

Mobilizing Communities to End Violence Against Women in Tanzania

Lori S. Michau, Dipak Naker, and Zahara Swalehe

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The northwest corner of Tanzania, site of East Africa's Lake Victoria, is home to approximately six million people originating from numerous tribes living in urban centers, like Mwanza, as well as in rural communities. As is true in many settings, gender inequity in the region (known as the Lake Zone) is institutionalized from an early age. Girls are less likely to be sent to school than boys, and early marriage and child bearing are the norm. Nationally, the median age at first marriage for women is 17, and almost half of all girls by the age of 18 (Bureau of Statistics [Tanzania] and Macro International 1997; Tanzania Planning Commission 1992). Women are seen as the property of men, primarily their husbands or fathers, and, as such, have little power over their own bodies or lives. Women's lack of power, particularly in sexual relationships, leaves them vulnerable to violence and the myriad health problems that rise from abuse. In Mwanza town, HIV rates peak at 20 percent for women ages 25 – 34 (Borgdorff 1994). The prevalence of sexually transmitted infections among women attending antenatal clinics in that city has been documented at 37 percent (Grosskurth et al. 1995).

In 1996 two organizations -- *kuleana*, a dynamic, rights-based organization with a focus on children, and the African Medical Research Foundation, a health service delivery organization -- joined forces to address problems related to sexual health in Mwanza by focusing broadly on their root causes. Their joint initiative, known as Jijenge!, sought to analyze and confront gender inequity and promote change as a matter of women's rights. This chapter discusses Jijenge!'s evaluation from a broad-based women's health and rights project to a tightly focused campaign to combat one of the most damaging manifestations of women's subordinate status -- gender violence, particularly women's subjection to violence within the family.

BEGINNING WITH A BROAD WOMEN'S RIGHTS AGENDA

Jijenge! began with a bold sexual health, rights-based approach. Its focus on sexual health meant moving beyond the traditional biomedical conceptualization of health toward a more comprehensive analysis of the social and economic factors affecting women's well-being, including power imbalances in relationships, violence, and double standards for women and men. Jijenge!'s rights-based approach was founded on the belief that women are equal to men and that individuals, communities, and government are accountable for treating them accordingly. This approach is in stark contrast to the traditional welfare perspective, in which women depend on men and the community at large for kindness, favors, or goodwill. The approach created a legitimate channel for placing women's issues on the gender for social change. Jijenge! developed three program components to address its broad agenda:

- *Providing information and clinical services for women.* A clinic provided basic reproductive health services, including confidential and voluntary HIV testing, sexual health counseling, contraception, and diagnosis and treatment of sexually transmitted infections. The counseling that accompanied these clinical services focused on helping women identify and address the root cause of poor sexual health in their own lives.
- *Training community workers to create more gender-sensitive services agencies.* Participatory training workshop on gender, women's rights, violence, and sexual health were designed for police officers, teachers, health service providers, church groups, and social welfare staff to enable reorient their work places toward more women-friendly practices.
- *Changing gender attitudes in communities.* To stimulate public debate about critical issues affecting women's lives throughout Mwanza, a range of community-based activities was planned, including Community theater, booklet clubs, radio programs, murals, community meetings, exhibitions, and distribution of learning materials.

A NEW FOCUS ON VIOLENCE

After six months of operation and monitoring, Jijenge! staff organized a workshop to reflect on their experiences. A common concern emerged: The board-based promotion of women's health and rights

was a daunting task for many members of the community. The project's sweeping approach failed to help community members understand the new language of rights, discuss relevant issues, or offer sufficiently compelling reasons for change. In addition, it threatened to alienate those members Jijenge! needed as allies. Staff struggled to remain focused amidst the wide range of women's rights issues on the agenda, and partner groups were confused by and pessimistic about such an overarching call for change. Some women were fearful of participating in Jijenge! activities because its broad agenda represented a radical departure from existing ways of life. As Celestina Nyenga, Jijenge!'s community awareness coordinator, said: "People heard all the different rights and felt like it was too much; women were making too many demands."

