

Changing inequitable gender norms among young women in India to reduce their vulnerability to HIV and SRH problems: A pilot intervention in Mumbai slum communities

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Background:

HIV infection rates in young women are escalating world-wide. In India, of the estimated 2.5 million adults living with HIV and AIDS, women account for 39.3 percent or 1 million of these infections. In addition to physiological factors, young women's vulnerabilities to HIV are influenced by social factors such as gender inequitable norms and roles. Power differentials and differences in social norms affect young women's ability to control or negotiate power in sexual situations, including marriage, thus making them vulnerable to gender-based violence and coerced sex and thus placing them at increased risk of contracting HIV and sexually transmitted infections (STI) and having unwanted pregnancies. Therefore, addressing gender norms is increasingly recognized as a key strategy to prevent the spread of HIV infection, particularly among young people. Recent studies documented efficacy of working with young men in changing gender norms and reducing HIV risk behaviors. These studies indicated the need to work with young women to change their gender attitudes as a means to reduce their vulnerability to HIV.

Objectives

The Horizons Program, CORO for Literacy, an India-based NGO with support from Instituto PROMUNDO, a Brazilian NGO, conducted operations research to develop and pilot an appropriate intervention to reduce HIV vulnerability and sexual health problems among women through the promotion of gender equitable attitudes and behaviors. More specifically, the study aimed to:

- Adapt the peer education program (Program M) developed in Brazil for piloting in India.
- Develop a scale to measure improvement in gender attitudes among young women.
- Test the effectiveness of the peer led group educational activities in promoting gender equitable attitudes and behaviors and safe sexual practices of young women from low income communities in Mumbai urban slums.

Methods:

The study was set in two urban slum communities in North East Mumbai.

In the first phase, formative research (29 in-depth interviews) was conducted by 10 young women peer leaders with female respondents aged 16-28 years to understand the construction and expression of gender in young women's everyday lives. Findings of the formative research informed the adaptation of Program M and design of the *Sakhi Saheli* (when translated from Hindi to English means friendship and companionship among women in India) group educational module for piloting in Indian settings. This module was designed to stimulate critical thinking about gender norms that promote vulnerability and to create support for norms that promote equity and empowerment. The peer leaders were trained to conduct the group educational sessions and implemented the intervention activities in the slum communities with close to 300 young women over a period of six months. Pre-post intervention survey with a cohort of 263 young women was implemented to test the effectiveness of the peer lead group education intervention. A 21-item gender equity scale for women (GESW) was developed to measure change in young women's attitudes ($\alpha = .90$).

Results:

Construction and expression of gender supports traditional inequitable norms and roles

The young women defined a 'man' based on what they see everyday in their lives and what they would want him to be. Most said that a 'man' is the provider, decision-maker

and the one responsible for taking care of his family. At the same time, he should be physically strong to appeal to women and be able to father children. While most said that man is violent, abusive and quick to pick fights they also said that an ideal man should be fearless and aggressive so that he can protect and defend his family's honor.

“A real man is one who takes care of his parents, when his wife comes, he should never stop looking after his parents. A bad man is one who is “henpecked” and only listens to his wife.” (19 yrs old unmarried)

“He should be daring and have some anger so he can stop the quarrels of others and protect his family.” (22 years old, married)

Women were identified as quiet, docile and obedient and their main role was to take care of house-hold responsibilities that revolved around caring to the needs of husband and children. Tolerating husband's anger and violence was an essential part of wifely duties. A woman who talked back to her husband or her in-laws, or talked to young men before marriage or other than her husband were not considered to be 'good.'

“A woman should not quarrel with anyone at home, should run the household, bear children and bring them up properly and not run away with other men. “ (16 years old, unmarried)

“My husband beats me because of suspicion but he loves me that much. So I don't like to leave him and go away. He says that it is his mistake but I should not talk to anyone, as he doesn't like it. (18 years old, married)

At baseline, majority of young women report low-moderate equity

Using the 21-item Gender Equitable Scale for Women (GESW), attitudes of young women were measured and categorized into low, medium or high equity. At baseline, one-fifth of the young women were categorized as 'low-equity,' one-half as 'moderate equity' and one-fourth as 'high equity.'

Post-intervention, there was improvement in gender attitudes and protective behaviors

After the implementation of the Sakhi Saheli intervention, a positive change in gender related attitudes was observed. Of the 21 items of the GESW, there were improvements

in 20 items with only one item worsening. Fifteen of the 20 improved items exhibited a significant ($p < .05$) positive change. Also, a significant ($p < .05$) proportion of young women shifted to the high equity category (26% at baseline vs 70% at endline) with less than one-tenth in the low equity category.

After the intervention, significantly more young women reported communicating with their partners about safe sex (43% vs 58%) as well as using condoms with their partners at last sex (15% vs 50%). In addition at endline, more women reported seeking treatment for STI symptoms (14% vs 24%), seeking ante-natal care (ANC) for pregnancy (89% vs 100%) and reporting that their husband accompanied them for ANC visits (22% vs 90%).

Interviews with young women after the program revealed similar findings in terms of improved communication with partner and change in attitudes.

I initiate discussions with my husband about the issues we have addressed in the Sakhi Saheli program about health and gender. He listens patiently that is enough for me. Otherwise earlier we never used to talk as he used to bother about what I was saying.” (24 years old, married)

Some of the young women mentioned that after participating in the intervention they developed more self-confidence and were able to address and handle issues that they would have avoided or ignored earlier. One young woman narrated how she reported about being teased by a young man in her college which she would have ignored if she hadn't learnt about violence and responding to it in the intervention program.

I feel that I have gained some confidence in my self from the program. In my college one boy was trying to tease me. I went and made complain against him with the principal since then he is not teasing me. This is just because of the participation in Sakhi Saheli program (18 years old, unmarried).

Conclusions:

- These findings indicate that the Program M intervention implemented in Brazil was successfully adapted for use in Indian settings based on findings from the field.

- The GESW index was effective in for measuring changes in young women's gender related attitudes and can be used for large scale evaluations of such similar interventions.
- The pilot intervention was effective in changing women's gender attitudes as well as behaviors that can reduce their vulnerabilities to HIV and SRH problems.
- To sustain these changes, it is important to engage women and men together in gender equity interventions.
- Also, the role of family members who are influencers such as parents and in-laws should be considered and they should also be involved in future interventions aimed to change social norms.