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‘Safely through the night’ A review of behaviour change in the context of HIV/AIDS

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• Introduction

‘Safely through the Night’ is a review prepared for the Department for International Development (DFID), UK, by CAFOD[1] and four of its partner organisations in 1998. The review was undertaken to look at:

- communities’ and organisations’[2] understanding of behaviour change in the context of HIV/AIDS; and,
- programme approaches and how/whether these impacted on communities’ behaviour-related concerns.

The title is amended from a Chi Bemba proverb from Zambia, *“Uwankwesha ubushiku, bamutasha nga bwacha”* meaning ‘you only thank the one who guides you safely through the night once it is day time again’. A participant in one of the review workshops cited this proverb to illustrate the difficulties inherent in exploring HIV-related issues within communities. In particular, participatory and experientially based approaches can often raise difficult issues that, at first glance, only seem to complicate matters further. It is only after we have ‘journeyed through the night’, with all its shadows, that we can appreciate the effectiveness of the process.

Four CAFOD partner organisations, Lilongwe Diocesan AIDS Programme, Malawi; Lubancho House, Hwange, Zimbabwe; Mwanza Diocesan AIDS Programme Tanzania and St. Theresa’s Ibenga, Zambia took part in a field-based review with CAFOD staff. Organisations participated in a preparatory workshop where questions for the review were formulated and participatory techniques for exploring these questions were designed and practised. The fieldwork findings were shared at a second workshop and in written reports. Both workshops were facilitated by Francis Chirunga, Intermediate Technology Development Group, Zimbabwe, and Alice Welbourn, Consultant to CAFOD for the review.

The fieldwork was conducted by each organisation among one community where they work and within their own organisation, between March and May 1998. Review participants were divided by age and gender into four groups; Young Women, Young Men, Older Women and Community Leaders (deemed to coincide, in participating communities, with older men). CAFOD staff also conducted parts of the fieldwork with colleagues in London.

Questions covered by the fieldwork concerned:

- the relevance of the organisation’s programme to the community’s main problems;
- how communities perceived the programme’s process of working;

[1] CAFOD, The Catholic Fund for Overseas Development, is the Development Agency of the Catholic Church of England and Wales

[2] CAFOD and its partner organisations

- the outputs/outcomes of the programme's work in these communities; and
- possible future directions for the community and the programme.

The questions were intentionally constructed so as to be broader than the specific objectives of the review. In this way it was hoped that any reflections on behaviour change would emerge from communities' lived reality rather than as a response that could have been skewed had the review taken a more direct approach focusing specifically on HIV-related behaviour change.

• Field work methodology and main findings

Relevance

Participating communities and organisations considered the main problems facing their community and how/whether these are being met by the organisation's programme or by others. Sunburst diagrams, pairwise ranking and bar charts were used to identify the main problems and support received. The sunburst diagram produced by young women from Malawi illustrates some of the problems identified by communities (see Figure 1). Collating the findings into an issues matrix indicated the problems identified by each and the differences that can occur between communities' and organisations' perceptions, as seen in Table 1.

