

COMMUNICATION *Impact!*

July 2007 • Number 23



HEALTH COMMUNICATION PARTNERSHIP



From the *African Transformation* profiles: Sarah and Abel discuss their reproductive health decisions.



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African Transformation Engenders Self-Efficacy, Improves Gender Norms, and Increases Community Participation

Men and women who participated in *African Transformation* (AT) workshops in Uganda were not only more likely to believe they could make a difference in their personal lives and communities, they were also more likely to report making the effort to do so. Furthermore, fewer participants, compared to non-participants, reported feeling constrained by traditional gender roles.

The African Transformation Kit and Workshops

The *African Transformation* kit consists of nine profiles—in audio, video and written form—of women, men and couples from Tanzania, Uganda and Zambia who became role models to others by overcoming gender barriers and challenges in their own lives. During community-based workshops, participants view these profiles which provide a focal point for discussions. Trained facilitators lead the discussions, with the aid of the Facilitator's Guide, around nine central themes: Gender and Equity, Social Roles, Traditional and Culture Norms, Women's and Men's Reproductive Health, STIs/HIV/AIDS, Violence Between Partners, Life Skills, Managing Resources Together, and Benefits of Networking. The conceptual basis of AT is that people learn

PERSONAL SUCCESS STORY:

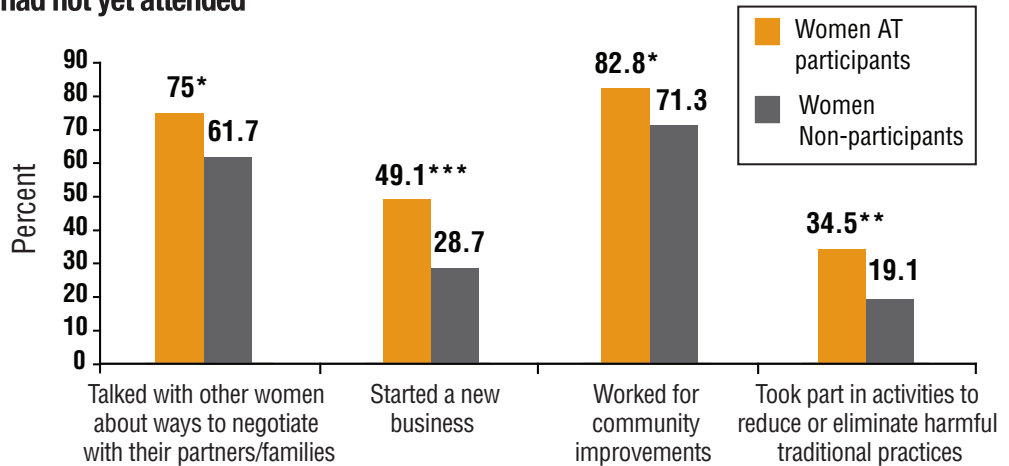
I used to think as a man in the home, I am the head of the family and my powers were unquestionable and wives were just property, but now I know we are on the same level—she respects me as her husband and I respect her as my wife.

—Male AT participant

new behaviors and identify their own strengths by seeing them modelled in others. Thus, the profiles together with the Facilitator's Guide enable participants to draw upon their own experiences and resources, develop skills in critical reflection, and plan for action in light of the achievements they have seen modelled in the video stories.

The Health Communication Partnership (HCP), in collaboration with the Communication for Development Foundation Uganda (CDFU), developed *African Transformation* through a series of participatory regional meetings with men and women from across Africa. HCP and CDFU implemented the program with assistance from 12 community-based organizations in five districts in the

Figure 1: Actions taken by women 6 months after the training compared to those who had not yet attended



p * ≤ .05, ** ≤ .01, *** ≤ .001

Central region of Uganda. The United States Agency for International Development (USAID) provided funding for the program.