To prioritize and narrow then initiative's focus, staff discussed the various issues emerging in their work in the clinic, training program, and with the community. One issue came to the fore: violence against women, including sexual violence. Many men were unapologetic about the use of force to get their way:

If a woman doesn't want [sex] there is no way out, just rape.

When we see a daughter of someone has completed primary school, we start to seduce her as she has grown [old] enough to cook.

A woman in the community remarked:

You might have been beaten by your husband badly, all the body is painful but he will order you to cook ugali [porridge]. During the night he will say, "Turn this way," demanding [sex] and you have to do it.

Indeed, violence was commonplace in the lives of many women in and around Mwanza. Girls and women always faced physical assault if they resist offering domestic, economic, or sexual services to husbands or to other males in the family. Many women were subjected to female genital cutting and forced sex. Many reported having chased from their own homes, mostly by their partners. Women recounted facing public and private humiliation, and fearing threats of violence, had to accede when they were refused food or money for medical care.

Staff noted that despite its prevalence and serious consequences, gender violence was generally dismissed as a domestic issue," or a matter of tradition, culture, or human nature—and therefore considered inappropriate for public discussion. The acceptance of—or at least ambivalence toward—violence had permeated the collective psyche, resulting in shame, stigma, and silence. Community members held back from supporting women experiencing violence, and from confronting violent men:

When you refuse to have sex, you are beaten badly and no one is going to support you. Normally men say, 'I have paid [dowry] for your body.' Even if you go to your parents' house, they will send you back.

We women have so many responsibilities. If you go into the village you will cry. Women are grazing cows, fetching water, looking for firewood, and raising children. It is so much work.

If a goat is lost you are beaten. Just the day before yesterday I met one woman crying and asked her what was wrong. She replied, 'I'm tired, I was beaten up and threatened with a machete.' We shouldn't fool each other. When are we women going to be free?

A Jijenge! clinician observed:

Women are brought up when they are not recognizing violence because they are taught before marriage that they will face such things. Men are socialized that they have ultimate power. Now the problem is that women and men failed to see the impact of the violence on women's lives, especially their health.

Jijenge! staff also found that public institutions, which tended to be overextended and under supported, perpetuated the cycle of violence and social ostracism. Women were often subjected to blame and ridicule from social welfare workers, representatives of the legal system, religious leaders,

and health care providers who were prepared to deal only with the biomedical aspects of women's health. This prevented women who were abused from seeking necessary legal protection, social and emotional support, and medical treatment. As Jijenge! counselor Pelagia Lugereka noted: "Women feel afraid to report violence because they won't be listened to and if they do report, they know they will return home and experience more." Furthermore, lack of local institutional support severely limited the staff's ability to suggest constructive solutions to the violence clients faced. Verdiana Kamanya, another Jijenge! counselor said:

As a counselor I was not comfortable because the options I was suggesting to women would not really work out. For example, she may choose to go to the police or social welfare services but when goes there expecting support and instead experiences teasing or an interrogation. She becomes discouraged and withdraws again.

By the end of the workshop, the staff decided that the idea of women's rights and health means little to women if their daily lives are circumscribed by the threat of violence. They agreed that personal safety and control over the integrity of one's body were fundamental precursors to positive sexual health and the realization of other human rights. Jijenge! decided to reorient its programs under the theme: Ending violence against women.

FOSTERING A NEW AND SUSTAINABLE ANTI-VIOLENCE VALUE SYSTEM

Staff realized meaningful effects would be achieved only if the community accepted a new value system that embraced the goal of ending violence against women. At a grass root level, as well as within key institutions, the primary task was to create an environment supportive of changed attitudes regarding violence. In the words of Verdiana Kamanya:

Women alone can understand their problem and know what they should do about it. But because of how society is, she won't be able to make the changes if the people and environment don't support changes or her rights to make them.

