

The Study

The London School of Hygiene and Tropical Medicine and Makerere University helped us explore key questions:

Can SASA!...

- Reduce the social acceptability of violence against women?
- Reduce women's experience of physical violence from an intimate partner?
- Improve community response toward women experiencing violence?
- Impact HIV risk behaviors?

For answers, we conducted:

Cluster Randomized Controlled Trial
Baseline in 2008 with 1583 respondents
Follow up in 2012 with 2549 respondents

Program Monitoring
6000+ process reports, 750+ impact reports, 6 rapid assessment reports

Qualitative Research
Baseline: 64 interviews, 12 FGDs
Follow-up: 92 interviews

Costing Study
Analysis of the economic costs needed to implement SASA!



The Opportunities Ahead

Invest in community mobilization approaches.

Prioritize violence against women prevention.

Create partnerships between activist organizations and research institutions.

Develop new methods for evaluating social norm change approaches.

The Next Steps

SASA! is being used by more than 45 institutions in more than 15 countries in Africa and beyond with major adaptations underway in Haiti, Ethiopia and for faith-based communities. Raising Voices and CEDOVIP support the scale up of SASA! through technical support. We will continue to explore and refine strategies and ideas that further violence prevention.

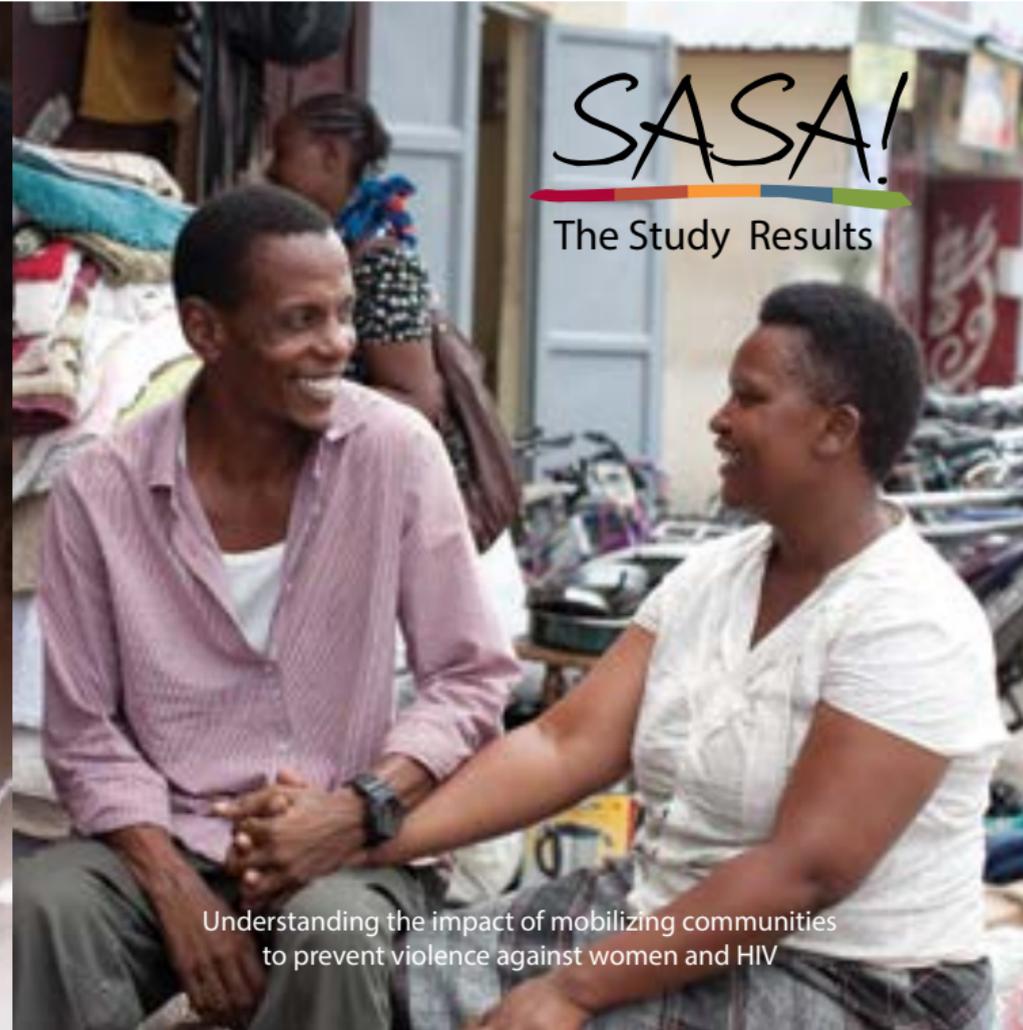
For more information contact: info@raisingvoices.org



