to act as a ‘change agent’.
The basic knowledge and skills needed for integrating GBV, culture and women's rights into HIV and AIDS programming can be learnt over a four-day training period. This training manual has been designed for a four-day workshop. However, the training may be reduced to three days, excluding the advocacy section.

Each day has a guiding theme which is broken down into a number of sessions. Each session has a clearly outlined purpose, objectives, and practical activities to enable participants to fully discuss and understand the theme, and reach consensus on the action needed for change in communities. In each session, the facilitator is provided with guidelines on how to conduct the various exercises, and to draw out the intended conclusions and consensus on action for change related to the theme being addressed. Notes for the facilitator, coupled with handouts for participants, on various issues relating to gender, gender-based violence, culture, women's rights and HIV and AIDS, are provided in the Annex section.

The sessions suggest various participatory and interactive methods including: role plays, case study reviews, quizzes and brainstorming. However, the facilitator is free – and encouraged – to experiment with his/her own ideas in order to achieve the intended objectives. It is important to note that the facilitator needs certain skills in order to generate interest in the planned exercises. It is for this reason that the training manual includes a section on `Tips for the Facilitator.’

Profile of a Facilitator

Key questions to ask yourself before becoming a facilitator for promoting the linkage between culture, GBV, women’s rights and HIV and AIDS:

1. Do I understand why GBV, culture and women's rights deserve serious consideration in the response to HIV and AIDS?
2. Do I understand and appreciate issues of culture, GBV, HIV and AIDS, and women’s rights?
3. What is my own attitude, knowledge and experience on issues of culture, GBV, HIV and AIDS, and women’s rights?
4. Do I know why women, in particular, should be protected from GBV?
5. Does my own ‘cultural perspective’ or community view of women as minors or subordinates of men promote the spread of HIV?
6. Do I know how it feels to be a survivor of gender-based violence?
7. Should the linking of culture, GBV and women’s rights to HIV and AIDS be the big issue it’s made out to be – demanding attention and solutions?
8. Am I a person who can make things happen; am I active and dynamic; am I a ‘driver’ who can generate positive change; or am I simply a ‘passenger’ who sits back and watches others take the wheel?
9. Do I admit when I need help or do I continue to take the wrong route? If so, do I know whose help to seek and when?
10. Do I really believe in gender equality and do I see it as an important tool in fighting the spread of HIV and AIDS?
11. Do I really believe in women’s rights as human rights worth upholding and defending?
12. Am I open-minded and willing enough to learn more about the linkages between culture, GBV, women’s rights and the response to HIV and AIDS from my participants?
**How to make the training successful and enjoyable:**

Before you begin each session...

- Have a thorough understanding of the topic you are facilitating and where possible, build into the exercises, your own knowledge and experience.
- Plan the session well in advance. While session plans are provided in this training manual, be familiar with them and add any individual touches (i.e. ice breakers).
- Prepare well in advance and not the night before.
- Get advance knowledge of your participants – who they are, numbers to be expected, are they youths or adults and are they professionals? Establish their level of literacy – semi-literate or literate and their position in society. Know where the venue will be and prepare it well in advance for the training. Make sure all the resources you will need for the sessions are available e.g. seats for participants, flip charts; markers etc.
- The venue should be big enough to allow participants to 'break-away' for group activity and should be large enough to accommodate 20-25 people.
- Have ready, any handouts you might be using – with enough copies for each participant and some extras, just in case.
- Choose your equipment before-hand and make sure it is available or in working order before your session (i.e. flipchart, writing board, overhead projector, LCD machine etc).
- Familiarise yourself with the participatory methods used in each session (role play, group work) and have to hand, the materials required for each.

Make sure you have the SAF AIDS Process and the Kelleher Model stuck on the wall for the duration of the training programme and remind yourself and participants to refer to it everyday (see Handout 1 & 2 for the SAF AIDS Process and the Kelleher Model). In addition, familiarise yourself with the Cascade Approach (see Handout 3 for the Cascade Approach) which shows the spreading linkage between culture, GBV, HIV and AIDS and women’s rights at the various levels – and the steps change agents and development practitioners can take to empower others with the knowledge and skills they learn through this training manual.

**During training:**

- FACE your participants and make eye contact with them when appropriate. Be attentive in your approach but don’t be too ‘bold’.
- Speak audibly and pronounce words clearly.
- Write legibly and in large letters – using green, black and blue ink (avoid using colours which are difficult to read).
• Keep within your allocated time – avoid rushing at the end
• Allow time for questions and input from participants
• Involve participants wherever possible
• Learn from your participants – they are a rich pool of knowledge and experience which can contribute to the sessions and enhance cross-learning
• Dress appropriately – avoid tight, open and attention-seeking clothing or too much make-up or jewellery, and always maintain personal hygiene
• Do not make vulgar or insensitive jokes
• Avoid referring to your participants’ personal lives (unless agreed to beforehand)
• Control dominant participants, but encourage the shy and passive
• If sessions are too long, the day too hot, or the topic too difficult, use lots of Energizers

**Please Note:**
• Be very excited about being a facilitator and about the important role you will be playing in linking GBV, Culture and Women’s Rights, to HIV and AIDS
• Set targets. How many people will you reach? During which period? Through what means? Have an action plan for your activities
• Know your target group – who you will train and empower
• Prepare well for your training and be aware of the information you are going to be sharing
• Become very familiar with all of the tools in the ‘Linking GBV, Culture, Women’s Rights and HIV and AIDS’ toolkit, and the purpose for each
• Identify the person who will be your ‘buddy’ in training others and promoting the ‘Linking GBV, Culture, Women’s Rights to HIV and AIDS’ toolkit
• Educate yourself on what is happening in your area in terms of GBV, women’s rights and HIV and AIDS, particularly on:
  • whether there is a high incidence of GBV in the area
  • the community’s attitude to GBV and how the cases are handled
  • whether women are treated with dignity and respect
• Remain at the forefront of GBV, culture, women’s rights and HIV and AIDS issues in your community. Don’t be too shy to contribute actively to the issues because it is the lives you will save that matter
• You need to be ready to adapt to changing circumstances in the way you share information on GBV, abuse of women’s rights, the status of the epidemic and the needs of the people in your community
• Learn from participants and those you share information with on GBV, culture, women’s rights and HIV and AIDS – everyone has something important and useful to share!
• Be sensitive. Encourage involvement of your participants to allow sentiments to be shared
• Avoid sexist humour
• Use the cascade approach to make sure that the information you share, reaches or ‘cascades’ to all levels of the community
• Above all, set a good example to your community

Add any important steps identified by the group, to the list of answers developed at the beginning of the session.

**Using Energizers as Facilitation Tools**

There are a number of energizers facilitators can use to derive maximum attention from trainees or participants. The energizers are best used at the beginning of sessions to stimulate the groups, and thereafter, as and when participants show signs of absent-mindedness or mental fatigue. Points to consider when using energizers:

• Use them whenever people look sleepy or tired, or to create a natural break between activities
• Choose games that are appropriate in the local context. Games involving touching different parts of the body may not be appropriate in mixed sex groups, or in certain cultural contexts
• Be sensitive to the needs and circumstances of each member of the group. Select games that everyone can participate in and avoid games that, for instance, exclude people with disabilities if they happen to be a part of the group
• Use games that encourage team-building rather than competition between participants as you want to enhance bonding between them and stimulate greater learning and cross-learning
• Avoid stretching the energizers out. Keep them short and sweet – an energizer that goes on for more than 10 minutes is too long!

Facilitators are free to use their own energizers if they feel they will be more effective.
SESSION ONE: INTRODUCTION TO THE WORKSHOP

Time: 1 hr 30 minutes

Purpose of the Session

This first session sets the tone for the conduct of the workshop during the three days. In this session, facilitator and participants get to know each other, and share expectations and hopes about the workshop. These will be compared.

Objectives

By the end of this session, participants will be able to:
1. Identify the facilitators and their fellow participants by name
2. Know exactly what the workshop will focus on and the participants’ expectations that will not be met during the workshop

Step 1: Registration of Participants

The facilitator may wish to arrange furniture (chairs and tables) in a horse-shoe formation. He/she then greets each participant as they enter the training venue: “Good morning madam/sir! Welcome to our workshop on Interlinkages between Culture, GBV, HIV and AIDS, and women’s rights”. Provide each participant with a Registration Package, and ask them to complete the registration form inside that package. This form will ask for: participant’s name, address, organization represented, and email address.

After filling in the form, participants are either given their name tag or asked to write their name on a label.

Step 2: Welcoming participants

When all the participants have taken their seats, you may once again greet everybody: “Good morning everybody, my name is ........ I will be your facilitator for this workshop and assisting me will be: Mr/Mrs/Miss ............ (pointing at the person)”.

Where possible, have the workshop officially opened by an invited official e.g. a member of a relevant regional/national government body with an interest and commitment to integrating GBV, Culture and Women’s Rights with HIV and AIDS Programming. Introduce the official, who can then give a brief statement of welcome which centres on the importance of the workshop in promoting interlinkages between culture, GBV, and women’s rights, and the overall thrust of fighting the spread of HIV, as well as the success to date and the gaps that need to be filled in this area.
Step 3: Introductions

Introductions set the tone for training. A good way of creating an open and friendly training environment is to use an icebreaker for participant introductions. Facilitators are encouraged to use their own icebreaker which they know to be suitable to the culture or community they are training in.

Inform participants that they shall be working together for the duration of the workshop, and should therefore view one another as part of a ‘learning family’ which will hopefully maintain this networking after the workshop. To have a successful workshop, they need to work as a family or team with each member playing their part to ensure that the purpose of the workshop is achieved, and that maximum sharing and learning has taken place. The first task of a winning family or team is to familiarize themselves with each other, thereby appreciating what they can learn from each other. This means knowing each other’s names and brief backgrounds. The facilitator therefore begins with the introductory icebreaker: ‘The Observable Outstanding Feature’.

The Observable Outstanding Feature Game:
Each participant is provided with a pen and a small card to write on. The participants are given five minutes to think of any personal feature that makes them very different from the rest but easy enough for the group to remember them by. Each card will contain this identifying feature but not the name of the participant. Some of the things that could be written on the cards would include, for instance: “I have a very long nose”; “I have a goatie beard”; “I have a very expensive hair style”.

When participants have finished writing, the cards are collected and put in a container where they are mixed together and then placed at the centre of the seating arrangement. Participants then take turns to pick-a-card, read it out aloud and ask the person whose feature is being described to stand up and identify themselves and give more brief details. For example, the statement: “I have a goatie beard” is read out. Someone who answers to this description stands up and says: “My name is Tapiwa Gomo. I’m a volunteer supervisor with Farai Home-based Care of Mupandawana”.

The game continues until all participants have introduced themselves.

Step 4: Expectations Survey

Each participant is provided with a blank piece of paper. The facilitator asks the participants to work on their own for five minutes, thinking up and writing down, their expectations and concerns (up to three) about the course. Details are written up on the flip chart provided. The facilitator then discusses the expectations and concerns on the flip chart with the whole group, noting the agreed expectations and putting them into the “Workshop Parking-Bay” (chart) which will be displayed in a prominent place where it can be constantly viewed during the workshop. It shall be reviewed during the wrap-up session on the last day.
Clarify which expectations can be met and discuss concerns openly. If unexpected issues arise that require more thought, the facilitators should discuss them during one of the breaks and report back to the group.

Explain that each morning of the workshop, there will be a brief recap of the previous day’s activities and lessons learnt. Two participants, the Ear (to hear what transpires during the day) and the Eye (to see what happens during the day) will be assigned this task. Ask for volunteers to act as the Ear and the Eye and explain that the recaps should be brief (10 minutes maximum) containing just the highlights of what happened the day before.

**Step 5: Setting Ground Rules**

Ask participants to brainstorm on rules to be followed to help in achieving the purpose of the workshop. In two groups, the participants write up the rules, then the two groups come together to agree on the rules. The agreed rules are then written on a flipchart and displayed in the main workshop venue until the end of the workshop. Some of the issues that may be considered are:

1. Confidentiality of testimonies and other information-sharing sessions during the workshop
2. Full and active participation of all members of the workshop
3. Respect for each other’s person and views
4. Cell phones to be on silent during workshop sessions
5. Facilitators reserving the right to modify sessions according to group needs
6. Ensuring that the rules foster fair power-sharing and enable everyone’s views to be heard

**Step 6: Introduction to Training**

Read out the purpose and objectives of the workshop to the participants.
Distribute hand out of the workshop programme/timetable (see Annex 1).
Explain the workshop programme and answer any questions on any of the material already covered.
Then select the time-keeper.
SESSION TWO: HOW MUCH DO WE KNOW ABOUT ‘CULTURE’?

Time: 1 hr 30 minutes

Purpose of the Session

To develop a shared understanding of the concept of ‘CULTURE’

Objectives

By the end of the session, participants will be able to:
1. Unravel the concept of ‘culture’
2. Understand how culture shapes gender roles

Step 1: Talking about ‘culture’

You may choose to begin with: “You grew up hearing the word culture and today you continue to hear culture this and culture that, but have you ever been asked to explain to someone in your own words what this word means?”

Give each participant a small piece of paper and then ask each to think about ‘culture’ and to write down what they think it means.

Ask participants to place their papers face down, on the table at the centre of the room. Shuffle the papers around and then ask one participant to pick out a paper at random. The first participant reads the statement out aloud and it is written up on the flip chart by the facilitator or a fellow participant. The second participant has a go and so on. Any statement similar to what’s already on the chart is left out.