Jijenge!'s goal was to create a single, potent anti-violence message that would reach large numbers of people across social strata. The plan was to expose individuals and communities to messages developed to encourage personal reflection, spark public debate, and bring about change.

To prepare staff, Jijenge! organized a training workshop and discussion series. Both activities strengthened understanding of violence, extended their ability to analyze its effects on women's health and lives, and informed their programmatic response. Staff agreed that Jijenge!'s health care program would continue providing the usual medical and counseling while exploring the issue of violence with clients. The capacity building program would also continue its established activities but would focus the content of its education and training on violence. The community awareness program would launch a two part effort (1) a municipal awareness campaign; and (2) an intensive and sustained pilot project to create lasting change in the community of Igogo. The remainder of this chapter focuses largely on the community awareness efforts, with a particular focus on activities in the Igogo pilot area.

THE IN-DEPTH PILOT PROJECT IN IGOGO

Igogo is a low income, semi urban community of approximately 4,000 families within Mwanza. Its population comprises a number of tribal groups, including several that practice female genital cutting. As is true in many traditional communities, Igogo's leaders have the power to refuse or foster entry of intervention efforts. Jijenge! staff knew that these "gatekeepers" were a bridge to successful community-based project.

Building a Network of Community Leaders.

Jijenge! staff identified 19 community leaders, three of whom were women. The group included the community health officers, the community development officers, the village representative, several elders and the ward secretary. After meeting with each individually, Jijenge! brought the leaders together for a three day training workshop to explore their perceptions of and feelings about violence against women. While some of the women struggled with the potential personal effects of change, a workshop provided a non adversarial environment that allowed many of them to consider other views and engage in discussion.

The process resulted in the endorsement of the anti-violence intervention and in the formation of a volunteer community interest group to guide it. Several of the community leaders who had attended the training workshop volunteered to join the group and recruit other members. Through the community group, several prominent community members became responsible for supervising the project in Igogo and for organizing activities to promote awareness about gender violence.

Jijenge! staff worked with the community interest group---seven women aged 17-42 -- to draw community maps so that no part of Igogo would be neglected. The maps also identified common meeting areas so that group members could talk informally with street leaders about preventing violence including informing them about upcoming events and getting feedback about project activities. Weekly, and then biweekly, support session for members of the community interest group continued for approximately one year. The session provided information about violence and rights, as well as technical assistance to help group members to solve problems, plan activities, and facilitate discussions about among community members. During these sessions, Community interest group members discussed questions and issues they were encountering in their work, including how to respond to resistance and ambiguous attitudes -- such as when men asserted that the project was "teaching women to misbehave, and to disrespect their husbands" -- or what to do after learning that a friend was being abused by or abusing other family members.

The community interest group was highly visible within Igogo. For most, membership afforded status and respect, which served as an incentive to invest time and effort. Initially a few members requested financial compensation or incentives (e.g., bicycles) but a clear policy was maintained and only small per diems for workshops were given. Two members decided to leave the group because of the policy and new individuals were recruited. In 1998, two years after its inception, the group is still a vibrant force in Igogo and its member is seen as advocates to turn to when a community member is in crisis.

How the Igogo Community Views Violence in the Home

To create a sound basis for the development of interventions, Jijenge! conducted a needs assessment in Igogo. Assisted by the community interest group, staff conducted in- depth interviews with ten female and eight male community members and seven focus-group discussions (two female-only, and three that were mixed) to obtain a deeper understanding of community attitudes about domestic violence, the perceived prevalence of violence, and opinion's rights. Members of the interest group, who could easily bring large numbers of people together, recruited participants for the research.

The needs assessment found significant community willingness to deal with violence. There was however, resistance from some, particularly men, who accused Jijenge! and the community interest group of trying to impose new views.

