



SHARING EFFECTIVE APPROACHES: Integrating Gender & Sexuality into Traditional Workplace HIV/AIDS Programs: The Gender & Sexuality in HIV/AIDS (GESHA) Program

Background & Context

In traditional workplace HIV/AIDS programs, access to HIV prevention information and services is often limited to workplace staff. If a worker wants his/her spouse, partner, or even family members to benefit from what they have learned, they must pass on the information themselves. For many Zambians, social and cultural barriers make it extremely difficult to discuss issues surrounding sexuality and HIV (which is also an issue related to sexuality and sexual behavior—more than 80% of HIV transmissions in Zambia are through sexual contact) with a spouse or sexual partner, let alone family members. Power inequalities between women and men in Zambia related to cultural norms and practices constitute significant barriers to effective communication between genders about sexuality and sexual relations. Ultimately, this makes effective HIV programming a challenge. It is unclear how much HIV prevention, care, and treatment information received through traditional workplace HIV/AIDS programs workers share with those closest to them, but reports indicate that very little information is shared, simply because cultural norms are very powerful in compelling individual thought and behavior.

Program Description & Activities

In 2004, the USAID-funded SHARe project partnered with the Ministry of Home Affairs (MHA) to implement workplace HIV/AIDS programs. For more than two years, SHARe supported the implementation of traditional HIV/AIDS workplace programs in the Zambia Police and Prison Services, and was successful at reaching the workers. However, SHARe recognized that unless issues of gender, culture, and power relations between men and women were addressed, HIV/AIDS prevention programs that aim to reduce sexual transmission of HIV would never be fully effective. There was also a growing realization that workers were not able to pass on HIV information to spouses/partners and/or other family members, and that effective workplace HIV/AIDS programs must go beyond workers and the workplace to reach families and community members.

In 2007, SHARe worked with police management to define the problem and highlight the need for a workplace intervention that goes beyond traditional workplace HIV/AIDS programs to integrate gender, sexuality, and cultural aspects. This was the birth of the SHARe-supported Gender and



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Sexuality in HIV/AIDS (GESHA) program. GESHA provided a 'safe haven' or neutral ground where discussions on gender, culture, and sexuality could openly take place between workmates, couples, and community members, without fear of sanctions from cultural standard-bearers. The GESHA program strongly promoted mixed gender discussions and also made a provision for couple discussion groups. It moved the dialogue on HIV/AIDS beyond the traditional approach—which focused on providing information to workers—to reaching out to community members, including spouses and partners, thus circumventing the cultural barriers in HIV/AIDS information-sharing. Furthermore, the GESHA program refocused discussions on the drivers of the HIV/AIDS epidemic in Zambia, including multiple concurrent partnerships (MCPs), alcohol abuse, and sexual violence against women and girls, in the context of the gender, sexuality, and cultural environment.

GESHA has transformed workplace HIV/AIDS programs in the Police Service into more vibrant and relevant interventions, and has now been extended to the Prison Service. The program assisted communities to come up with HIV interventions that are relevant to their local situations, to address the drivers of the HIV/AIDS epidemic. The GESHA approach challenges communities, couples, and individuals to reexamine their behavior to come up with collective and individual actions to reduce vulnerability to HIV in an effort to slow down local HIV/AIDS epidemics.

Results & Achievements

By May 2010, SHARe had trained more than 350 MHA staff and their spouses as peer-educators and GESHA facilitators, who have formed GESHA support teams that implement programs. Since the GESHA program began, the MHA has reported a surge in HIV-related service uptake in their health facilities, including counseling and testing (CT) and antiretroviral therapy (ART) services. SHARe also noticed an increase in the use of CT services during GESHA facilitator and peer educator trainings, with slightly more than 80% of the training participants in 2009 consenting to HIV testing. Outreach community members have also noticed a change for the better. "We witnessed a lot of deaths in camps and there was a lot of stigma; people couldn't talk about HIV openly," said a spouse of a senior police officer in Ndola. "Seeking HIV/AIDS services was done in a secretive way. With the coming of GESHA and PAW [a group of openly HIV-positive workers], we now realize HIV/AIDS programs are ours, we are free to discuss issues that affect us and come up with our own solutions. We support each other and disclosing positive HIV status is so much easier!"

Female spouses have become more assertive and have influenced management to allow peer educators to accompany officers on field operations to carry out HIV/AIDS sensitization. Also, as a result of GESHA advocacy efforts, when possible, spouses may now accompany officers who are on extended field operations away from their home base. The GESHA support teams in outreach communities have reached out to

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- Spouse of a senior police officer in Ndola.

traditional counselors who give sex education and education on gender roles and responsibility to females and males who come of age, to incorporate teaching that promotes gender roles and norms that are supportive of HIV prevention.

A spin-off from the GESHA program and PAW collaboration has been the increase in the number of people in workplaces and communities who are now openly HIV-positive, and who encourage others to access CT, ART, and other HIV-related services.

Key Achievements

- **Greater participation in workplace programs** by workers and outreach communities due to increased relevance in addressing HIV vulnerability and prevention options.
- **Changed policy** – ZPS allowing peer educators and, where possible, spouses to accompany officers on field missions away from home.
- **Increased uptake of HIV-related services**, most notably CT and ART in ZPS medical centers with onset of the GESHA and PAW programs.
- **Supported normative changes in behavior-reduction** in reported gender-based violence (GBV) cases where GESHA program exists.
- **Led to reductions in number sexual partners** reported by male officers, and increased dialogue on sexual health and HIV prevention with spouses/partners.
- **Developed a dynamic HIV peer education curriculum** that incorporates gender, sexuality, and cultural issues.

Lessons Learned & Recommendations

An evaluation of the GESHA program assessed the effectiveness of integrating the gender and sexuality approach into traditional HIV/AIDS programs. The results show that programs that integrate gender and sexuality, and address some of the key drivers of the HIV/AIDS epidemic in Zambia (e.g. MCPs, and harmful gender norms and practices), are significantly more successful and effective in generating greater participation in HIV/AIDS programs, as well as achieving desired behavior change. Scaling-up the GESHA program not only for workplace HIV/AIDS programs, but also for community-based HIV prevention programs, is recommended for more effective prevention of HIV.

From this experience, we would recommend that wherever possible, HIV/AIDS workplace programs should include both staff and spouses in order to strengthen the HIV/AIDS dialogue both in the home and workplace. Further, the inclusion of a gender approach to workplace HIV/AIDS programs has helped us begin to explore beliefs, attitudes, and expectations popularly held about men's and women's sexuality and roles in order to implement culturally-relevant and effective HIV interventions.

- Zimba Isaac, Zambia Police Service workplace HIV/AIDS program coordinator.

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JSI Research & Training Institute, Inc. (JSI)

44 Farnsworth Street

Boston, MA 02210

www.jsi.com