When the exercise is finished, read out the list of definitions to the entire group, with participants agreeing to either keep a definition or discard it. The list of agreed definitions is then posted to the Parking Bay for future reference.

To sum up, and with reference to Handout No. 4, you can point out that:
- when one looks closely at the list of definitions one finds that the definition of culture could be summed up in the following way:
  “All the modes of thought, behaviour and production are handed down from one generation to the next by means of socialization (communicative interaction), through speech, gestures, writing, building and all other forms of communication among humans –rather than by genetic transmission or heredity.”
- a generally accepted value or norm can become part of a people’s culture over time. While cultures differ across Africa, there are many similarities in cultural practices
- as a way of life, culture has such dimensions as: ideas (ways of thinking); norms (accepted ways of carrying out ideas) and material culture (patterns of possessing or using the products of culture, e.g. tools, medicines)
- culture is not homogenous
- culture is naturally dynamic – it changes and moves with the needs of the community or society
Step 2: Culture versus Biological influences on human behaviour

Divide participants into two groups. Group 1 will explore arguments in support of the theory that human behaviour is shaped by nature; and Group 2 will explore arguments in support of the theory that human behaviour is shaped by nurturing (or by society). Allow approximately 15 minutes for this task. Then bring the groups together and ask representatives from each to present the arguments of the groups.

The facilitator should wrap up by pointing out that both culture (nurturing) and biological influences (nature) have a role to play in shaping individual behaviour and that most behaviour is, to a large extent, learnt through socialization.

Step 3: Dynamism of culture

Divide participants into groups and ask them to think of practices (in general) that:
- used to be done in their communities or in other areas, that are no longer socially acceptable or are now considered illegal
- were not accepted in the past, but are now being tolerated and practiced. Examples of these could be: the killing of twins, female genital mutilation, wife inheritance

Ask participants to give reasons for their answers in each case. This exercise is meant to manifest the fact that culture is 'not static but dynamic'. And because it is dynamic, gender roles can change.

Session Wrap-up:

The purpose of the session wrap-up is to highlight key ideas, identify challenges — if the session issues were to be discussed within a community setting — and explore ways of addressing them. Summarise the following key learning points for further reflection:

Principle 1: Culture is a broad definition.
Principle 2: Culture is the sum total of nature/nurturing.
Principle 3: Culture is dynamic and so are tradition and gender roles.
Principle 4: Culture influences behaviour.
SESSION THREE:  LET'S SHARE WHAT WE KNOW ABOUT 'GENDER' AND GENDER-BASED VIOLENCE

Time period: 45 minutes

Purpose of the Session

The purpose of this session is to develop a shared understanding of the concept of gender and gender-based violence (Refer participants to Handout No. 4).

Objectives

By the end of the session, participants will be able to:
1. Understand what gender and gender-based violence are
2. Identify the roots of gender-based violence

Step 1: Creating gender lifelines - The Gender Roles Game

Begin by asking the participants: “Given the chance, would you have liked to be born male or female? Explain why.” This helps to establish the issues related to gender roles and inequalities as well as participants’ perceptions of them.

The concept of ‘gender’ can best be understood within the context of gender roles:
1. Divide the participants into two groups
2. Each group chooses a person to record and report back on behalf of the group when they are through with the discussion
3. Ask both groups to discuss the roles of a girl and a boy in their community, from birth to 25 years of age. Ask them to think about how boys and girls are expected to behave, the taboos that surround them, how each is treated by society, the importance and value placed on the individual, and so forth. For example, during childhood, the girl may be made to wear dresses, take care of younger siblings, do household chores, be quiet most of the time and even have to eat less food than the boy
4. Ask each group to draw three columns on the flipchart, and to title Column 1 - ‘Age’, Column 2 - ‘Girl’, and Column 3 - ‘Boy’. In Column 1 the first entry would be 0-5 years, Column 2 would provide a description of a girl’s life during these years and Column 3 a boy’s life during these years. The lives of a boy and a girl are compared in five-year increments.
**Report Back on Lifelines:**

1. Ask each group to report back on their work to the main group.
2. Invite the group to discuss why there is a difference in the way boys and girls are socialised. Ask questions such as “Who made this society – God, nature or people? Why do some groups face hardship and discrimination?”

Emphasise the following:

- Girls are often taught to behave in a different way to boys. Sex is determined biologically, but gender refers to the social role that the culture and community impose on individuals.
- The sex of a person is biological and fixed but gender is imposed by society and can change. Sex is what we are born with while gender is how society says we should behave, based on our sex.
- As communities and cultures change and grow, so do the rigid expectations of how we should behave, based on our sex.
- The behaviour of men and women is socially developed and not determined biologically. In this way, the culture in which boys and girls grow up, with the differing opportunities offered for each, determines there quality of life.
- Part of our work is to create awareness in our community that these different expectations and roles may often be unfair and may impose unjust restriction on women and girls. They arbitrarily assign to women and girls, a lower status than men and boys, as seen in the gender lifelines.

**Quiz: Who is the doctor?**

Ask a participant to read this story out to the group:

A man and his son are driving down the highway in a jeep. The man driving is a doctor. They have a terrible accident and the man is killed and the son badly injured. The son is rushed to the nearest hospital for surgery. A doctor is called in to attend to him. As he is lying there, the doctor takes one look at him and says, “He is my son, and walks out of the room.”

Ask the group: “Who was the doctor?”

Answer: The mother of the child was the doctor. People tend to think all doctors are male.

**ALTERNATIVE EXERCISE:**

Ask the two groups to come up with a list of 30 professions and to classify them either under ‘Men’s Jobs’ or ‘Women’s Jobs’. The groups later come together to discuss the so called ‘femaleness’ or ‘maleness’ of the jobs. Explain that anybody – male or female – could do any of the jobs on the flipcharts – but that it is gender bias that results in jobs being categorized as only for males or only for females.
**Step 2: Roots of Gender-based Violence – What are you worth?**

1. Make available a deck of cards. Rank cards according to a value you have assigned them. Ensure that everyone understands which playing card has the highest value in the deck and which one the lowest. For example, for many people, the order of highest to lowest value may be Ace, King, Queen, Jack, 10, 9, 8 and so on. Others may view the Ace as having the lowest value. Agree on the card value hierarchy to avoid confusion. Take out the Ace completely if it confuses people.
2. Shuffle the deck of cards and, while keeping the cards face down, walk around the circle and ask each person to choose a card at random.
3. Stress that participants should not look at the card they have chosen. They should keep it hidden from their view until everyone has a card. Then, ask participants to hold their card to their forehead without looking at it. Each participant should now be able to see everyone else’s card except his/her own.
4. Explain that when you clap your hands, participants should get up from their chairs and mingle, greeting each other according to the ‘status’ on their card. For example, the King may be treated with the utmost respect, while a person holding a card with the number two on it may be ignored or shunned.
5. Encourage participants to demonstrate their reaction to other people’s status through gestures and facial expressions rather than words.
6. After a few minutes, ask the participants to go back to their seats while still holding their cards to their foreheads.
7. Go around the circle and ask each participant to guess what is on his/her card and to explain why they say so.

**Step 3: Reflecting on the Issues (raised by the above Game)**

1. Ask participants how it felt like to be accorded a type of treatment on the basis of a random assignment of status.
2. Discuss how the game can represent real life in our families and the communities.
3. Ask who in their community holds the ‘high status cards’ and who has ‘low card status’. Is this based on who they are as individuals or other issues such as: sex, age, wealth, jobs? Ask participants: “Who usually holds the high status cards in the family – men or women?” Discuss the implications of this.

To wrap up the discussions of the above game, stress that:

- as a community, we generally tend to assign to women, a lower status than men (as demonstrated in the previous exercise using gender life lines).
- gender-based violence (GBV) is usually perpetrated by a person who feels they are of a higher status, against a person of a lower status – usually man to woman.
- GBV is often accepted by those who see themselves as having low self-worth, therefore building self-esteem through culture and socialization, irrespective of sex, is critical.
- preventing gender-based violence involves highlighting the injustice of the low status conferred on women, and working towards changing community attitudes and behaviour that maintain this low status. In this way, the promotion of women’s rights and equity in relationships becomes a crucial part of the work of preventing gender-based violence.
**TIP FOR THE FACILITATOR**

This discussion is important because many people claim that poverty or alcohol cause gender-based violence. Poverty, alcohol and many other factors, often listed as causes, may be contributory to the problem, but gender-based violence is **most often caused by a perceived difference in status between women and men**. Remind participants that gender-based violence happens in both rich and poor families regardless of whether alcohol is consumed or not. Such factors do not cause violence, rather: it is caused by the **lack of value and worth given to women**. That women experience gender-based violence because society assigns a low value and status to them, is fundamental to how gender-based violence will be viewed, approached and responded to within the community.

**Special Note:**

Allow and encourage participants to share their personal testimonies. However, note that talking about gender violence can be very upsetting for people who have been directly affected by abuse. When discussing this issue, make sure participants are comfortable doing so. Some sessions may need to be done in groups separated by sex.

**Step 4: Types of GBV**

1. Introduce the idea that acts of GBV can be divided into four categories:
   - i. physical (hurts the body)
   - ii. emotional (hurts feelings)
   - iii. sexual (controls sexuality) and
   - iv. economic (controls access to money, property or resources).
2. Divide participants into four groups and assign one category of GBV to each group (physical, emotional, sexual or economic).
3. Give each group writing cards and ask them to brainstorm the different acts of GBV within that category. Each act should be written on a different card using a marker.
4. Ask each group to present their ideas to the workshop.
5. Ask them to hang their cards on the wall under the matching category heading.
6. After each group presents, invite the other participants to ask questions or add any acts that were left out.
7. Conduct a group discussion about the feelings that arise from GBV.
ALTERNATIVE EXERCISE

Ask participants to discuss the following true story and do some role play. The aim is to establish the types of GBV.

Nelson and Sylvia lived together as husband and wife for five years. They had one child. One day Nelson told Sylvia that he no longer loved her or wanted to live with her because she was ugly and had squint eyes. Sylvia refused to leave their matrimonial home, so Nelson started withholding money for household use. Sylvia and the child had to survive by eating at friends' houses. One day, Sylvia decided to follow Nelson to work to ask for money for food. Nelson said he would bring money home at the close of business. Upon arriving home, he forced Sylvia to have sex with him before throwing her out of the house. Sylvia went to sleep at her sister's house that night. The following day, Sylvia saw Nelson at the local shopping centre with a girlfriend. She approached them to ask for keys to their house. Sylvia was beaten up in front of the girlfriend. Nelson denied knowledge of either Sylvia or the child. Sylvia then reported the matter to the elders. Nelson maintained his stance and eventually Sylvia went to the family she had before her marriage (natal family).
SESSION FOUR: WHAT ARE WOMEN’S RIGHTS?

Time: 45 minutes

Purpose of the Session:
The purpose of this session is to develop a shared understanding of the concepts of human and women’s rights.

Objectives

By the end of the session participants will:
1. Understand what human rights are
2. Appreciate what women’s rights are

For people to have a good understanding of women’s rights, it is necessary to go back to the concept of human rights.

Step 1: Talk about “Human rights”

1. Start by introducing the word ‘rights’. We all use it in our everyday language. We say things like “she had the right to do that” or “We have a right to say what we think”
2. Ask the participants to suggest examples of the use of the word ‘rights’ from their own experiences. When was the first time they heard the word? What was the context in which they heard it? Encourage participants to contribute short experiences illustrating the use of the word ‘rights’.
3. When you feel that the group has a common understanding of what is meant by the word ‘rights’, open the discussion by asking the participants:
   (a) Where do we get our rights?
   (b) Who gave them to us?
   (c) Can they be taken away?
4. Encourage a wide range of viewpoints and ask open-ended questions that expand the discussion. You may have to ask contrary questions. For example: If participants say: “God gives us rights”, you could ask: “What about people who don’t believe in God, or believe in a different God?” If participants say: “The government gives us rights”, ask: “Can the government decide which rights we can and can’t have? Can people disagree with the government? If the government didn’t exist, would we still have rights?”

The aim of this discussion is not to come up with any one correct answer but to get people thinking about the concept of human rights. It is an example of a reflective discussion where participants slowly come to see the assumptions behind their beliefs.

5. Some key points you may want to introduce in the discussion include:
   • Human rights are ‘entitlements’ for all human beings, for the simple reason that they are referred to as human. All human beings have rights which they are born with and which cannot be taken away

*This session is optional because it is assumed that when dealing with culture and GBV, the issue of women’s rights issues is implicitly covered
Usually, when we talk of human rights, we are talking of natural rights. We are all born with natural rights that cannot be taken away by anyone. A government can affirm and help protect our rights by creating laws, but governments do not give us our human rights. Every right comes with responsibilities. This means that since “I have a right to live free of violence, I have a responsibility to respect others’ right to safety.” When a person violates another person’s rights, they give up some of their own rights. For example, if a person kills another person, he gives up his right to freedom and may be imprisoned or executed. Every culture and group of people has a concept of human rights even if they do not use the word “rights.” When a person’s rights are violated, it is an act of injustice. Respecting other people’s human rights is our duty as part of the human race. When people demand their rights they are fighting for justice and for what they deserve. They are not asking for welfare, kindness, or pity. Thus when you promote women’s rights, you are fighting for justice, not appealing to the goodwill of people.

6. When you feel that participants have understood the importance of the link between justice and rights, wrap up the discussion.