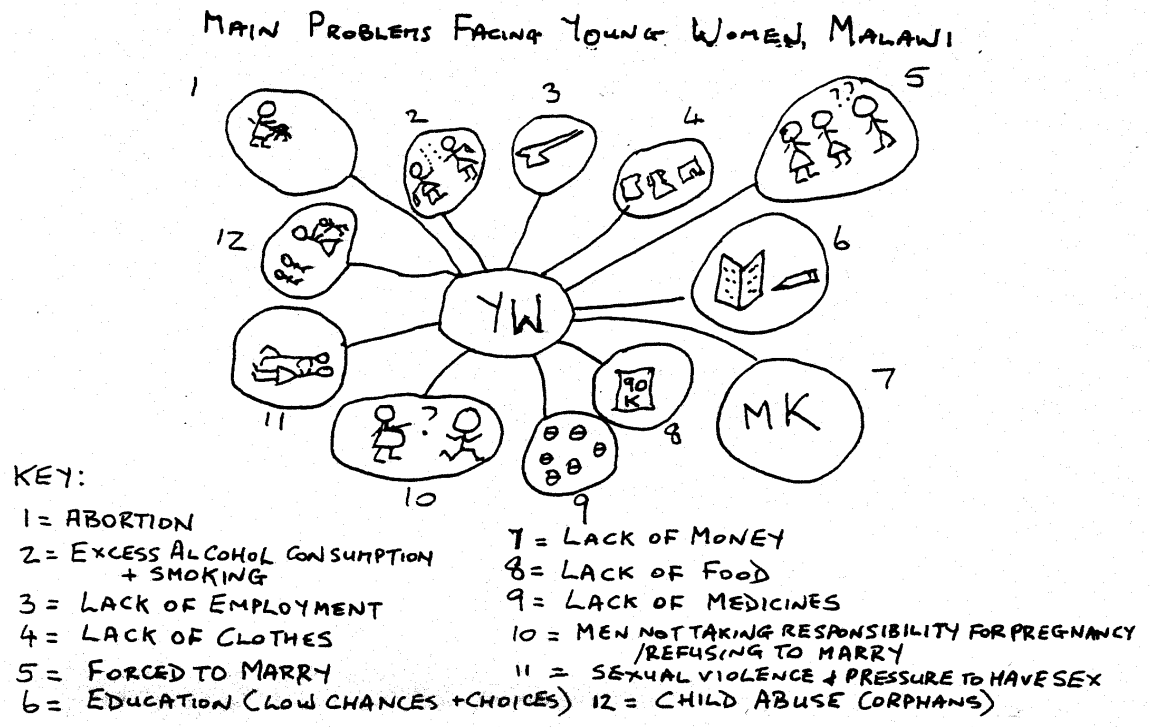

Figure 1. Sunburst diagram showing main problems facing young women respondents, Malawi

Table 1. The main problems faced and the extent to which felt needs are being met, Malawi

	YW	YM	Org
Lack of employment	✓ x	✓ x	
Sexual violence and pressure to have sex	✓ x	✓ x	
Lack of counselling and advice from parents	✓	✓ x	✓
Excessive drinking and smoking/drugs	✓	✓ x	
Transport			✓ x
Inequality oppression from dominant young men success is based on privilege and connection rather than on merit		✓ x	
Men are not taking responsibility for pregnancies/refusing to marry	✓	✓	
Need of money	✓ x		✓ x
Young girls have less opportunity/access to education due to cultural expectations and burden of domestic chores	✓ x		
Lack/shortage of HIV/AIDS and 'Why Wait?' education materials			✓ x
Condoms not the solution			✓
Condoms – we need them		✓	

Key
The ✓ indicates that this problem was drawn on the bar chart as a main concern of the peer group. The x beside it indicates that the peer group felt this concern was getting less than 40% support from any or all different sources.
YW = Young Women. YM = Young Men

Despite the high HIV prevalence in all fieldwork locations, communities did not identify this as a main problem. The Zimbabwe team reported that one meeting started several hours late because community members were trying to get rid of elephants that were damaging their crops. The chief's comments were instructive; *"You come to us with your AIDS programme while we have a bigger problem of elephants destroying our fields. Why don't you ask the national parks to kill the elephants?"*

Process

Using sunburst diagrams and *sadsa* or pie charts, participants reflected on how they perceived the activities of the programme and which they considered most important. Time lines illustrated who within their community got involved, when and why.

Young men and young women were concerned about sexual health issues. Both groups were also anxious to access education and skills-building programmes, young men for reasons of self-esteem, young women for financial independence. Only women (young and old) were involved in home care and orphan care programmes, illustrating the potential danger of these adding further to women's already heavy burden of care (and of excluding men where programmes focused solely on care initiatives). Older men (community leaders) subscribed only to activities that increased their political standing within the community. There was no acknowledgement of the relevance of HIV/AIDS to their personal behaviour. AIDS education was scored highly by young people of both sexes but not by older people, raising the question as to whether the old were being overlooked. Behaviour change activities also concentrated on youth groups

and left out older people who are the decision-makers over the young.

In their gender- and age- specific groups participants used seasonal calendars to identify:

- the volume and types of work undertaken by each in the different seasons;
- times of financial solvency and periods of heavy expenditure;
- occasions of community festivities/peak social events; and,
- their feelings of contentment or unhappiness plus tension points in different seasons

The calendars identified the differing workloads of women and men. They indicated the best and worst periods for programme activities with each group and also how sexual activity/vulnerability varied according to season (and times of community festivities) and according to the amount of free time and funds available, and therefore how programmes should target their activities accordingly.

Seasonal calendars (see Figure 2) also illustrated the domestic tensions caused by alcohol consumption, quarrels over finances and, most often, quarrels over sex (demanded by men and refused by exhausted women). The older women's group from Zambia told how in many instances, when they are tired and refuse sex, their husbands make them sleep under the bed. Sexual violence, highlighted as a problem only by women (older and younger) was not considered thus by men. Physical violence also featured, identified as a grievance by women and a right by men. Younger men from Zimbabwe affirmed their rights to beat their wives if they found them sleeping, exhausted, in the fields.