Objectives

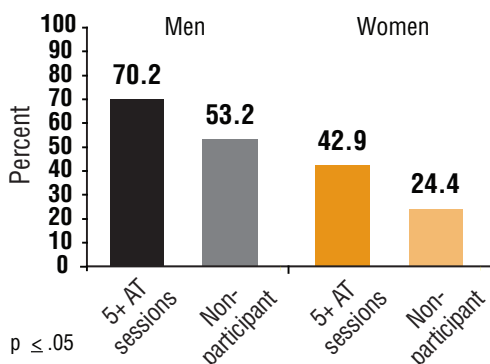
The overall objectives of AT are for men and women who participate to

- Agree that it is important to examine social norms that govern men's and women's roles, responsibilities, and expectations
- Recognize that some gender-related social norms are harmful
- Appreciate and equally value sex- and gender-based differences
- Equitably share decision-making and household resources
- Believe that they can make individual, familial, and community changes
- Take action to eliminate harmful social norms and to support positive social norms

Methodology

The evaluation survey took place in Uganda between June and July of 2006. The study population consisted of 116 women and 109 men who had participated in at least three AT sessions and the same number of both women and men who were enrolled in AT, but had not yet participated. The research team assumed that those connected to the local agencies conducting the workshops would be more predisposed to enroll. Therefore, the researchers identified a comparable group with statistically similar socio-demographic characteristics by randomly selecting a sample of individuals from those registered for upcoming workshops. Interviews of this control group took place immediately prior to the commencement of their training.

Figure 2: Percent who scored high on the Gender-Equity Scale: participants vs. non-participants



RESULTS

Self-efficacy and non-traditional gender roles

Overall, male and female participants reported significantly higher overall levels of efficacy than did their non-participant counterparts. In particular, both male and female participants were significantly more likely to say they could take action to reduce violence against women and that they could perform tasks not traditionally associated with their own gender.

Action Taken

Ultimately, the goal of the *African Transformation* project is to go beyond exerting positive influences on attitudes and efficacy, which are intermediate variables, by affecting outcomes, or actions taken. Figure 1 illustrates how female participants were more likely to talk to other women about negotiating techniques, to start a new business, work to improve the community, and to take part in efforts to eliminate harmful traditional practices. While the differences were less striking among men, male participants were significantly more likely to report being involved in an activity to reduce or eliminate harmful traditional practices.

Community Action Index

Researchers developed a Community Action Index to measure respondents' overall level of participation in community activities. Interviewers asked whether respondents (1) knew about any community groups that discuss important local issues, (2) had participated in any of these meetings, (3) had spoken at any of them, and (4) had helped organize any such meetings themselves. Each positive response was worth one point, for a total possible score of zero to four. Both male and female participants scored approximately 3.5 on the scale, whereas their non-participating counterparts registered nearly a full point lower ($p \le .0001$).

Gender-Equity Scale

A recent study found that men with more gender-equitable attitudes also had lower rates of self-reported partner violence and higher levels of contraceptive use.¹ Since women as well as men were included in the AT workshops, researchers adapted the Gender-Equitable Men scale used in the earlier study to also measure women's gender attitudes.

AT participants who took part in five or more sessions were significantly more likely to score higher on the gender-equity scale. One particularly illustrative question on the scale asks respondents if they agree or disagree with the statement, "There are times when a woman deserves a beating." Nearly 90% of men and 85% of women who attended five or more sessions disagreed compared to only 70% of male and 65% of female non-participants.

African Transformation across Africa

From its inception, HCP, CDFU, and USAID have intended *African Transformation* to be easy to use and readily adaptable for use throughout the region. Projects in Nigeria, Zambia and Malawi have since successfully incorporated AT into their ongoing programs with minimal changes to the original tool package. The DFID-funded PATHS program in Nigeria added two new profiles and modules to the kit on safe motherhood and conflict resolution. In Malawi, the BRIDGE project is developing a module and filming a new profile to explore cross-generational sex issues.

¹ Pulerwitz, J. and Barker, G. (May 2007). Measuring Attitudes toward Gender Norms among Young Men in Brazil: Development and Psychometric Evaluation of the GEM Scale. *Men and Masculinity* [online version]. Available from Sage: <http://jmm.sagepub.com>; doi:10.1177/1097184X06298778.

COMMUNICATION Impact!

Summarizes research and programmatic findings from the Health Communication Partnership (HCP) and other bilateral agreements.



HEALTH COMMUNICATION
PARTNERSHIP

Based at the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. HCP partners include the Academy for Educational Development, Save the Children, the International HIV/AIDS Alliance, and Tulane University's School of Public Health and Tropical Medicine.



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HCP is supported by the United States Agency
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