**Step 2: Introducing “Women’s rights”**

Cut out a number of cards equal to three times the number of participants you have. Each card must be 20 cm by 10 cm in size.

1. Give each participant three cards and a marker pen
2. Ask participants to think about the rights of women in their own community
3. Ask each participant to write one idea on each piece of paper given. Ask them to use no more than four words to describe each idea
4. When all the participants have finished writing, ask each one to read out their ideas to the main group in order of priority (most urgent first) and then stick them on a bare wall
5. As each participant shares their ideas, cluster similar rights together on the wall. When everyone has finished, you should have several clusters of paper on the wall

**Step 3: Discussing Women’s Rights**

Ask the participants to spend a few minutes looking at the clusters of rights on the wall. As they do so, invite them to offer additional rights if they feel an important right is missing.

1. Discuss the rights the participants have put forward:
   - Which cluster is the biggest? Is this a reflection of the priorities of the group?
   - Is it realistic to try and promote these rights?
   - How could this be implemented?
SESSION FIVE: LINKING CULTURE, GBV, WOMEN’S RIGHTS AND HIV AND AIDS

Time: 2 hr 30 minutes

Purpose of Session

To initiate discussion on the links between culture, gender-based violence, HIV and AIDS, and women’s rights.

Objectives

By the end of the session, participants will:
1. Understand the links between culture, gender-based violence, HIV and AIDS, and women’s rights
2. Have an understanding of how to address these links

Step 1: Tracing the Links between culture, GBV, HIV and AIDS and women’s rights

Divide the participants into small groups. Ask the participants to draw a circle for each of the issues referred to, that is, culture, gender-based violence, HIV and AIDS, and women’s rights. Ask them to explain how each of them influences the other and finally causes an increase in cases of HIV and AIDS.

Then ask the participants which of the realities need to change so as to stop the cycle. Facilitate the discussion and provide enough time for the groups to present their views.

Step 2: Unravelling more linkage issues

Ask participants to role play the following story which is aimed at showing the links between culture, GBV, HIV and AIDS and women’s rights (also see Handout 6).

Rita and John were married for ten years and had two children. John was promiscuous and always fought with Rita over his infidelity. Rita contracted HIV from John and became so stressed upon knowing her HIV status that she hung herself. On her death, Rita’s relatives had a meeting and decided that Rita’s younger sister (Faith) would be taken to John as a replacement wife for him. John was HIV-positive. Faith also contracted HIV from John.
ALTERNATIVE EXERCISE

Ask participants to discuss the following true story and role play it. The aim is to show the double tragedy for women with disability.

Chipo and Calvin lived together as husband and wife for 20 years. They have five children. One day, as they were driving from one town to the other, they were involved in an accident that left Chipo maimed and wheelchair bound. Calvin started having girlfriends because of Chipo’s condition. On several occasions, he brought the girlfriends home and had sex with them on their matrimonial bed while Chipo watched helplessly. Rarely did he have protected sex with Chipo and she did not protest because she had been taught to respect her husband and knew that culturally, male infidelity was tolerated. Besides, her husband had told her that her disability was forcing him into extra-marital affairs. Chipo and Calvin are now living with HIV.
**Note to Facilitators:**
The illustration above shows the relationship between Culture, GBV and Women’s Rights and their link with the HIV and AIDS epidemic. Note that the direction of the arrows in the diagram indicates that all adverse effects of GBV, violation of women’s rights and increase in HIV infections, emanate from negative cultural practices and norms. Therefore control of all these problems ought to begin with making sure that culture does not promote these bad practises.

Allow this diagram to be the focus of discussion and debate, and highlight key issues on how:
- Violation of women’s rights can lead to increased infection rates among women, and reduces their capacity to cope with AIDS
- Culture impacts on women’s rights
- GBV can lead to increased infection rates among women, thus lowering their capacity to cope with AIDS
- Culture impacts on GBV and the capacity of communities to address it

Below is a box with a narrative of the central role of culture in the spread or prevention of HIV. It was extracted from the SAfAIDS Seke Culture Dialogue Series:

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**Role of Culture in HIV Prevention**

Culture is important for understanding the HIV and AIDS epidemic in sub-Saharan Africa. It helps to explain, in part, the high HIV and AIDS prevalence rates, particularly among women. Numerous cultural beliefs and practices, such as wife/husband inheritance, polygyny, spirit appeasement, lack of communication about sexual matters between men and women, gender inequity, and culturally-sanctioned extramarital affairs and infidelity among men, have been tied to the high rates of sexually transmitted infections and illnesses (STIs) including HIV.

However, there are also positive cultural beliefs and practices that may help in reducing HIV infection. Some of these include the traditional roles of aunts and uncles in advising young people about life, including sexual matters. Such practices may be very useful if included in HIV prevention activities.

(Refer participants to Handout 5 linking Culture to GBV, violation of women’s rights and HIV and AIDS).

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*Source: Southern Africa HIV and AIDS Information Service (SAfAIDS), The Seke Culture Dialogue Series: A Good Practice Booklet, 2008*
ALTERNATIVE EXERCISE
1. Identify a specific factor that enhances the risk of HIV infection for women in general or for a specific group of women (e.g. married women, teenage girls, adolescent women, migrant women, etc.).
2. Place this factor in a circle and draw a series of concentric circles around it.
3. Ask why the women in question take that particular risk or fail to avoid it.
4. Write the obvious answers in the second circle.
5. With each factor or cause identified, continue to ask, 'why is this so?' and write the corresponding answer in the next circle. Link it with the original response.
6. Continue this process until systemic and structural gender barriers have been revealed.

Step 3: Skills required for promoting gender equality in culture, preventing gender-based violence and promoting women's rights in order to reduce HIV infection rates

Anyone who has successfully resolved a problem will recognise that analysing and understanding the problem is only the beginning of the task. Sustained and appropriate action is also necessary. Effective action requires the development of skills and motivation.

Before the session, think through the difference between skills and personal qualities.

Make a list for yourself of the skills and qualities needed to prevent gender-based violence in your community, in case the participants are stuck and need examples.
1. Hang up two sheets of flipchart paper, one with the word, `Skill' and the other with the words, `Personal Qualities'.

2. Ask participants what they understand by the word `Skill'. Record their response on the Skills chart. (For the facilitators: A skill is a way of doing things that a person can learn all about and get better at, through practice e.g. listening skills, decision-making skills, thinking skills, writing skills etc.)

3. Ask participants what they understand by the words `personal qualities'? Record their responses on the second sheet. (For the facilitators: A personal quality is a characteristic evident in a person when they do something and interact with the world around them (e.g. perseverance, commitment, discipline, kindness and so on).

4. Ask participants to think of one important thing they achieved in their life and feel good about. What were the skills they employed to succeed? What personal qualities were needed to achieve their goal? Ask them to write these in their notebook.

5. Ask the participants to turn to their neighbour and share their thoughts, each taking their turn to listen.

6. In the main group, ask what skills are needed to continue the work of preventing violence. Record the responses on a flipchart. Ideas may include:
   - Listening skills
   - Documentation and report writing skills
   - Fund-raising and resource identification skills
   - Communication skills
   - Motivational skills
   - Analytical skills

7. Ask participants what personal qualities are needed to continue the work of preventing violence. Record and elaborate their responses on a flipchart. Ideas may include:
   - Perseverance
   - Compassion
   - Pragmatism (problem-solving)
   - Credibility and standing in professional environment
   - Status and recognition within the community
   - Willingness to work hard to create a just society
   - Courage
   - Trustworthiness
   - Integrity

8. Ask participants if these lists are similar to the personal lists in their notebooks. Discuss the skills and personal qualities in both lists. Ensure a common understanding of the ones not on both lists.
Summarise by pointing out that for many years we have only been addressing the HIV cycle, and thus the symptom – without addressing the root causes adequately and boldly. Prevention strategies must focus on the root causes to make a difference and these root causes are embedded in culture.

Summary of Day One

End the session by summarizing the major issues from Day One’s session:

1. Culture shapes the behaviour of people, gender roles and expectations in society
2. The gender roles and expectations lead to GBV and abuse of women’s rights
3. Culture is dynamic and not static and therefore gender roles and expectations can be reversed
4. Some cultural values have a negative effect on women’s rights while others have a positive effect. It is the positive ones that need to be analysed to see how they can be used for behaviour change
5. There are links between culture, GBV, HIV and AIDS, and women’s rights. Negative cultural practices seem to be the root cause of GBV, HIV and AIDS and abuse of women’s rights, and it is these practices that have to be addressed as they constitute the root cause of HIV and AIDS
6. The various components of the Kelleher Model are useful in tracing the links between culture, GBV, HIV and AIDS, and women’s rights

Hold Review Meeting for Facilitators

At the end of Day One’s activities, facilitators should hold a review meeting to address:

- Facilitation challenges, if any
- Success of Day One activities
- Any changes required for next day’s activities
- Logistics and housekeeping issues

END OF DAY ONE
DAY TWO: INVOLVING KEY SECTORS OF SOCIETY IN ADDRESSING CULTURE, GBV, SPREAD OF HIV & AIDS AND WOMEN’S RIGHTS

Time: 30 minutes

Recap of Day One’s: “Ears & Eyes” by representatives of the participants
The assigned participant(s) present highlights of the previous day’s work. The facilitators give other participants an opportunity to add or clarify any points. The presentation is 15 minutes long and the discussion is also 15 minutes.

SESSION ONE: APPLYING THE KELLEHER MODEL IN DEMONSTRATING LINKS BETWEEN CULTURAL PRACTICES, SOCIAL ROLES, POLICY AND BELIEFS

Time: 1 hr 30 minutes

Purpose of the Session:
To develop a shared understanding of the utility of the Kelleher Model (Ref. Handout No.2) in demonstrating the links between cultural practices, social roles, policy and beliefs.

Objectives
By the end of the session, participants will:
1. Be able to appreciate the Kelleher Model/Framework
2. Be able to understand the usefulness of the Kelleher Model in tracing the links between cultural practices, social roles, policy and beliefs.

Step 1. Introduce the key components of the Kelleher Model
These are:
- Informal norms and culture
- Women’s condition
- Women and men’s consciousness
- Formal institutions

Display the Kelleher Model in Power Point or on a large poster.

Step 2: Unravelling the Kelleher Model
Divide participants into four groups and ask each to link the various components of the Kelleher Model (informal norms and culture, women’s conditions, women and men’s consciousness and formal institutions) to the concepts of: Culture, GBV, Women’s Rights, and HIV and AIDS.
Participants should link the Kelleher Model to policy, and identify key areas that advocacy should be targeted at e.g. advocacy may be targeted at both formal and informal structures, and at individuals etc.

Discuss the findings of the various groups and stress that each component of the Kelleher Model will be important throughout the training programme as each relates differently to the various issues which link culture, GBV, HIV and AIDS, and women's rights.

Step 3: What can we do to achieve gender equality within the context of the Kelleher Model?

Ask participants to identify:
- what they are doing as individuals to ensure gender equality
- what they can do as individuals to ensure gender equality

A general discussion can be held around these issues.

Divide participants into groups and ask them to:
- identify and record the work their organisations (or sectors) are doing to ensure gender equality
- discuss the additional steps their organisations (or sectors) can take to ensure sustained gender equality in the communities they serve
- identify the above, keeping in mind the dynamics illustrated by the Kelleher Model

Session Wrap-up

Share the key learning points of the session.

- that to address culture, GBV, women's rights and HIV infection, the different sectors have to speak with one voice

SESSION TWO: IDENTIFYING KEY SECTORS IN ADDRESSING CULTURE, GBV, WOMEN'S RIGHTS AND THE SPREAD OF HIV

Time: 2 hrs 30min

Purpose of the Session

To develop a shared understanding of the key sectors in society for addressing culture, GBV, women's rights and the spread of HIV infection.
Objectives

By the end of the session participants will be able to:

1. Appreciate that culture, GBV, related HIV infection and women’s rights can be addressed by the concerted effort of various sectors of society
2. Identify the different roles of the key sectors of society in addressing culture, GBV the spread of HIV infection and women’s rights

Step 1: Identifying various sectors for addressing culture, GBV, women’s rights and the spread of HIV infection

Activity 1:

Ask the participants to shout the word ‘unity’ at the same time. Then ask them to shout out any other word that comes to mind – again at the same time. Ask the participants how the shout made them feel in the first instance and how it made them feel in the second.

This exercise will stress:

- the importance of unity of purpose for the various sectors of society
- that when sectors of society speak with one voice, people stop to listen but when each does their own thing, there is confusion and no-one listens
- to address culture, GBV, womens rights and HIV infection, the different sectors have to speak with one voice

Activity 2:

1. Divide participants into three groups to deal with the national, regional (provincial) and community levels
2. Ask each group to address the following questions:
   • Which are the various groups (from the national, provincial and community levels), organisations and individuals that are involved in or affected by culture, GBV, women’s rights and the spread of HIV?
   • What are the specific interests and/or responsibilities of each stakeholder in relation to these issues?
   • What are the respective strengths and limitations of each stakeholder in relation to these issues?

Participants present their findings

Summary of key learning points:

1. Various sectors are involved in issues of culture, GBV, women’s rights and the spread of HIV infection
2. Some of the identified sectors are central to addressing the issues under consideration but may not be actively involved
3. In order to address culture, GBV, women’s rights and HIV infection, in an effective and sustainable manner, different sectors have to play more significant roles, based on their interest, responsibilities and capacity
SESSION THREE: INDIVIDUAL BEHAVIOUR CHANGE AND BELIEFS

Time: 1 hr

Purpose

The purpose of this session is to establish strategies for influencing behaviour change at personal and other levels.