The needs assessment revealed that some men feared change. They voiced anxiety and anger that women's needs were being discussed rather than their own. Some reacted strongly to the idea of sharing power and seeing women as equal. Some men could not conceive of equality and thought that removing violence would give women control over men. Men commonly made statements such as "Jijenge! now wants to put women in control," "Watch out or you will become a woman!" and "They will expect us in the kitchen next!" These comments revealed that violence was used to ensure women's submission in the home and maintain rigid gender roles.

Women's views were some times ambivalent. Some thought violence was cultural norm, and even interpreted it as an expression of affection: "Some women like beating because after beating they get gifts as an apology, so they feel they are loved." Others expressed a conditional acceptance of violence. "I guess it is okay to beat a woman who has been warned by her partner several times if she does not change."

There was resistance to bringing what was considered "private" out into the open. Before intervention activities could begin, therefore, staff invested considerable effort trying to convince men of legitimacy of publicly discussing violence and women's rights, often framing the issue within the context of family harmony. With the support of community interest group and respected men in the community, much of the resistance was diffused, and violence in the home was established as a subject that was appropriate for public discussion.

Staff were then ready to begin to intervention. On the basis of the needs assessment, they developed several community awareness activities, described below.

Out From Behind Closed Doors: Facilitating Debate and Discussion

Jijenge! employed several strategies and media outlets to encourage community members to discuss violence against women, as described below.

Impromptu discussions. To stimulate public dialogue on violence, community interest group facilitators began impromptu discussion with people gathered in busy public places throughout the town, including the bus stand, markets, and ferry ports. The facilitator asked thought-provoking questions, such as: "Do women experience violence in this marketplace?" and "Do you think violence is acceptable behavior? Why or why not?" In one such discussion a market vender responded, "Men touch us like we are tomatoes," a comment that sparked hours of lively debate.

Community theater. A common domestic violence scene was enacted in front of an audience -- which typically included between 500 and 2000 spectators. The drama was stopped at key points and audience members were encouraged to give their opinions or even to join in the dramas a family member, neighbor, elder, or other character. Jijenge! collaborated with the Mahagama Theater Group, an established group troupe of actors who had put on plays about social issues in the past. Together, they developed a short drama that highlighted domestic violence and opportunities for intervention. Several members of Jijenge's! staff, as well as community members, were trained in acting techniques and participated in the drama with the troupe.

In one skit, a young man married a woman after paying dowry to her parents. After living together for several months the young man began coming home drunkard subjecting his wife to physical and verbal abuse. At this point the actors clap loudly and begin drawing the audience in with questions such as, "Does this happen in our community? Why?" or "What do you think she should do?" After a brief discussion, the actors would resume the drama and the woman would seek help from friends, family members, neighbors, and local leaders -- all of whom placed the responsibility for abuse on her, suggesting that she try to be a better wife, try not to provoke her husband, or learn to live with the abuse. At this stage, the actors would stop again and ask the audience, "Is the woman to blame?" or "Do you agree with the advice she has received?" An audience member who disagreed would be given the opportunity to jump in and act out an alternative behavior or express a different opinion in character. For example, a participant might show ways that the woman could protect herself when her husband comes home drunk, or what a friend, a neighbor, community leader, or parent might do if asked for help, or how a friend of the abuser could encourage him to end the violence. At the end of the play, learning materials were distributed and a brief discussion was held about what the community can do to prevent domestic violence.

Special public events: Events that combined education on violence and women's rights with fun and games were held on international women's day and on world's AIDS day. For example, on world's AIDS Day, a program on sexual abuse and violence against children, particularly girls, was held at a local primary school. A video -- *Karate kids*, by Street Kids International -- was shown, in which animated characters tell the story about how the girls be forced into sex work. After each show, Jijenge! staff led separate discussions with teaches and children about how to keep safe from abuse.