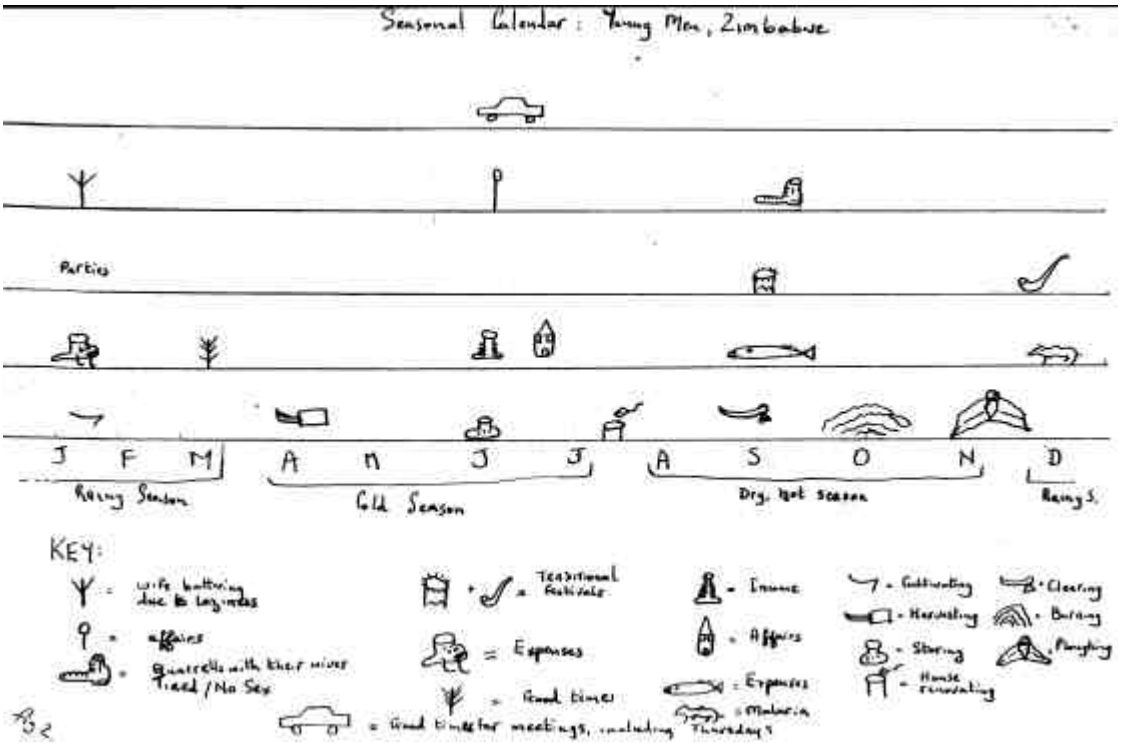

Figure 2. Seasonal calendar: Young Men, Zimbabwe

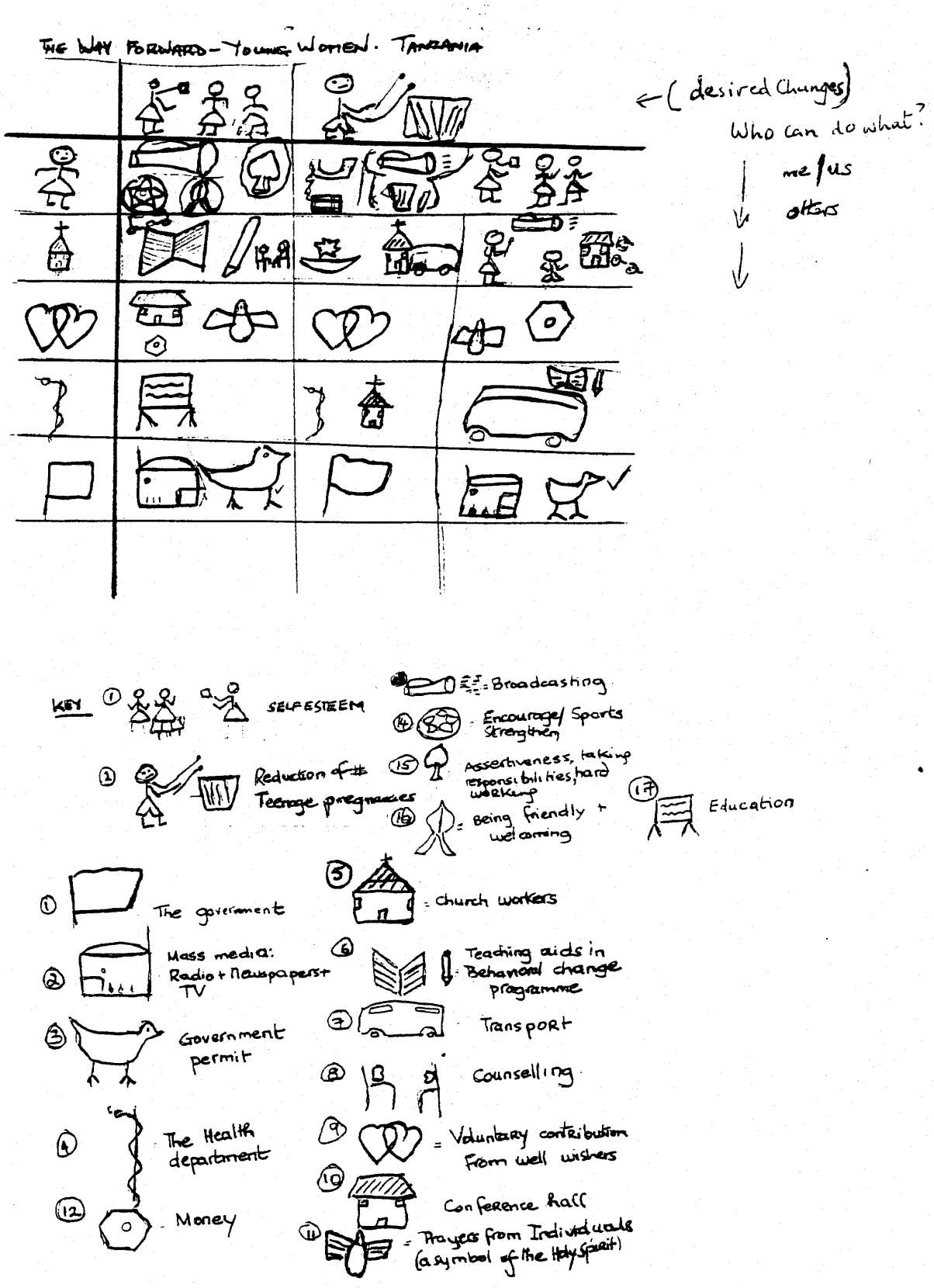

Figure 3. The way forward. Young Women. Tanzania

Outputs and outcomes

Using split sunburst diagrams and freeze work (also known as frozen role-plays or tableaux), communities identified positive and negative behaviour changes attributable to programme activities. Communities perceived behaviour change to concern more than personal sexual behaviour. It was also to do with achieving reduced stigma and discrimination against those infected/affected by HIV/AIDS and an increased willingness to acknowledge and care for people with, and children orphaned by, AIDS. Change was also evident through an increased sharing e.g. couples sharing information on sexual matters and fathers more able to talk about sex with their children. People also discovered how they misinterpreted each other's expectations. For example, in Zambia, married women said that men imposed dry sex on them whereas the men said it was the women who wanted it. When the two groups got together they realised that this practice was something inherited from the elders. The men are willing to have wet sex now.

Negative changes identified included, in some instances, greater dependence on service providers with people less likely to provide care themselves, greater distrust between young men and young women, heightened fear resulting from increased knowledge of HIV/AIDS and parents suspicious of programme activities with young people (because they were left out of the planning). Through freeze work communities also identified how they might strengthen the positive changes and minimise the negative aspects for the future.

The way forward

Community participants used a 'significant changes' diagram to identify priority changes for the future (see Figure 3). The illustration for young women in Tanzania shows the desired changes in the top row. In the row immediately beneath they identify what they themselves can do to achieve this. Subsequent rows identify what someone else can do to make this happen.

• Lessons learnt and recommendations

1. Participants' understanding of behaviour change in the context of HIV/AIDS

- HIV-related behaviour change is not just a matter of personal sexual behaviour. It is also concerned with reducing discrimination against and providing support for those infected or affected by HIV/AIDS.
- Changes in personal sexual behaviour are inextricably linked to an increased level of caring, sharing and learning among individuals and within a community.
- Personal behaviour patterns are not a matter of autonomous individual choice but are determined by a host of social, cultural, economic and gender-related factors and by major seasonal influences.