Objectives

By the end of this session, participants should be able to appreciate that change starts at a personal level before it extends to other levels.

Activity 1:

In order for participants to appreciate the individual change theory presented below:

1. Divide them into groups
2. Ask them to identify previous strategies for behaviour change that helps to solve a particular social problem e.g. the spread of STIs
3. Ask the participants to point out the strengths and weaknesses of each strategy identified
4. Repeat the same process for the problems of culture, GBV, women’s rights and the spread of HIV infection
5. Ask the participants to show where, when, why and for whom each strategy can be effective. This can be done in tabular form with columns on strategy, target audience, strength of strategy for target audience, and place. Place can include venue for theatre, place to stick posters on, and so forth
6. End this session by reminding participants that there are various strategies that can be used for different audiences such as: peer education, community dialogues, distribution of awareness raising and advocacy stickers and badges, posters, magazines, hosting of theatre shows, utilizing of various media avenues such as radio and television, and so on…

INDIVIDUAL CHANGE THEORY*

Stage 1: Pre-contemplation
  Stimulus (can be negative or positive)
Stage 2: Contemplation
  Commitment to take action
Stage 3: Preparation for action
  Full facts on the magnitude of the problem
Stage 4: Action
  Trial and error of possible solutions
Stage 5: Maintenance/Evaluation

Note to facilitators:

Remind participants that the Individual Change theory is just an analytical framework for guiding analysis of how change comes about.

* See Handout 7 and have it distributed among participants.
SESSION FOUR: DYNAMICS OF ENGAGING IDENTIFIED STRUCTURES AND STAKEHOLDERS IN ADDRESSING CULTURE, GBV, WOMEN’S RIGHTS AND THE SPREAD OF HIV INFECTION

Time: 2 hrs

Purpose

The purpose of this session is to establish the dynamics of engaging each of the structures and stakeholders identified in the previous session.

Objectives

By the end of the session, participants will be able to:
1. Understand the dynamics of engaging various sectors and stakeholders in issues of culture, GBV, related HIV infection and women’s rights
2. To identify supporting (and opposing) sectors of society in the task of addressing culture, GBV, spread of HIV and women’s rights issues, and establishing their utilisation

This session builds on the previous session. Participants go back into the same groups to discuss the following issues:

1. What is the viewpoint of the previously identified sectors on issues of culture, GBV, women’s rights and the spread of HIV infection? This can be:
   a. “for”/supportive
   b. “against”/oppositional
   c. neutral
   d. unknown

2. The participants then work out the nature of the relationships between the different stakeholders. The relationship can be:
   a. cooperative
   b. conflicts of interest
   c. critical yet cooperative (i.e. some level of agreement, yet also some disagreement)
   d. dependency

For a visual reflection, map out the various stakeholders on a piece of paper and use different colours to reflect the nature of the relationship (e.g. green for cooperative; red for conflicts of interest; amber for critical yet cooperative; yellow for dependency).
**Note To Facilitators:**
If three cards (colours) are stuck onto a particular stakeholder, probe further and discuss the reasons for that decision.

3. Identify the sector stakeholders or other role players (not yet identified), that are likely to have some influence or whose viewpoints or behaviour/actions one seeks to change. Depending on their viewpoint, they can be considered either allies or opponents. Part of this process is to establish how influential these stakeholders are in relation to the issue at hand and their respective capacities.

4. Once this has been established, the final step is to develop strategies which:
   a. Strengthen relationships and build alliances with potential allies.
   b. Help increase the influence of the stakeholders who are considered allies on this particular issue.
   c. Reduce the influence of the stakeholders who are considered opponents on this particular issue.
ENERGISER:

Ask participants to stand up and start shouting out numbers in their ascending order. All those that are supposed to call out numbers that are multiples of three should clap their hands instead. If they forget to do so and call out the number, they are out of the game, so they sit down. Repeat this game until all participants sit down or until there is a winner.

The SWOT (Strength, Weaknesses, Opportunities and Threats) analysis could be useful here

The tool allows groups to brainstorm:

- **Strengths**: These are the factors that have worked and have contributed to this success
- **Weaknesses**: These are the factors that have not worked so well and have contributed to a non-progressive situation
- **Opportunities**: These are the factors or possibilities that can help to overcome the weaknesses and build on the strengths
- **Threats**: These are the factors that may jeopardise the current strengths and opportunities. (An alternative version refers to these as 'Constraints' – therefore SWOC).

Once these factors have been identified, objectives can be identified and strategies formulated.
SESSION FIVE: IDENTIFICATION AND RESOLUTION OF POTENTIAL CONSTRAINTS IN ENGAGING KEY ACTORS FOR ADDRESSING CULTURE, GBV, WOMEN’S RIGHTS AND THE SPREAD OF HIV

Time: 1 hr 30 minutes

Purpose

The purpose of this session is to identify potential constraints in engaging key actors for addressing culture, GBV, women’s rights and the spread of HIV infection and working out how to resolve them.

Objectives

At the end of this session, participants should be able to:
1. Understand the constraints involved in engaging key actors in addressing culture, GBV, women’s rights and the spread of HIV infection
2. Identify resolutions of these constraints

Step 1: Identifying the Change agents – who plays what role?
1. Ask participants to identify a particular cultural context or cultural practice associated with the spread of HIV
2. Give them each a piece of paper which they divide into two, and write in the middle of the left side who – in the particular context identified in 1. - has the power to influence others’ decision to use HIV prevention technologies ('powerful person/group'). They then write in the middle of the right side of the paper, the other party that lacks this power ('subordinate person/group').

Step 2: Identifying key factors influencing change agents
Building on the outcomes of the previous step, ask participants to now explore, through brainstorming:
1. The various factors that influence those with the power to determine the nature of sexual contact and with the power to protect themselves and/or others from HIV infection. Note these factors around the ‘powerful person/group’ on the left side of the participants’ papers
2. The various factors that constrain those who lack the power to determine the nature of sexual contact and to protect themselves and/or others from HIV infection. Note these factors around the ‘subordinate person/group’ on the right side of the papers

AN EXAMPLE OF APPLYING THIS ANALYSIS CAN BE:
“The lack of condom use in a marital relationship.”
You can slightly amend this methodology to explore the possibilities for, and barriers to, using the female condom. This could be done as a second step, following the exploration of factors influencing the power to decide on condom use in a marital relationship as illustrated in the example.
The discussion could then focus on whether the introduction of the female condom would change the power balance and what control could be achieved by women when they use the female condom.
Note:
To turn this analysis into a strategic tool for intervention, ask the participants to continue to explore the following:

i) Is there any overlap, similarity or linkage between the factors on the left side of the page and those on the right side of the page?

ii) In relation to each of the factors identified, what steps are needed to minimise, remove or change those factors?

iii) How will these interventions empower those who are currently less powerful to challenge and change existing power relations?

iv) How will these interventions persuade those who are currently more powerful to transform existing power relations?

Summary of Session
Close the session by a wrap-up discussion that focuses on key learning points:
- Identifying challenging or constraining actors in the community and within power relations, is the first step to any response to GBV, promoting women’s rights, reducing HIV infection and integrating culture in this process effectively
- Identifying supporting (who can take positive action) actors in the community, is the next step in determining how power relations can be balanced towards effective action

Summary of Day Two
End the session by summarizing the major issues from Day Two’s sessions:
1. Consider all elements (individual, community and environment) for effecting change – refer to the Kelleher Model
2. There will be pull and push forces before change happens
3. Convergence of forces is a tipping point in attaining change in a particular direction
4. Addressing gender and culture is central to community change

Hold Review Meeting for Facilitators:
- Facilitation challenges, if any
- Success of Day Two activities
- Any changes required for next day’s activities
- Logistics and housekeeping issues

END OF DAY TWO
DAY THREE: ACTION PLANNING – “FROM TALK TO ACTION”

Time: 30 minutes

Recap of Day Two – “Ears & Eyes” (by representative of participants)
The assigned participant(s) presents highlights of the previous day’s work. The facilitators give the other participants an opportunity to add or clarify any points. The presentation and discussion are 15 minutes each.

Notes to the Facilitator

When doing an Action Plan that links culture, GBV and the violation of women’s rights to the response to HIV and AIDS, it would be quite useful and effective to adopt the SAfAIDS culture dialogue approach (CDA) pioneered in the Seke communal lands for purposes of encouraging change of behaviour and mindset. The significance of the dialogue approach for initiating change in cultural practices lies in the fact that through their involvement in dialogue over particular issues, both men and women begin to appreciate that a change in certain cultural practices is a prerequisite for mitigating the spread of HIV in their communities. “The key word is dialogue, and therefore, these are not meetings to apportion blame or to antagonize one another. Instead, the project aims to foster a culture of cooperation, self-review, self-criticism and ownership of a process that will yield fresh and innovative strategies and commitments to social change, through the lens of culture” (SAfAIDS, 2007).

The facilitator is also encouraged to keep in mind the (Cascade Approach) and to remind participants to do so too when designing their action plans, so that they can easily target those they plan to share this information with next. For example, the purpose of initial training at National Level is to empower a group of key individuals/organisations who have reasonable amounts of resources, commitment and experience in HIV and AIDS issues. Training conducted at the national level is then carried forward to the community. Key community stakeholders will then be ready to provide information on linking culture, GBV, the spread of HIV and AIDS and women’s rights to individuals in the community through group or one-on-one awareness-raising measures.

Each of these steps will widen the base of community members capable of raising awareness about linking culture, GBV, the spread of HIV and AIDS and women’s rights. The more the individuals who can do this at community level, the greater the number of people able to realise the significance of stopping GBV, respecting women’s rights, shunning cultural practices that promote HIV and AIDS and thereby reducing the HIV and AIDS cases.
SESSION ONE: IDENTIFYING THE NEED FOR ACTION

Time: 2 hrs

Purpose of the Session

The purpose of this session is to develop a shared understanding of the need for action planning and behaviour change.

Objectives

By the end of the session participants will be able to:
1. Understand the need for action planning for behaviour change
2. Develop an Action Plan to guide them as they cascade the information and skills gained (through this workshop), to their peers and partners in their communities.

What is action planning?

Activity 1:
Ask participants to share a few of their experiences on the linkages between culture, GBV, women’s rights and the spread of HIV. In the narrations they should:
- describe the problem the individual/community faced
- describe steps taken to resolve it
- and in discussion with other participants, establish alternative ways of solving the problem in the stories

Note to Facilitators

- The above exercise helps to establish the importance of action planning through identification of the problem and identification of sustainable and meaningful solutions to the problem
- Stories are a powerful way of communicating values and personal experiences. A well-said or written story can affect listeners or readers deeply and can even change their perspectives. Stories about GBV experiences can help people to empathise with sufferers of GBV. Men need to share stories that reflect change in abusive behaviour by men
- Stress that there is always a solution to GBV and ultimately to the spread of HIV
- Stress that when constructing the link between culture, GBV, women’s rights and the spread of HIV, the problem should be viewed as a community problem, and not one about women – this will allow engagement of a broader range of community members in finding solutions

Activity 2:
Ask participants to establish how societal values have changed, what processes were involved, who spearheaded the change and within what time frame. Participants should be able to reveal the challenges met during the fight for change. This exercise helps to make action plans realistic, as it shows, for example, that change in values comes gradually and not abruptly.

After this exercise, the facilitator can explain from a theoretical perspective how change comes about and the stages that individuals and communities go through when effecting change. Addressing culture, GBV, the spread of HIV and AIDS and women’s rights in homes and communities, requires that individuals identify the problem, consider its importance, evaluate their own behaviour and then begin making changes in their lives. The Stages of Change Theory explains the process by which individuals can change their behaviour (See Handout No. 7).
SESSION TWO: STRATEGIES TOWARDS POSITIVE ACTION BY CHANGE AGENTS AND DEVELOPMENT PRACTITIONERS

Time: 2 hrs 15 minutes

Purpose of the Session:

The purpose of this session is to establish the strategies to be developed for implementing change.

Objectives:

By the end of the session, participants will be able to:
1. Understand the various strategies that can be implemented for ensuring change
2. Allocate action-focused strategies to various structures of the community, as identified in previous sessions

Note to the Facilitators:

For this session, the facilitator should refer to the Kelleher Model and its four key areas of focus as they are central to the change strategies:

- Informal norms and culture
- Women's condition
- Women and men's consciousness
- Formal institutions

This session builds upon discussions from the previous days of the training.

Remind participants that for all the discussions to have a meaningful impact – they must be creatively translated into action.

Activity 1

The facilitator should:
1. Recall the previous day’s sessions which considered the importance of various sectors in addressing GBV and the spread of HIV
2. Ask participants to list the various sectors of society identified on day two and to explain how they can help implement strategies for addressing culture, GBV, women’s rights and the spread of HIV
3. Ask participants to consider the implementing capacities of the duty bearers (here they should discuss, the skills and resources required) and the implications of such on behaviour change
4. Ask participants to identify positive cultural practices and to explain how stakeholders can utilise them in addressing the culture, GBV, HIV infection and women's rights linkage
5. Remind participants that there cannot be an action plan without there being the relevant strategies for action

Activity 2

Go over the Cascade Approach

Activity 3

Introduce the SAfAIDS Community Dialogue Approach (Refer to Handout No. 1).
SESSION THREE: DEVELOPING AN ACTION PLAN – “MAKING THE DISCUSSION A REALITY”

Time: 2 hrs

Purpose of the Session:
The purpose of this session is to develop a dummy Action Plan.

