

# DESIGNING A GENDER-TRANSFORMATIVE INTERVENTION TO INVOLVE MEN AND BOYS IN THE PREVENTION OF INTIMATE PARTNER VIOLENCE IN RAKAI, UGANDA

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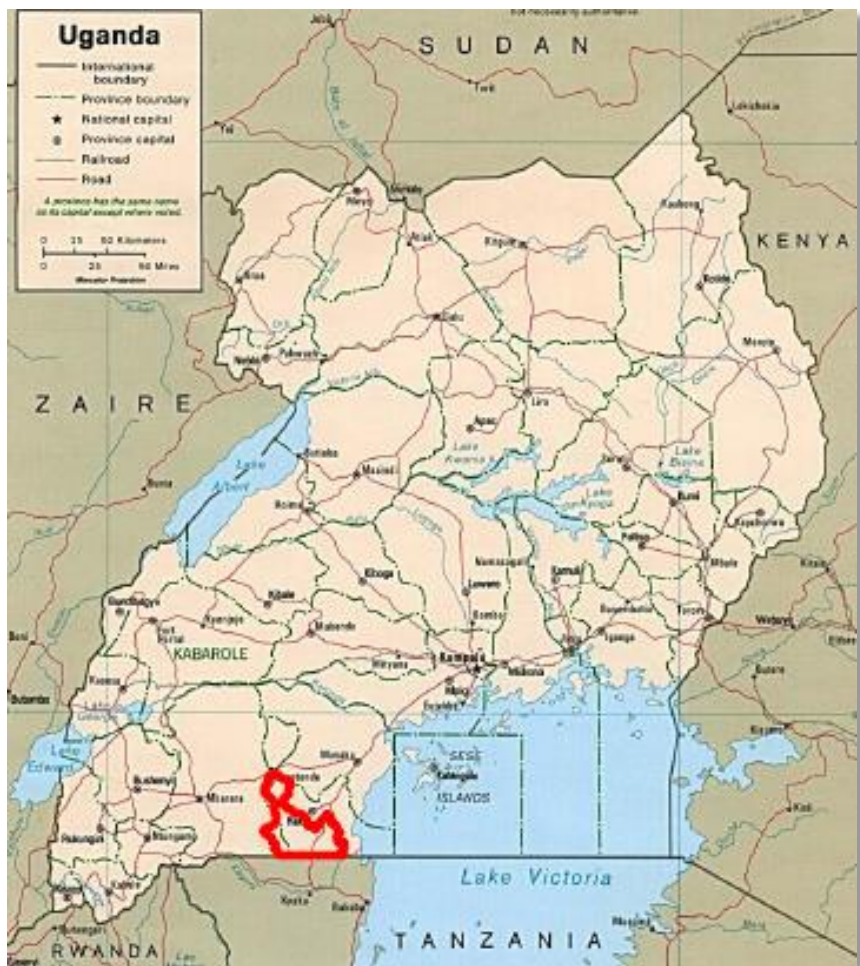
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# Rakai District, Uganda



- Where first AIDS cases identified in East Africa<sup>1</sup>
- Est. population 518,000<sup>2</sup>
- ~95% rural / >85% relies on subsistence agriculture
- Past year IPV - 30%<sup>5</sup>
- Prevalence of HIV
  - In Rakai: 12%<sup>3</sup>
  - In Uganda: 7%<sup>4</sup>



# Rakai Health Sciences Program



- Established in 1988
- Research on and services for HIV/AIDS and reproductive health
- Primary funding: NIH, Gates Foundation, PEPFAR, Fogarty International



# Safe Homes and Respect for Everyone (SHARE)

2005 - 2009

- Combination HIV + IPV prevention intervention
- Screening and brief intervention to address IPV in the context of HIV testing and counseling
  - Integrated within RHSP's existing HIV prevention, care and treatment services
- Utilized community-based mobilization strategies
  - Based on Transtheoretical Model's Stages of Change Theory
  - 5 phases align with Stages



# SHARE Intended Outcomes

- **Immediate Outcomes:**
  - Empower women to protect themselves from IPV
  - Increase condom use
  - Increase safe HIV disclosure (i.e., violence-free)
  - Change attitudes that condone IPV
  - Reduce high-risk sex practices (e.g., multiple partners)
  - Raise awareness about IPV as public health problem
- **Long-term Outcomes:**
  - Reduce IPV (physical, sexual, emotional)
  - Reduce HIV incidence



# SHARE Evaluation Trial

- 2005 – 2009
- Cluster randomized trial (Rakai Community Cohort Study)
  - 4 intervention clusters
  - 7 control clusters
- Impact evaluation to assess effect of SHARE on IPV and HIV incidence
- Process evaluation to assess levels of participation and perceptions of SHARE