With the generous support of Irish Aid, 3ie, Sigrid Rausing Trust and an Anonymous Donor.

SASA!

The Study Results



Understanding the impact of mobilizing communities to prevent violence against women and HIV

The Big Question

Calls to prevent violence and HIV come from every sector. The big question is: how? How can violence against women and HIV be prevented?

Violence from an intimate partner and HIV infection both disproportionately affect women. In sub-Saharan Africa, 36 to 71% of women experience violence from intimate partners while 58% of people living with HIV in the region are women.¹ Gender inequality is at the heart of these dual epidemics. Power inequalities between women and men increase women's risk of violence and reduce women's ability to protect themselves from HIV infection.

The *SASA!* study provides important insights into the big question of how we can make real progress in reducing violence against women and HIV.

The Approach

SASA! is a community mobilization approach developed by Raising Voices for preventing violence against women and HIV. It is an exploration of power—what it is, who has it, how it is used, how it is abused and how power dynamics between women and men can change for the better. *SASA!* demonstrates how understanding power and its effects can help women and men prevent violence against women and HIV infection.

The *SASA!* Activist Kit offers tools, guidance and encouragement for individual activists and activist organizations ready to start a process of change. It is organized into four phases – Start, Awareness, Support, Action – to help organizations systematically introduce ideas and support communities to facilitate a process of positive change.

The Pilot

The Center for Domestic Violence Prevention (CEDOVIP) piloted *SASA!* in six parishes in Makindye and Rubaga Divisions in Kampala, Uganda. Over almost three years of programming, over 400 community activists, leaders and service providers directly engaged more than 250,000 community members and service providers in more than 11,000 *SASA!* activities. These activities included quick chats, poster discussions, drama shows, door-to-door discussions, community conversations, trainings, games and events about power, healthy relationships, the benefits of non-violence and activism.

¹WHO Multi-country study on women's health and domestic violence against women (2005); UNAIDS Regional Fact Sheet (2012).



The Results

In *SASA!* communities, 76% of women and men believe **physical violence against a partner is not acceptable** while 26% of women and men in control communities believe the same.*

"If there is violence everyone should come in and do something because you cannot look at your fellow woman being beaten and you just ignore everything. In the past we would just ignore if a man beat his wife but now I think it is not okay to ignore." Female community member

In *SASA!* communities, 28% more women and men believe it is **acceptable for a woman to refuse sex** than women and men in control communities.

"[from attending *SASA!* activities] I learned that some of the things I used to do were not right at all...for instance I thought that whenever I needed sex I had to have it without her denying me. I thought whenever I wanted sex, she would automatically want it. So whenever she would refuse, I would get so enraged and we would fight" Male community member

*statistically significant

The level of **physical partner violence against women was 52% lower** in *SASA!* communities than in control communities.**

"When it comes to me I have changed a lot. I no longer beat her as I used to, I no longer use abusive language on her..." Male community member

Women exposed to *SASA!* were **3 times more likely to receive helpful support** when reporting violence than women not exposed to *SASA!*

"Personally I was going through violence but I did not know what to do and where to go but when *SASA!* came, I realized I had support." Female community member

In *SASA!* communities, **27% of men reported concurrent sexual partners** whereas 45% of men in control communities reported multiple partners.*

"I think he became more faithful and I think he is still faithful because he has attended so many *SASA!* activities... I think because my husband has been exposed to *SASA!* this has helped him to be a good man." Female community member

**borderline significance per protocol analysis *statistically significant

SASA! changed what people believe.

SASA! changed how people behave.