Objectives
By the end of the session participants will be able to:
1. Understand how an Action Plan is developed
2. Know the various components of an Action Plan

Activity 1:
1. Ask participants whether they have previously done any planning for an activity?
2. For those who have planned before, ask what the plan entailed/included?
3. Ask the participants to suggest possible problems in compiling an action plan?
4. Ask participants to divide into groups and do a dummy action plan for addressing culture, GBV, women's rights and the spread of HIV infection, guided by the activities done in previous sessions
5. Group presentation.

After the presentation, remind participants of the critical components of an Action Plan which could be presented in table form or as a list. See below.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Objective</th>
<th>Who Involved</th>
<th>When</th>
<th>Where</th>
<th>Resources Required</th>
<th>Tools or Media</th>
<th>Measurable Indicators (to enable you to measure the change from the action, at different stages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Encourage participants to think around what is possible in their organisation and what suits their organisational mandate and strategic directions/plans.

**Listing of possible columns:**

- **Column 1-Number:** Number each activity that you choose to implement according to the phase to which it refers
- **Column 2- Activity:** Write the title of each activity
- **Column 3- Activity objective:** Write a brief objective for each activity
- **Column 4- Brief description:** Write a brief description of each activity. Identify the group that the activity aims to reach and where it will be conducted. Include any other details that will help your planning
- **Column 5- Timeframe:** Indicate when and how often each activity will be conducted or provide an estimated date of completion for longer activities
- **Column 6- Resources:** List resources that will be needed for each activity, such as stationary, equipment, and so forth
- **Column 7- Outcomes/indicators:** Briefly state the expected outcomes or indicators that will help you track the success of each activity
- **Column 8- Implementers:** Identify who is primarily responsible for implementing each activity
- **Column 9- Monitoring notes:** Leave this blank but as you are implementing the activities, make notes that will help you to write the phase report (e.g. progress made, obstacles encountered, lessons learnt, key identified, and so forth)
SESSION FOUR: EVALUATION OF WORKSHOP

If Day Four is covered, the evaluation should come at the end of this day.

**Time: 1hr**

**Purpose of the Session:**

The purpose of this session is to obtain feedback on the workshop from the participants.

**Objectives**

Participants should:
1. Give feedback on the training
2. Evaluate the training
3. Get feedback from the facilitator

Ask participants for feedback on the training. They should indicate what new knowledge they have acquired and whether the expectations/objectives of the sessions have been met. Give each participant a course/training evaluation form to evaluate the training.

The evaluation form allows participants to feedback anonymously. The forms can be distributed at the end of the workshop and then collected and analysed by facilitators when they do a final analysis of the workshop.

END OF DAY THREE
DAY FOUR: EFFECTIVE ADVOCACY STRATEGIES AROUND CULTURAL NORMS REFORM, GBV, WOMEN'S RIGHTS AND HIV & AIDS

This is an Optional Day

Recap of Days One to Three: 30 minutes – “Ears & Eyes” report by a representative of the participants. The assigned participant(s) presents highlights of the previous day's work. The facilitators give the other participants an opportunity to add or clarify any points. The presentation is 10 minutes and discussion time, 10 minutes.

SESSION ONE: INTRODUCTION TO ESSENTIALS OF EFFECTIVE ADVOCACY IN ELIMINATING CULTURAL NORMS THAT PROMOTE GBV AND VIOLATE WOMEN'S RIGHTS

Time: 1 hr 30 minutes

Purpose of Session

To develop a shared understanding of the concept of advocacy

Objectives

By the end of the session, participants will have a common understanding of what advocacy is.

As Exciting as Advocacy!!!

Advocacy is exciting work. You get the pleasure of fighting the good fight, and sometimes, the thrill of victory. In order to have that, though, you need to get through all of the day-to-day details and specifics. You’ll need to keep an eye on the forest while working on the trees individually.

* This section of the handbook has adapted a lot of information on advocacy from NGO Capacity Analysis: A toolkit for Assessing and Building Capacities for High Quality Responses to HIV and AIDS, International HIV and AIDS Alliance
Notes for Facilitators: What is Advocacy?
Advocacy in this synthesis is the deliberate process of influencing, through targeted actions, those who make policy decisions. ADVOCACY...

Step 1: Unravelling “Advocacy”
Divide the participants into smaller groups of people with those from the same or similar workplace/community being in the same groups and ask them to discuss the question: “What do you understand by the word advocacy?”

Ask them to summarise their discussion on a flipchart and share their findings with everyone else.

Step 2: Understanding elements of advocacy
Establish the different groups’ understanding of the word ‘advocacy’ and develop a collective understanding of the word. In this context, it could be any action or intervention that focuses the attention of decision makers on issues of culture and women’s needs and priorities, and leads to fair resource allocation, change or practice based on the values of justice and equity.
SESSION TWO: IDENTIFYING THE PILLARS OF EFFECTIVE ADVOCACY

Time: 1 hr 15 minutes

Purpose of Session
To expose participants to some key skills for good advocacy work.

Objectives
By the end of the session, participants will have:
1. Gained, or built on their existing knowledge of key skills/issues to consider for effective advocacy in eliminating cultural norms that promote GBV and violate women’s rights thereby resulting in the spread of HIV.
2. Be able to identify ways to effectively advocate for women’s issues using the Kelleher Framework

Note to the Facilitators
The facilitator should make use of the SAfAIDS Process and the Kelleher Model when focusing on how informal norms and culture, knowledge of women’s condition, women and men’s consciousness and formal institutions are essential for effective advocacy and behaviour change in the culture, GBV, women’s rights and HIV and AIDS linkage.

Step 1: Advocacy – Exploring the Types
Participants are divided into three groups. The three groups are given different assignments. One flipchart sheet will contain the words: ‘community consultations’, the second one: ‘evidence-based advocacy’ and the third: ‘tactics and methods’.

Each group discusses the importance of the topic written on its flip chart for effective advocacy.

Step 2: Methods for Harnessing Advocacy towards Change
After discussing the importance of the topics for effective advocacy, each group designs a poster showing how it would achieve its assignment which will be one of the following: community consultations, evidence-based advocacy and tactics and methods.
Group presentation

Notes to the Facilitators:
When introducing the session, some NGOs may not recognize the term advocacy or may not have done much specific advocacy work. If so, ask them to consider any initiatives in which they tried to influence people or institutions with power.

The following questions could be used as prompts for further discussion about the advocacy campaign. If there are many participants, more groups could be created to produce posters for other issues such as:

- Mobilizing resources: When resources are limited, much can be achieved by using resources creatively, and mobilizing people in the community. How have they done this, or how would they do this?

- Making allies: By building broad coalitions and working with other organisations and people, advocacy campaigns can create a bigger voice, gather many more ideas and mobilise many more communities. How have they done this, or how would they do this in future?

- Building on results: Whether a campaign has been successful or not, the result can always be used to take the campaign further, to try to influence more people or to learn lessons for future advocacy work. How have they done this, or how would they do this in future?

(Facilitator should refer to Handout 9 on advocacy)
SESSION THREE: INDICATORS OF CAPACITY FOR INVOLVEMENT IN EVIDENCE AND CONSULTATION – BASED ADVOCACY

Time: 2 hrs

Purpose of Session
To identify what constitutes capacity for involvement in evidence – and consultation -based advocacy

Objective
By the end of the session, participants will be familiar with indicators of an organisation or NGO’s capacity for involvement in evidence - and consultation -based advocacy.

Note to Facilitators
Provide indicators and a score sheet for assessing an organisation/NGO’s recognition of research, consultation and analysis as a foundation for advocacy work (See Handout No. 10 for score sheet).

Step 1: Meaning of Indicators
Discuss the indicators first with the participants to make sure the meaning of each indicator is clear to them.

On a piece of paper, each participant scores his/her organization against the indicator. Each participant's score for each indicator is recorded then the average scored is tabulated.

Step 2: Understanding the value of using Indicators
Participants scoring the least or the highest on a particular indicator are asked to explain more about the indicator and their organisation for the benefit of others.

Wrap-up the session with key points from the facilitator's notes.
COMMUNITY CONSULTATION
Good advocacy should be based on research and consultations with communities:
- To ensure advocates understand the issues and opinions of those affected and can represent them correctly to others
- To ensure advocates are, and are seen to be, advocating for what the community need, not just their own interests
- To build support within the community
- To agree on priorities and strategies
- To involve or mobilize the community in its advocacy work

Evidence-based Advocacy
Advocacy is most effective if backed up by evidence or the experience of working with communities. No-one will be convinced by personal opinions, but it’s relatively easy to argue with hard facts and evidence.

Tactics and Methods
Different methods work better on particular issues.
Successful advocacy requires good skills in a variety of methods, such as letter writing, meeting, using the media, lobbying, and so forth, and knowing strategically when each method will work best.
SESSION FOUR: INDICATORS OF EFFECTIVE, TARGETED ADVOCACY WORK

Time: 1 hr

Purpose of Session
To identify what constitutes effective, targeted advocacy work.

Objectives
By the end of the session, participants will be familiar with indicators of effective, targeted advocacy work.

Facilitator Notes:
Discuss each of the five indicators in the illustrations below to ensure that participants are clear on what each indicator means.

In its Advocacy Projects…

- The NGO identified influential individuals or institutions to target
- The NGO partnered with specific community groups and community leaders
- The NGO implemented and sustained at least three different methods or approaches to achieve the goal
- The NGO evaluated results of its advocacy work, and used it to advocate to a wider audience
The NGO joined with at least three other organizations to work collectively in achieving its goals.

**Activity 1:**
Each participant is given a piece of paper to score his/her organisation against each of the five indicators (See score sheet included in Handout No. 8).

Each participant’s score on each indicator is recorded then the average scored is tabulated.

Participants scoring the least or highest on a particular indicator are asked to explain more about the indicator and their organisation for the benefit of others.

Participants are divided into two groups where they discuss and record the importance of each of the indicators for advocacy.

Group report back (see more notes for facilitators below)

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**Several ingredients make for effective advocacy, including:**
- the rightness of the cause
- the power of the advocates – more is better than less
- the thoroughness with which the advocates researched the issues, the opposition, and the climate of opinion on the issue in the community
- the skill of using advocacy tools available, including the media
- above all, the selection of effective strategies and tactics

Advocacy is, by its nature, public-policy oriented and oppositional at times, and requires networking and coalition-building to broaden its base of support.
SEASON FIVE: ADVOCACY ISSUES IN LINKING CULTURAL NORMS, GENDER-BASED VIOLENCE AND WOMEN'S RIGHTS TO HIV & AIDS

Time: 1 hr 30 minutes

Purpose of Session

To identify issues to focus on in mounting advocacy work for linking cultural norms, gender-based violence, women’s rights and HIV and AIDS.

Objectives

By the end of the session, participants will be aware of the critical issues to focus on in advocacy, for the elimination of cultural norms that promote gender-based violence and violate women’s rights thereby resulting in the spread of HIV and AIDS.

Facilitators’ Notes:
Before starting the session, the facilitator should explain to participants that cultural norms are at the heart of the existence and perpetuation of gender-based violence and the violation of women’s rights – the two crucial issues which result in the spread of HIV and AIDS. For this reason, participants should always bear in mind that:

- Men are not born violent. They learn to be violent, so we can help them to stop the violence
- Provide statistics on the amount of violence in your area
- Hand out copies of the Domestic Violence Act and explain its main points
- Prepare a wall display of stories and photographs on gender violence taken from local newspapers
Step 1: Engage in an exercise to help understand forms of abuse

Activity 1:
Create cards for each category – physical, emotional, economic and sexual

Activity 2:
Split the participants into three groups to discuss the categories.

Activity 3:
Groups report back and compare their responses to the facilitator’s notes below. The facilitator could then issue these out to participants as a handout if he/she wishes.

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**FORMS OF VIOLENCE**

**Physical violence** – slapping, punching, hitting with a weapon, kicking, choking, scratching, pulling hair, biting, cutting, burning, stabbing, throwing petrol or acid into face, forcing wife to abort, dowry killings.

**Emotional violence** – insults, belittling, scolding, suspecting, threatening as when wife questions husband’s extramarital affairs, shaming/blaming wife for: having no children, having a girl child, not raising children properly.

**Economic violence** – women and girls overworked, husbands grabbing wives’ income, dowry, harrassment. Forcing wife to do work against her will, husband wasting family money (e.g. drinking, playing cards).

**Sexual violence** – rape, forced sex within marriage, sexual teasing and coercion at work places or schools, incest and child sexual abuse.
Step 2: Identifying nature of violence being perpetrated

**Activity 1**
Each participant is given a piece of paper on which to write answers.

**Activity 2**
Facilitators calls out a number of statements numbered B1 to B10

**Activity 3**
Each participant indicates the nature of violence being referred to by the statement given.

**Sample Responses:**
- Husband beating his wife with a stick. (Physical)
- Drunken man threatening wife with bottle in front of children, who are crying. (Physical)
- Family throwing oil over daughter in law – dowry killing. (Physical)
- Landlord beating labourer with stick. Labourer has to accept this humiliation. (Physical)
- Abortion – killing an unborn female child. (Physical)
- Woman belittled by husband in front of her parents. (Emotional)
- Woman shamed/stigmatized for not having children. (Emotional)
- Youth on motorbike harass a young woman. (Sexual)
- Man takes money away from wife by force. (Economic)
- Husband wastes family money on card-playing. (Economic)
- Property-grabbing – woman forced to put thumb print (i.e., give up legal title to land or property). (Economic)
- Incest – father/uncle forcing daughter to sleep with him. (Sexual)
- Man raping woman – hand covering mouth. (Sexual)
- Marital rape – the husband is forcing his wife to have sex. (Sexual)
Activity 4:
The facilitator calls out the correct responses and each candidate marks his/her own paper to check whether he/she has a correct understanding of the various forms of violence.