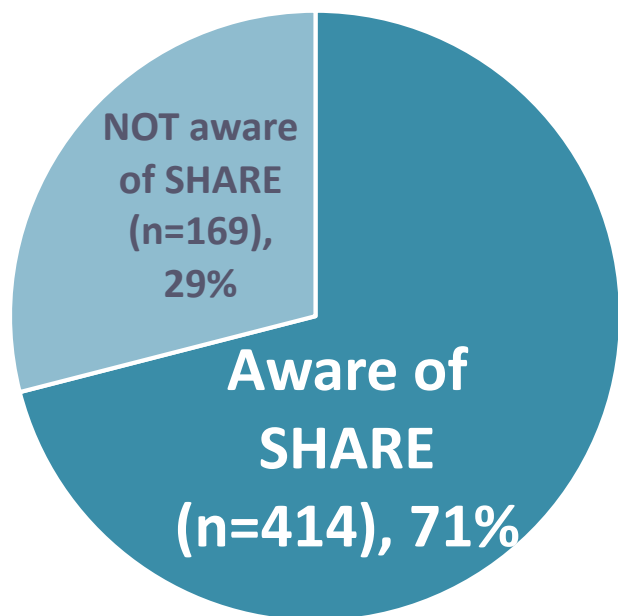


# SHARE Impact Evaluation Results

- Exposure to SHARE was associated with significant:
  - Reductions in past year sexual IPV, physical IPV and forced sex as reported by women
  - Decline in HIV incidence
  - Increases in disclosure of HIV results by men and women
- SHARE did not lower men's reported IPV perpetration



# SHARE Process Evaluation Results



- Women’s participation was significantly higher than men’s in most activities
- Most popular activities among men:
  - Public, entertainment-based events (theater, shows)
- Least popular activities among men:
  - Small and focused activities (seminars, support groups)
- Main reasons for non-participation:
  - Stigma, lack of awareness, lack of time

**Next Step - How to involve men & boys in these programs?**





# Gender Transformative Intervention to Involve Men & Boys

- Results from this study will help us tailor an intervention framework to engage men and boys in preventing IPV in Rakai
- Goal – to examine:
  - The context of IPV perpetration
  - Norms surrounding masculinity
  - Recommendations for improving IPV prevention interventions to effectively engage males



# Methodology: Mixed Methods



## Quantitative research

Rakai Community Cohort Study  
(2008-2009)

- 583 male participants
- Questions on perceptions about barriers/facilitators to participation in the SHARE Project



## Qualitative research

In-depth Interviews and Focus  
Group Discussion (Feb-Aug, 2017)

- 40 in-depth interviews with males (15-49 years) and male local leaders
- 12 focus group discussions with boys/men, local leaders, men's health providers, key members from RHSP staff and community advisory board



# Number of participants - Qualitative

Age group	Community members	Counsellor	Local Leaders	Total
15-17	10	-	-	10
18-24	13	-	-	13
25+	11	3	11	25
Total	34	3	11	48



# Results: The context of IPV perpetration

- Alcohol consumption and drug use is a problem, particularly among men
- Infidelity and mistrust in the relationship were commonly mentioned (by both men and women) as correlates of violence
- Both men and women perceive violence to be acceptable under certain circumstances
  - Common acceptable reasons: A woman cheating on her husband, complaining about money, disrespecting her husband, not taking care of home and children.



# Acts that are considered “manly”

	Aged 15-17	Aged 18-24	Aged 25+
1	Providing financial support to wife and children	Providing financial support to wife and children	Providing financial support to wife and children
2	Hard working and having a job	Hard working and having a job	Being a responsible father and husband
3	Having safe sex (e.g. Using condoms)	Having a wife and children	Having a wife and children
4	Giving pleasure to partner	Being a responsible father and husband	Hard working and having a job
5	Drinking moderately and having self-control	Taking care of his health and participating health programs	Owning a house



# Acts that are NOT considered “manly”

	Aged 15-17	Aged 18-24	Aged 25+
1	Getting drunk and being irresponsible	Getting drunk and being irresponsible	Getting drunk and being irresponsible
2	Not having “sexual strength”	Not having a house	Not having a job
3	Not having a job	Being promiscuous	Using violence against women
4	Being single	Not being responsible to family	Not having sexual strength
5	Not using condoms	Using violence against women	Stealing and being dishonest



# Barriers to Involvement

- Stigma - Afraid of being blamed/accused of being violent and/or shamed for violent behavior
- Conflict with work hours
- No immediate and practical benefits of participation
- Perception that programs favor women, do not address men's needs

*“They have perception that the organizers of these programs favor women. Actually, when men see those programs, they think that if they participate in them, you will blame them. Additionally, they think that when you bring those programs, you want to point out their mistakes and advocate for the women.”*



# Recommendations to effectively engage males

- Include men in the intervention planning (especially men who identify as current or past users of violence)
- Include activities centered on entertainment
  - Theater/movies, music, sports (especially soccer/football)
- Provide training programs exclusively for men and boys
- Offer monetary (or other attractive) incentives

*“If they put in place leisurely activities for the youth like sports e.g. football and drama, you will be able to attract the youths. Whereas the men will want to participate in activities that empower them financially.”*





# Next Steps

- Use these results to create evidence-based framework to engage men and boys in IPV and HIV prevention programs.
- Seek funding to pursue the delivery and scale-up of an effective intervention to prevent both the victimization and perpetration of IPV in sub-Saharan African and other low and middle income settings.







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# THANK YOU

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