2. Programme approaches more likely to impact on communities' behaviour-related issues

- Communities' felt needs must be the starting point of any work. Behaviour change and HIV-related programmes will only be effective in as much as they are also concerned with communities' 'elephant problems'.
- Programmes must ensure all sectors of communities are active players at every stage, thus strengthening their sense of ownership and relevance and minimising risks of dependency. Equally, people with HIV or AIDS must also be active players, as appropriate, in planning and implementing programmes and in decision-making processes.
- Programmes need to take a holistic approach to addressing the complexity of traditional, cultural, economic and legal issues affecting behaviour. A narrow focus on HIV education and provision of care is unlikely to impact on behaviour longer term. Also, while Information, Education and Communication (IEC) activities are important in providing a basic understanding of HIV and its prevention, IEC alone is rarely effective in producing sustained behaviour change.
- HIV programmes must be set in the context of wider sexual health, teenage

pregnancies, Sexually Transmitted Infections (STI), infertility, sexual violence and other problems that are an integral part of people's lives.

- Any work on behaviour change needs to examine the roles of women and men, the relationships between them and the factors that determine the power/powerlessness of each.
- The review highlighted the connections between widespread gender-based domestic violence, (including sexual violence, physical violence and psychological abuse), and vulnerability to HIV and the need for programmes to address this as a central part of their work.
- It is essential to define what agenda or philosophy is informing programmes addressing behaviour change and whether this is congruent with the above points.
- Communities cannot be regarded as a single homogenous mass. No single set of authority figures can be considered to represent the situations of all community members. Similarly, no one programme activity will engage all community members or respond to their needs. The review stressed the importance of working with separate peer groups, based on gender and age, and perhaps on other locally relevant criteria such as HIV status, socio-economic well-being, religious affiliation etc. Integral to such a process is the step of also bringing the peer groups together regularly to enable intra-communal learning and sharing. Otherwise the result may be increased suspicion and misunderstanding between the groups.
- Programmes need to recognise the influence of the 'seasonality factor' on behaviour, to identify the specific seasonal commitments and pressures affecting the different peer groups and respond accordingly.

• Comments on the participatory process

The participatory nature of the review brought out considerations that were totally unanticipated by programme staff. Similarly the different age and gender groups discovered aspects of each others' concerns unknown until then and which may never have emerged in mixed groups or through less participatory processes.

Communities found the participatory process empowering. They welcomed the experience of actively contributing to the review and feeling a distinct sense of ownership for future directions of their programme.

The process was also empowering for programme staff. It identified community concerns not uncovered in a more 'top down' approach. It also identified organisational difficulties or shortfalls, some of which were being addressed immediately. The review highlighted organisational and political problems that adversely affected the Malawi programme and made it impossible for its staff to complete the review with all sectors of the selected community. This programme has since undertaken a major evaluation prompted largely by the experience of this participatory review. In Zimbabwe, the education department revised its mode of programming as a result of the benefits highlighted by a participatory process and the recommendations that emerged. In Zambia the programme immediately set about decentralising its service from the immediate catchment area of the hospital base and establishing a wider network of teams servicing further-lying rural areas. The Tanzanian participants report that work undertaken with other programmes in their support network is increasingly adopting a participatory approach. Within CAFOD, the HIV-related training and programme support work draws more firmly on participatory processes and takes the programme-related recommendations of the review as its yardstick for appraising funding proposals and reflecting with partner organisations on issues regarding behaviour change.

By looking at communities' general concerns the process avoided a narrow focus on behaviour change divorced from wider issues and influences. At the same time it afforded an opportunity to explore the impact on behaviour of these wider issues. It also allowed organisations to review the relevance of their programmes to communities' identified concerns.

Although participatory processes are widely used in community-based development work, they have only slowly been applied to HIV-related issues. Perhaps the very fact that HIV/AIDS is a taboo subject in all our cultures or that it inevitably touches on intimate issues of personal and community behaviour, has discouraged development workers experienced in participatory research techniques from applying these approaches to HIV/AIDS. Yet the group-specific, experientially-based and informal nature of this review enabled a degree of unbiased sharing on sensitive issues that might not have occurred with a more academically rigorous 'top-down' approach. Experiences described here, along with publications such as Stepping Stones[3] and Confronting AIDS Together[4], illustrate how participatory processes are eminently well suited to communities' exploration of HIV-related behaviour issues and demonstrate the advantages of participatory research techniques in drawing on people's lived experience to examine sensitive issues.

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[3] Stepping Stones; A training package on HIV/AIDS, gender, communication and relationship skills. (Part of Strategies for Hope Series). Welbourn, Alice. ActionAid, London, England, 1995

[4] Confronting AIDS Together. Skjelmerud, Anne & Tusibira, Christopher. DIS/Centre for Partnership in Development, Oslo, Norway, 1997