Step 3: Impact of Gender-Based Violence
Discuss consequences of gender-based violence at personal, family and community levels; and link to the HIV epidemic to help convince people about the need to take action against the practice (Distribute handout 9 & 10 at the end of group work).

Activity 1:
Participants are requested to choose a group to belong to among P, F, C and H, without being told that the letters stand for personal, family, community and HIV and AIDS. (Facilitator to make sure that there is some semblance of even distribution).

Activity 2:
Groups discuss and record on a flip chart what they think are the consequences of GBV on their theme e.g. at personal level etc.

Activity 3:
Groups report back on their deliberations.

Activity 4:
Fill each group's report with any issues that may have been left out in the presentation. She/he uses the notes below to fill in the gaps:
Step 4: Understanding of cultural norms and practices that violate women’s rights and promote spread of HIV and AIDS.

Activity 1:
In groups of three, participants identify women’s rights that are normally violated and which result in the spreading of HIV e.g. rights to decision-making, rights to sexual and reproductive health etc.

Activity 2:
Groups draw up an inventory of cultural norms and practices that violate women’s rights and promote the spread of HIV and AIDS e.g. wife inheritance, virginity testing, girl sacrifice for spirit appeasement, polygamy and so on.

Activity 3:
Group feedback followed by compilation of consolidated notes on cultural norms and practices that violate women’s rights and promote the spread of HIV.
Facilitator’s Notes:
Make participants aware that women’s rights activists have mobilized within and across
countries and regions to secure significant changes in national, regional and international
standards and policies for addressing gender-based violence and their landmark
achievements to date include the following:

1. Convention on the Elimination of all forms of Discrimination against Women (1993);
4. African Plan of Action to Accelerate the Implementation of the Dakar and Beijing
Platforms for Action for the Advancement of Women (1999)
5. UN Resolution 1325 on Women Peace and Security (2000); and
6. Protocol to the African Charter on Human and Peoples Rights on the Rights of
Women in Africa (2003) If necessary, revisit the content of any of these briefly
SESSION SIX: PARTNERSHIP APPROACH TO ADVOCACY IN LINKING CULTURAL NORMS, GENDER-BASED VIOLENCE AND WOMEN'S RIGHTS, TO HIV AND AIDS

Time: 1 hr 30 minutes

Purpose of Session
Participants will recognize the significance of a partnership approach to advocacy when linking cultural norms, gender-based violence and women’s rights to HIV and AIDS.

Objectives:
By the end of the session, participants will:
1. Recognize the role of allies in advocacy for the elimination of cultural norms and practises that promote gender-based violence and violate women’s rights, resulting in the spread of HIV and AIDS
2. Identify potential opponents, and resistance to advocacy efforts
3. Develop ways of encouraging involvement of potential opponents and allies in advocacy, in the linkage

Step 1: Exploring Advocacy Allies and Opponents
Engage participants in a brainstorming discussion on – “What is an ally and opponent in advocacy?”

Split participants into three groups where they are given a flipchart to discuss the crucial role that allies can play in advocacy and the advantages of having allies. Invite the groups to report back.

Step 2: Identifying Allies versus Opponents in Advocacy
Spilt participants up into two groups. Group A discusses the issue of: the nature of opponents and resistance that might emerge in advocacy. Group B will discuss: ways of encouraging involvement of potential opponents and allies in advocacy for the linkage.

Step 3: Getting Consensus
Group reports are presented and facilitators fill in any gaps with points they feel are important.
Summary of Day Four

1. There is need for a common understanding of the problem of culture, GBV, the spread of HIV and AIDS and women’s rights for effective advocacy
2. The Kelleher Model and the SAfAIDS process are crucial analytical tools for effective advocacy at various levels
3. Partnership matters in effective advocacy

Hold Review Meeting for Facilitators

- Facilitation challenges, if any
- Success of Day Two activities
- Any changes required for next day’s activities
- Logistics and house keeping issues

If this is the last day of the training – if it was a four-day training workshop – the evaluation process should take place at this stage:

- evaluation by participants
- evaluation by facilitators

The evaluations are critical to improving future training events.
REFERENCES

• Kehler, J 2006 Gender Violence and HIV and AIDS: Break the Cycle and Break the Silence. KZN Network


• Muianga, L & Bila, L. 2006 Cultural Practices and Beliefs, Women’s Rights and HIV and AIDS in Mozambique. SAfAIDS


• SAfAIDS 2007 Mainstreaming HIV and AIDS and Gender into Culture. OXFAM America

• SAfAIDS Women’s Treatment Literacy Toolkit for Communities: Facilitators Handbook for Facilitators of Facilitators


• UNAIDS 2005 Operational Guide on Gender and HIV and AIDS: A Rights Based Approach. KIT Publishers, Amsterdam
# ANNEXURE

## Annex 1: WORKSHOP PROGRAMME

### DAY 1: GBV, CULTURE, WOMEN'S RIGHTS, HIV & AIDS - LET'S TRACE THE LINK!

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.00-9:00</td>
<td>Introduction to the workshop</td>
</tr>
<tr>
<td>9:00-10:30</td>
<td>How much do we know about `culture’</td>
</tr>
<tr>
<td>10:30-11:00</td>
<td>TEA</td>
</tr>
<tr>
<td>11:00-12:00</td>
<td>Let’s share what we know about ‘gender’ and gender-based violence</td>
</tr>
<tr>
<td>12:00-13:00</td>
<td>What are Women’s Rights?</td>
</tr>
<tr>
<td>13:00-14:00</td>
<td>LUNCH</td>
</tr>
<tr>
<td>14:00-16:30</td>
<td>Linking Culture, GBV, Women’s Rights and HIV and AIDS</td>
</tr>
</tbody>
</table>

### DAY TWO: TARGETING KEY SECTORS OF SOCIETY IN ADDRESSING GBV AND THE SPREAD OF HIV

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-8:30</td>
<td>Recap of day one</td>
</tr>
<tr>
<td>8:30-10:30</td>
<td>Applying the Kelleher Model in demonstrating links</td>
</tr>
<tr>
<td>10:30-11:00</td>
<td>TEA</td>
</tr>
<tr>
<td>11:00-13:00</td>
<td>Identifying key sectors of society in addressing culture, GBV, women’s rights &amp; the spread of HIV</td>
</tr>
<tr>
<td>13:00-14:00</td>
<td>LUNCH</td>
</tr>
<tr>
<td>14:00-15:30</td>
<td>Individual Behaviour Change and Beliefs</td>
</tr>
<tr>
<td>15:30-17:00</td>
<td>Identification and resolution of potential constraints in engaging key actors for addressing culture, GBV, women’s rights and the spread of HIVfour</td>
</tr>
</tbody>
</table>

### DAY THREE: ACTION PLANNING - FROM TALK TO ACTION

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-8:30</td>
<td>Recap of day two</td>
</tr>
<tr>
<td>8:30-10:30</td>
<td>Identifying need for action and behaviour change</td>
</tr>
<tr>
<td>10:30-11:00</td>
<td>TEA</td>
</tr>
<tr>
<td>11:00-13:00</td>
<td>Strategies for change</td>
</tr>
<tr>
<td>13:00-14:00</td>
<td>LUNCH</td>
</tr>
<tr>
<td>14:00-16:00</td>
<td>Developing an action plan</td>
</tr>
<tr>
<td>16:00-17:00</td>
<td>Programme evaluation, end of training</td>
</tr>
</tbody>
</table>
### Annex 1: Vacation Program

#### DAY FOUR: EFFECTIVE ADVOCACY STRATEGIES AROUND CULTURAL NORMS REFORM, GBV, WOMEN’S RIGHTS AND HIV and AIDS

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00-8:30</td>
<td>Recap of day three</td>
</tr>
<tr>
<td>8:30-9:15</td>
<td>Essentials of effective advocacy</td>
</tr>
<tr>
<td>9:15-10:30</td>
<td>Pillars of effective advocacy</td>
</tr>
<tr>
<td>10:30-11:00</td>
<td>TEA</td>
</tr>
<tr>
<td>11:00-13:00</td>
<td>Evidence and consultation-based advocacy; Targeted advocacy work</td>
</tr>
<tr>
<td>13:00-14:00</td>
<td>LUNCH</td>
</tr>
<tr>
<td>14:00-15:30</td>
<td>Advocacy issues in linking culture, GBV, women’s rights and HIV</td>
</tr>
<tr>
<td>1530-17:00</td>
<td>Partnership in advocacy</td>
</tr>
</tbody>
</table>
The purpose of the Community Dialogue Series was to sensitize custodians of customary law, general policy/law makers and communities on the significant status and vital role played by cultural practices and beliefs in the realization of the rights of women and girls within the context of HIV and AIDS. SAF AIDS played the strategic role of convener and facilitator of Community Dialogues on Culture and HIV and AIDS. These platforms contained representatives of the various wards within the selected communities and presented opportunities for custodians of culture and popular opinion, key stakeholders and communities to deliberate on the key driving factors and cultures that directly influence the spread of HIV, and reinforce positive cultural practices, norms and laws, while they boldly addressed cultural practices that heighten HIV risk and narrow the coping capacity of women and girls for dealing with the impact of AIDS. The key word is dialogue, therefore these meetings were not held to apportion blame or to turn people against each other. Instead, the project aimed at fostering a culture of cooperation, self-review, self-criticism and ownership of a process that would yield fresh and innovative strategies and commitments for social change, through the lens of culture.

The Community Dialogue series was designed to take place over four days, where specific target groups were brought together individually at first, and then collectively to discuss the links between HIV and AIDS and the specific cultural issues within their community. The process of the series is described below:

**First Dialogue: Women’s Dialogue**

Women would gather to identify cultural practices and laws that exposed them to HIV and AIDS. It was estimated that in each community there would be approximately 80 women attending the session. The separation of women from the larger community would provide them with a conducive and friendly platform for discussion. A facilitator from SAF AIDS would facilitate and assist them in articulating the linkages. Together they would work on a list of things that needed to happen to address these issues.

**Second Dialogue: Men’s Dialogue**

Men would be invited to gather and discuss the cultural practices and laws that exposed them to the risk of HIV and AIDS. It was estimated that in each community, there would be approximately 80 men attending the session. The facilitator would introduce the ideas raised by the women’s group and encourage debate. The discussion would aim to draw out the linkages between certain practices, gender and HIV. Together, facilitator and participants would develop a list of what needed to be changed.
**Second Dialogue: Men's Dialogue**
Men would be invited to gather and discuss the cultural practices and laws that exposed them to the risk of HIV and AIDS. It was estimated that in each community there would be approximately 80 men attending the session. The facilitator would introduce the ideas raised by the women’s group and encourage debate. The discussion would aim to draw out the linkages between certain practices, gender and HIV. Together, facilitator and participants would develop a list of what needed to be changed.

**Third Dialogue: Custodians of Culture**
A meeting would be held with the custodians of culture to discuss their understanding of HIV and AIDS. It was estimated that in each community there would be approximately 40 male and female custodians of culture attending the session. This would be followed by a mapping out process in which they would be asked to identify the practices within their communities which had a direct bearing on HIV and women’s ability to access their rights. Finally, they would draw up a list of what they needed to do to address the issues.

**Fourth Dialogue: Community Dialogue**
On the fourth day, all community members (men, women, custodians of culture, legal experts) would be brought together to further discuss and seek guidance and clarifications from legal experts and custodians of culture on the same topics discussed with the male and female custodians in their separate groups. Given the general size of communities, it was estimated that approximately 250 people would attend this session. This Community Dialogue would agree on a cultural standard to be followed under each identified theme for discussion. The meeting was expected to agree and document the elements that needed to change and how they would be changed.
1.0 INTRODUCTION

Oxfam Canada recently adopted a new strategic direction and plan for 2006 - 2011 which focuses on women’s rights and gender equality. In Southern Africa, women’s rights, gender equality and HIV and AIDS have been cross-cutting issues in our work over the past decade. Building upon lessons learned, our aim is to provide continued support for improving our analysis and strategies on gender equality. This will be done by supporting partner initiatives, capacity-building activities, networking and linkages, and Best Practices which work to decrease gender-based violence, while at the same time promoting the voices of women in exercising their rights, interests and concerns at all levels of society.

It is within this context that we present the following programme: Oxfam Canada Gender-based Violence and exercising Women’s Rights in Southern Africa. The purpose is to strengthen women’s organizations in promoting and defending an environment which enables women to exercise their rights to gender equality, reduced violence and effective participation in decision-making and leadership.

2.0 THE PROGRAMME

Oxfam Canada in Southern Africa has, over the past few years, made extensive use of the Kelleher framework as an analytical tool for understanding gender analysis and organizational change, and has employed the model in the design of this programme. Kelleher’s framework identifies the four key areas of focus for considering gender inequality and transition to change:

- Informal norms and culture
- Women’s condition
- Women & men’s consciousness
- Formal institutions

The programme’s strategy is based on this analytical model which has led to a systematic identification of areas of intervention, specifically related to the two principal programme components: gender-based violence and exercising women’s rights. In Southern Africa, it is essential to address all four quadrants of Kelleher’s framework in order to bring about systemic change. It will assist in determining effective and appropriate initiatives. The Southern Africa programme recognises this framework as a way of approaching gender equality from a programmatic perspective with partner organisations which have particular expertise in addressing specific areas, whilst other partners address. In this way, gaps can be identified and strategies for overcoming these gaps can be determined within the context of the programme.
### Component A: Women's Rights and Gender-Based Violence

<table>
<thead>
<tr>
<th>Consciousness</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1.3</strong></td>
<td>Women's organisations capable of promoting a social environment that defends women’s rights to freedom from violence.</td>
</tr>
<tr>
<td><strong>Output 1.2</strong></td>
<td>Women’s organisations with increased capacity to provide/demand appropriate social, judicial and legal services for female victims of violence, especially in the context of HIV and AIDS.</td>
</tr>
</tbody>
</table>

**Informal Norms**

**Output 1.4**

Women’s organisations have greater understanding of, and capacity to influence, cultural and traditional norms which aggravate violence against women.

**Formal Institutions**

**Output 1.1**

Women’s organisations have the capacity to influence political and legal frameworks to defend women’s rights to freedom from GBV, and ensure the implementation of appropriate legislation.

### Component B: Exercising Women’s Rights: NGO and Community Empowerment and Leadership in Southern Africa

<table>
<thead>
<tr>
<th>Consciousness</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1.3</strong></td>
<td>Organisations have greater gender sensitivity, are able to increase gender equality consciousness in the community, and promote women’s leadership.</td>
</tr>
<tr>
<td><strong>Output 1.3</strong></td>
<td>Organisations have greater gender sensitivity, are able to increase gender equality consciousness in the community, and promote women’s leadership.</td>
</tr>
</tbody>
</table>

**Informal Norms**

**Output 1.4**

Women’s organisations have greater understanding of, and capacity to, influence cultural and traditional norms that entrench gender inequality.
National Training of Facilitators in linking GBV, culture and women’s rights to HIV and AIDS

District Training of Facilitators in linking GBV, culture and women’s rights to HIV and AIDS

Community Training of Volunteers in linking GBV, culture and women’s rights to HIV and AIDS

Door-to-door Awareness Raising on linking GBV, culture and women’s rights to HIV and AIDS

Widened base of community members with knowledge and skills for the linking of GBV, culture and women’s rights to HIV and AIDS
What is culture?
From one angle, the term ‘culture’ refers to a people's total way of life. From another angle, ‘culture’ refers to the norms and values of a people which are passed from one generation to another because they are believed to be important for holding a society together. Please note that I use the word `believed' to indicate that sometimes it is just a belief which people hold which may not be true. A cultural practice may be simply tolerated or respected because many past generations did so too. But when subjected to scrutiny, the practice's weaknesses are sometimes exposed thereby leaving people to ponder whether it would not be better to discard it in the interests of society. A case in point in most Southern African societies is the cultural practice of wife inheritance, which is still being practised among many African families but no longer makes sense to a generation threatened with extinction by the HIV and AIDS pandemic. It is worth noting that culture is not static, it changes.

What is gender?
The term gender is often confused with the word sex. Worse still, some people think gender means women or girls. In order to understand what gender is, we want to start off by telling you what it is not. The word gender does not mean the same as sex. Sex refers to the biological differences between men and women or boys and girls – mainly that men or boys have penises while women or girls have vaginas. The other biological difference is that women can fall pregnant and bear children while men can’t.

Gender refers to the socially and culturally constructed or assigned male and female roles in society. This behaviour is mainly learned but it can also be unlearned. It is about behaviour regarded by society as appropriate for a particular sex – male or female. Usually, the behaviour is decided or assigned through culture. Each culture or society decides on the kind of behaviour that will be regarded as appropriate for a woman or man. For instance, in most ‘cultures’ of the world, men are expected to be courageous and women soft and gentle; and women are supposed to do most of the kitchen work while men attend to maintenance jobs in and around the home.

What is gender-based violence?
Before explaining what gender-based violence (GBV) is, we need to understand first what gender violence is. Gender violence means any form of violence in which the victim and perpetrator are members of opposite sexes. Now, when we talk of gender-based violence, we are talking of any form of violence that perpetuates or maintains the existing gender roles and is often caused by what is perceived to be the other party’s failure to conform to the laid down gender roles. Gender-based violence is largely accepted and condoned by society and often justified by value and belief systems.
**What are women's rights?**

Lest we forget, women are first and foremost, human beings; therefore women's rights are human rights. By rights we mean entitlements that every human being has regardless of sex, race, religion, nationality, disability or any other differences. Women and men have the same rights and freedoms but some rights are specifically related to women e.g. rights related to sexual violence, pregnancy and child-bearing. Rights cannot be taken away from a person, so we say they are ‘inalienable’.

**What do we know about HIV and AIDS?**

I know that by now many of you already know what HIV and AIDS is but it does not do you any harm just to hear what it is again. The abbreviation HIV stands for human immunodeficiency virus. HIV is the virus that causes AIDS. It attacks the immune system, that is, the body’s defence against disease. HIV is found in blood, breast milk, semen and vaginal fluids. It is a virus that attacks the body and makes it weak. When the body is weak, it is easier to get coughs, diarrhoea, fever and other health problems. The immune system is the body’s defence system against disease. White blood cells called lymphocytes play an important role in assisting the body’s immune system. In HIV infection, the virus attacks the immune system. HIV destroys the special CD4 cells and it is the loss of the CD4 cells that leads to the weakening of the immune system.

AIDS (acquired immune deficiency syndrome) is the name given to a group of illnesses in HIV positive people. These are illnesses that arise when people living with HIV and AIDS (PLHIV) are no longer able to fight off infection because of lowered immunity. Acquired means a disease you get during your life rather than one you are born with. Immune deficiency means a weakness in the body’s immune system and syndrome means a group of particular health problems that make up a disease.
### Cultural Attitudes and Beliefs

<table>
<thead>
<tr>
<th>Cultural Attitudes and Beliefs</th>
<th>Link with Gender</th>
<th>Link with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male dominance</strong></td>
<td>• disempowerment of women gender inequality subordination of women gender-based violence • men make all decisions regarding sexual and reproductive health</td>
<td>• expectant mothers not free to undergo VCT, to benefit from MTCT programme once tested positive • women cannot negotiate for satisfying sex with their husbands and are sometimes compelled to seek satisfying sex outside marriage</td>
</tr>
<tr>
<td></td>
<td>• women can seldom challenge their husbands for engaging in extra marital affairs</td>
<td>• the extra-marital affairs put women at risk of HIV infection</td>
</tr>
<tr>
<td><strong>Men are in control of the means of production</strong></td>
<td>• women may not be allowed to be gainfully employed, leading to economic disempowerment</td>
<td>• women may be forced to exchange sexual favours for money or gifts to meet their needs</td>
</tr>
<tr>
<td></td>
<td>• most women are poor and have no reliable source of income</td>
<td>• high temptation for women to engage in transactional sex or sex work</td>
</tr>
<tr>
<td><strong>Culture of silence regarding sex in marriage</strong></td>
<td>• sex is never discussed in marriage hence women are more likely to be left unsatisfied</td>
<td>• some women seek satisfying sex outside marriage unsatisfied</td>
</tr>
<tr>
<td><strong>Payment of bride price</strong></td>
<td>• makes it taboo for women to initiate divorce</td>
<td>• women are forced to remain in abusive, high risk relationships</td>
</tr>
<tr>
<td>Cultural Attitudes and Beliefs</td>
<td>Link with Gender</td>
<td>Link with HIV</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Child bearing as main purpose of a marriage</td>
<td>• Infertility is usually blamed on the woman</td>
<td>• women are coerced into sex with other men in order to become pregnant and stabilise their marriages</td>
</tr>
<tr>
<td>Women are regarded as minors</td>
<td>• in marriage, women have no sexual or property rights</td>
<td>• women cannot negotiate or refuse sex regardless of circumstances threatening their health</td>
</tr>
<tr>
<td></td>
<td>• rights within marriage rest with the man/husband</td>
<td></td>
</tr>
<tr>
<td>Pregnancy, childbirth, breastfeeding and post partum abstinence</td>
<td>• women are expected to abstain from sex and may even be sent away from the marital home</td>
<td>• men engage in extra marital sexual relations during this period</td>
</tr>
<tr>
<td>Role of a woman is to please and satisfy the husband sexually at all times</td>
<td>• forced sex and marital rape</td>
<td>• a woman cannot refuse sex or insist on condom use even when she knows that her husband is having an extra marital affair, has an STI or is HIV positive.</td>
</tr>
<tr>
<td>Sex with a woman who has reached menopause is taboo (believed to be harmful to men)</td>
<td>• women are not expected to have interest in sex after reaching menopause</td>
<td>• sex happens less and less frequently at home with the wife and more in extramarital relationships with younger women outside the home</td>
</tr>
<tr>
<td>Preference for dry / wet sex by men</td>
<td>• use of vaginal herbs by women for dry/wet sex</td>
<td>• increased risk of HIV transmission due to vaginal tearing when herbs are used within the vagina</td>
</tr>
</tbody>
</table>
### Negative Cultural Practices and Link with Gender and HIV

<table>
<thead>
<tr>
<th>Cultural Attitudes and Beliefs</th>
<th>Link with Gender</th>
<th>Link with HIV</th>
</tr>
</thead>
</table>
| Wife inheritance, wife exchange, wife sharing               | • a woman is a minor and a part of the husband’s property                        | • probability of the new husband (or the woman herself) being infected is high since there is no testing prior to the ceremony  
Due to the stigma attached to AIDS in-laws are increasingly turning their backs on women whose husbands have died of AIDS because of the widespread assumption that they are destined to follow soon after |
| Paying of bride price                                       | • women have no rights to children                                               | • women cannot refuse sex with their husbands regardless of circumstances   |
| Polygamy is encouraged and well-accepted and takes many forms (both open and secretive) | • women are not always sexually satisfied  
• women’s needs and desires are not considered                  | • multiple concurrent relationships increase HIV in the case of so called ‘small houses’, people in the sexual network are at a higher risk because condom use is low and inconsistent |
| Child-pledging or spirit                                    | • only girls (often under age) are pledged, usually to older men                 | • older men are more likely to be infected with HIV                           |
| Virginity testing                                           | • pressure on women and girls to remain virgins                                  | • young women engage in unsafe alternative sex, such as anal sex  
• they are targeted by older men looking for virgins for a thrill or for ‘cleansing’ because of the belief that sex cures AIDS |
<p>| Death cleansing - widow is expected to have sex with other men to cleanse them from the spirit of the dead husband | • violation of men and women’s sexual and reproductive rights                     | • either party may be HIV infected                                           |</p>
<table>
<thead>
<tr>
<th>Cultural Attitudes and Beliefs</th>
<th>Link with Gender</th>
<th>Link with HIV</th>
</tr>
</thead>
</table>
| Chiramu (Encouraging intimacy and sexual activity with wife's sister) | • in poor families, both women have no choice  
• violation of the woman's sexual and reproductive rights | • young women risk being infected by older men                                |
| Rites and initiation circumcision-genital mutilation | • violation of the woman's sexual and reproductive rights | • use of the same, unsterilised instruments for many operations |
### Positive Cultural Practices, Attitudes and Beliefs and Link with Gender and HIV

<table>
<thead>
<tr>
<th>Cultural Attitudes and Beliefs</th>
<th>Link with Gender</th>
<th>Link with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Value of virginity</strong></td>
<td>• value and respect for the woman is high</td>
<td>• no risk if both parties are virgins</td>
</tr>
<tr>
<td></td>
<td>• demonstration of strength in character</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• applies to women only</td>
<td></td>
</tr>
<tr>
<td><strong>Divorce discouraged: psychosocial support rendered by extended family</strong></td>
<td>• reduced pressure on the woman, as the family supported the couple in addressing the issues (financial, sexual, relationships)</td>
<td>• extra marital or concurrent relationships were strongly discouraged by the family and the community</td>
</tr>
<tr>
<td><strong>The role of aunts and uncles</strong></td>
<td>• women’s empowerment – authority over the house girls were taught to tactfully approach men about sensitive subjects uncles taught boys how to live with and respect their wives</td>
<td></td>
</tr>
<tr>
<td><strong>Value of children</strong></td>
<td>• distance between girl children and male relatives was enforced modesty of dress was encouraged in order not to inflame male passions</td>
<td>• child abuse was heavily punished</td>
</tr>
<tr>
<td></td>
<td>• modesty of dress was encouraged in order not to inflame male passions</td>
<td>• girl children were protected</td>
</tr>
<tr>
<td><strong>Value of the extended family</strong></td>
<td>• provides a counselling, support and surveillance system</td>
<td>• reduced opportunity for multiple relationships and child abuse</td>
</tr>
<tr>
<td></td>
<td>• domestic violence was contained</td>
<td></td>
</tr>
<tr>
<td><strong>Role of traditional leaders</strong></td>
<td>• domestic issues were dealt with promptly</td>
<td>• extra marital sex was judged and charged by village elders</td>
</tr>
<tr>
<td><strong>Respect for elders</strong></td>
<td>• advice from elders for marital problems was sought and accepted elders became mentors for the community</td>
<td>• faithfulness and value of the family was emphasised by the mentor</td>
</tr>
</tbody>
</table>
In the last decade, the issue of violence against women has moved from the shadows to the foreground of commitments to sustainable development. Women’s rights advocates have mobilized within and across countries and regions to secure significant changes in national, regional and international standards and policies addressing gender-based violence. Landmark achievements to date include the:

5. UN Resolution 1325 on Women Peace and Security (2000)

Why is the combating of gender-based violence important?

Gender-based violence involves men and women with women usually being, but not always, the victims. It stems from unequal power relationships within families, communities and states. Violence is generally directed specifically against women for diverse reasons, and it affects them disproportionately. It has become even more pronounced in conflict and post-conflict states of Africa including Burundi, Chad, the Democratic Republic of Congo, Somalia and Sudan.

The UN Declaration on the Elimination of Violence Against Women, adopted by the General Assembly on 20 December 1993 defines violence against women as:

“any act of gender-based violence that results in, or is likely to result in sexual or mental harm or suffering to women, including threats such acts as coercion or arbitrary deprivations of liberty, whether occurring in private and public life”.

Article 2 of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) elaborates on the theme that violence against women includes sexual, physical, and psychological violence in the:

1. family such as battering, sexual abuse of children, female genital mutilation/cutting and rape
2. community such as sexual abuse, sexual harassment and intimidation, trafficking and forced prostitution
3. state such as poorly drafted or unenforceable laws on violence against women, law enforcement agents violating women, the lack of facilities and education for prevention and treatment of women exposed to violence, the sanctioning and reinforcement of unequal gender relations. The state’s indifference to creating opportunities and entitlements for women with regard to employment, education, participation and access to social services, also perpetuates gender-based violence.

The Fifth Conference of the Network of African Women Ministers and Parliamentarians held in Cape Verde in 2002 decided to consider the discussion on the issue of gender-based violence as a development priority: particularly its impact on African women and African society. The goal of the conference was to assist women parliamentarians and leaders to develop essential skills of leadership for combating gender-based violence and promoting gender equality within their own countries.
The Stages of Change Theory provide a way of understanding the process of how individuals can change their behaviour. This same theory can be scaled up to community level.

**Stage 1: Pre-contemplation**
An individual/community is unaware of the problem/issue (culture, GBV, HIV infection and women’s rights) and its consequences for his/her life

**Stage 2: Contemplation**
An individual/community begins to wonder if the problem/issue (culture, GBV, HIV infection and women’s rights) relates to his/her life

**Stage 3: Preparation for action**
An individual/community gets more information and develops an intention to act

**Stage 4: Action**
An individual/community begins to try new and different ways of thinking and behaving

**Stage 5: Maintenance**
An individual/community recognizes the benefits of behaviour change and maintains it

**Point to note:**
Remember that an individual/community will not be able to make the change completely and immediately on the first attempt. Behaviour change is a process and as such, takes time, perseverance, practice and support from others.
Handout: Research, Consultation and Analysis as a Foundation for Advocacy Work (Score Sheet)

<table>
<thead>
<tr>
<th>Score 5 if all criteria are met</th>
<th>Score 4 if four criteria are met</th>
<th>Score 3 if three criteria are met</th>
<th>Score 2 if two criteria are met</th>
<th>Score 1 if one or less criteria are met</th>
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<td>• The NGO has conducted at least one advocacy project to change the policy or practices of an institution</td>
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<td>• The NGO has conducted research to find evidence (data, publications, writings of other influential institutions) in support of its advocacy work</td>
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<td>• The NGO has analysed research and presented evidence to make it relevant and effective for the institutions targeted</td>
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<td>• The NGO has tried to network with other organisations to understand how it can collaborate on or improve its advocacy campaign</td>
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<td>• The NGO has conducted participatory consultations with communities and affected groups to identify how it should help them through its advocacy work</td>
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In Sub-Saharan Africa, HIV and AIDS are not only the most challenging problem; they tend to affect women and children more negatively than men. Poverty makes women in the 19-24 age group twice as likely to be infected as men, due to prostitution, limited power in decision-making and intergenerational sex. A growing preference among men for much younger HIV and AIDS-free girls has further exacerbated the problem. Women’s gender role as care providers increases their workload and their poverty as they take care of infected relatives and AIDS orphans. Young women and older people have become their primary caregivers. Poor women affected by HIV and AIDS, already economically insecure, are often deprived of their rights to property and adequate health services and are displaced from their usual habitat. Violence accelerates women’s risk of HIV infection.

The three main factors affecting the spread of HIV and AIDS are gender-based power relations, stigma, taboos and belief systems surrounding the disease, and harmful practices with linkages to the spread of HIV and AIDS.

1) Gender-based power relations

- Within the family, where men are dominant, women’s bargaining power is weak and they are unable to discuss, negotiate or decide on sexual and reproduction issues. Awareness and availability of condoms for women to protect themselves from HIV and AIDS does not work in households where there is a threat of violence. Violence decreases women’s ability to negotiate safe sex and increases their risk of exposure to forced and unprotected sex. Adolescent girls in a violent family situation are even at greater risk of exposure as they may also be victims of sexual abuse by older family members, close kin and neighbours. Due to stigma and taboo, sex is not openly discussed and information on reproductive health is not available.

- At community level, the decision-makers are predominantly male. Women's subordinate roles are underpinned by cultural norms and beliefs depriving them of the power to make decisions regarding sexual matters and to negotiate safe sex practices. Women are also exposed to the risk of sexual violence outside their homes while fetching water and firewood and doing farm work. Schoolgirls are pressured to succumb to the sexual advances of older men to pay for their schoolbooks and to meet personal expenses. In some cultures, there is a belief that having sex with virgins keeps men young and prevents or cures HIV infection. This has reinforced the tradition of encouraging child marriage. In some cultures, older men take younger brides as second wives.

- At the level of the nation state, most decision-makers are men. Strategies and policies to combat HIV and AIDS are designed and implemented by men and to date, have had little impact on halting the spread of the epidemic. The proportion of HIV infected women is rising at a faster rate than for men. Currently, 58% of the people infected with HIV and AIDS in sub-Saharan Africa are women. Governments were very slow in admitting the crisis and in formulating policies and programmes to halt the epidemic.
The media need to adopt more ethical reporting standards that utilise a non-sensationalist approach and work towards breaking down the barriers and biases caused by the misinformation that exists about HIV and AIDS as well as helping to build greater sympathy for the affected among their audience. Unfortunately, the message is no longer just another health story. The pandemic is a complex societal problem with multiple phenomena and actors. Its dynamic characteristics include: multiple epidemics; a period of latent infection; a tendency for selective transmission with women being two and a half to eight times more susceptible than men; and higher immune system susceptibility to other diseases such as TB and malaria. Previous media reports have not communicated the issue effectively. Martin Forman, former Director of Panos noted that, the media needs to adopt more ethical reporting standards that utilise a non-sensationalist approach and work towards breaking down the barriers and biases caused by the misinformation that exists about HIV and AIDS as well as helping build greater sympathy for the affected among their audience (9).

As the epidemic continues to unfold, the manner in which the virus is spreading has made key gender inequalities even more apparent. Young women are particularly at risk. In 2001, an estimated 6-11% of African women aged 15-24 were HIV positive compared with 3-5% of young men. The high rate of HIV infection among women and girls has to do with the fundamental issues of power and control, and society’s tolerance of men who exercise them over women.

The result of the increasing infection rate in women is a decrease in the nation's workforce and deepening poverty within the household. Both food production and the national economy are deeply affected as most African women are engaged in agricultural production. It has also become apparent that there is a strong link between HIV and AIDS and poverty. AIDS spreads fastest where there is poverty, powerlessness and social instability (11) and it has began to affect people from every profession including bureaucrats, teachers and nurses.

2) Stigma, taboos and belief systems

People living with HIV and AIDS continue to face serious stigma, as well as legal and social discrimination. People living with HIV and AIDS are discriminated against causing them to experience feelings of shame, fear and anger, worse still for women who contracted the HIV and AIDS virus through rape. The stigma attached to HIV and AIDS and the associated taboos prevent them from informing their children on how the disease is transmitted. However, their children generally know something is wrong. Children whose parents are sick are also ostracized by their peers and their community.

It is taboo to talk about sex and HIV and AIDS between men and women, mother and child and within the community. In some cultural and religious belief systems, people perceive HIV and AIDS as diseases related to promiscuity, homosexuality, drug usage and possession by evil spirits. Therefore, an infected person is not to be touched or discussed. Although HIV-positive men are at odds with their own community and kin, women and girls whose HIV status becomes public are often victims of physical attack, emotional abuse, and sometimes murder, by their own family members, partners or members of the community.
3) Harmful practices linked to the spread of HIV and AIDS

- **Denial of education for girls:** Girls who leave school to help with household chores or to take care of younger siblings, lack awareness and information about the spread of HIV.

- **Female genital mutilation (FGM) and cutting:** The rituals that follow FGM and cutting contribute to the spread of HIV, e.g. some cultures encourage a sexual relationship immediately after the cutting is performed, when the chance of contracting HIV is greater.

- **Early marriage or sexual relationships with younger girls:** Early marriages for girls, sometimes as young as eight, to older men, leads to HIV infection. The belief that sex with a virgin cures HIV has led to an increase in the numbers of very young girls being raped. For the same reasons, male clients are also seeking younger and younger female commercial sex workers and thus trafficking of young women has increased worldwide.

- **Forced marriage:** Arranged marriages of women against their wishes or abduction exposes them to violent action and to HIV infection.

- **Honour killings and maiming:** Maiming or murdering of girls and women for acts that are believed to bring shame to the family, including contracting HIV and AIDS, often after rape even by their own husbands, is common.
Areas of Action

1) Advocacy

- Ensure women's right to self-protection and to protection against sexually transmitted infections, including HIV and AIDS is respected and promoted.

- Advocate for stronger national policies and strategies with clear budget support for programmes and interventions dealing with the transformation of culture, tradition and belief systems which fuel the spread of HIV and AIDS

- Focus on treatment and care, as well as prevention of HIV and AIDS

- Lobby for sufficient funding to enable testing, treatment, counselling centres and anti-retroviral therapy drugs (ARVs), to be more affordable and available to victims of rape

- Challenge policies, legislation and practices which undermine women’s social, legal, political, economic, and sexual status focusing on young women who are especially vulnerable

- Pressure for the enactment, strengthening and enforcement of legal measures against sexual contact with young girls and boys under the age of 18, and recognize marital rape as a criminal offence

- Promote health insurance and workplace policies on provision of drugs and nutritional requirements for HIV and AIDS sufferers and their spouses

- Increase awareness through public debate on HIV and AIDS and their relationship to gender-based violence, to a level where it becomes the concern of both the community and individuals

- Support media training on HIV and AIDS and gender-based violence in order to enable the production of accurate and balanced stories for raising awareness and disseminating information which evokes a compelling need for changed sexual behaviour and reduces cultural barriers, stigma and victimisation

- The media is best-placed to create a better understanding of the wider context of the pandemic in the economic, political, cultural, gendered development, education and health settings
2) Partnership

- Initiate collaboration between community leaders, elders, local authorities and schools to create greater understanding of the link between GBV and poverty
- Develop procedures to systematically share information on issues, legislation and policies which connect women’s economic empowerment to the issue of men sharing the burden within the household
- Support community participation and collaboration in forming social transformation forums including those committed to combating GBV
- Establish partnerships with government bodies, NGOs, human rights groups, institutions, and international agencies in the formulation and implementation of the national PRSPs

3) Capacity Enhancement

- Fund training in participatory community leadership: enhance community capacity for social transformation by identifying critical issues, finding innovative solutions and planning to take action. The goal is to empower women to take charge of their own development
- Develop resource maps of communities: identify resources available in community, village, city or neighbourhood (institutions, services, resources, community centres, churches, mosques), develop ideas, identify obstacles and examine areas that need change or require strengthening as the first step to eliminating gender-based violence
- Discuss the responsibility of the government in lieu of the commitment made to eliminating all forms of violence against women and make proposals and demands for the modifications of the laws, or enactment of new laws
- Revise school curriculum to reflect gender equality so that young boys and men can become aware of the devastating impact of violence; and young girls and women can gain enough self-esteem and confidence to combat violence before they become victims
HANDOUT 10: Advocacy - Areas For Action In Fighting Gender-Base Violence

1) Advocacy

- Enforce zero tolerance of all forms of violence against women and girls
- Advocate for equal representation of women and men in all activities in the public sphere so as to create public awareness of women's contribution to society and to ensure women's input in decision-making
- Campaign for equal political participation of women at the national and local levels as an essential element in the development of the next generation – the children
- Lobby for the inclusion of gender and empowerment strategies in the national Poverty Reduction Strategy Programmes (PRSPs) and for gender-sensitive national budgets in all sectors
- Integrate the MDGs into plans of action
- Create public awareness campaigns directed at both men and women to promote greater awareness of their legal and human rights, the legal consequences of abusive behaviour and the impact of GBV on future generations
- Raise awareness of the importance of women's economic empowerment and the economic costs of the absence of women's contribution to the labour force as a result of violence
- Strengthen and forge commitment through campaigns for the reform and implementation of laws which allow women to inherit land and property and access education and health care
- Call for media campaigns highlighting women's important role in production and reproduction: the contribution of women's paid and unpaid labour, and the importance of producing and reproducing the future labour force
2) Partnership

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