Story booklets. In a booklet on domestic violence -- *Stop violence against women at home!* -- a woman recounts to friends her experience of being abused by her husband, and the husband recounts the incident to other men. In the booklet, women offer their on how violence affects them and assert their belief that they have a right to be safe in their homes: "For me, too, violence takes away my dignity and self respect," and "We have a right to live in a safe and respectful environment—every one does!" From the male perspective, nonviolent men explain to the abusive man the consequences of violence for women and children and offer suggestions on how to deal more appropriately with anger. In vignette, a community elder says to the husband, "But John, your wife is an intelligent human being. You should discuss issues with her, not beat her." Later, he suggests, "For me, when I am very angry, I take time out and when I return later, I feel calmer and ready to [talk] with my wife." The booklet also offers guidelines to facilitate its use in groups, schools and homes.

Booklet clubs. These single- and mixed-sex groups were established by word of mouth on 18 streets in Igogo. Each group initially drew closer to 50 women and men. They met weekly or every other week (depending on the availability of participants) for 1-2 hours, with a community interest group facilitator presents. Over the course of six to eight sessions, the clubs discussed the issues of violence and rights, using the pocket-sized booklets. *Girls and Women Have Rights! and Stop Violence at Home!* as discussion guides. The booklets and discussion guides gave facilitators confidence and alleviated their fears about speaking in front of groups on controversial topics. At the same time, both the content and the participatory methods used by the booklet clubs were new and challenging for all involved. One community interest group member observed, "The way we are conducting sessions in booklet clubs in participatory way took time for people to cope with, as they were expecting us to teach them."

Posters. The *Take Action!* poster portrayed a street scene with individual calling how their behavior changed in other to end violence. Messages on the poster, communicated by women and men, included: "We've found a new way -- instead of fighting we talk about our problems," "When my partner say no, I don't force her to have sex," "When I hear violence at my neighbor's house I gather other people and we go help," and "Don't go home angry! Calm down first before you return home."

Both the posters and booklets were widely distributed to other nongovernmental organizations, health centers, businesses, schools, religious groups, and government agencies. The materials were also distributed at each of the public events and discussions, described above, giving community members something tangible to refer to during and after these events.

Radio programs. Igogo residents were also exposed to radio programs that explored different types of violence, (e.g, domestic violence, rape, sexual harassment, and female genital cutting) their causes and consequences, and ways to prevent them. The programs, broadcast throughout the Lake Zone, were produced in a variety of formats, including interviews, roundtable discussions, and personal narratives.

Murals. Five-by-five-foot murals were painted on eight storefronts and walls throughout Igogo. Using informal language, the murals posed questions about the validity of resorting to violence during an argument or participating in sexual harassment on the street. Several murals also used a factitious couple to depict positive relationships. In one, a couple speaks to the community about their relationship: The woman proudly states, "My partner and I decide together when to have sex," and the man backs her up, proclaiming, "It's true!" Another shows a couple embracing, with the man saying, "I don't hit my partner, we talk about our problems instead."

Intervening in the Cycle of Violence: Watch Groups and Working with Men

The public discussions and media messages helped Jijenge! begin to change the community's value system regarding violence against women. To actually stop violence, however, these emerging values needed more active support and direction.

In effect, there was virtually no support for victims of violence. Community members viewed the courts and legal system inaccessible and expensive, and people did not intervene in other couples, "business." To create a system of community support for victims of domestic violence, the community interest group recruited 16 volunteers who were committed to develop a watch group to provide support and intervention services. As was the case with the community interest group itself, the involvement of men was deemed crucial; six members of the watch group were men. Two male members spoke about their motivation:

After attending a seminar from Jijenge! then I understood the meaning of violence against women and got the motivation to come back to teach others.

I feel bad when a woman is being violated. When I heard there are people who are stopping violence I was glad and joined the group

To prepare the watch group, Jijenge! held a three-day interactive workshop on violence prevention. Using the framework of women's rights, the sessions encouraged participants to reflect on their own experiences, deepen their understanding of the causes and consequences of violence, and after

practical steps to end violence. The watch group then began distributing Jijenge! print materials, promoting involvement in the booklet clubs, and documenting domestic violence on each Igogo street, using forms to record any violence they witness or that was reported to them.

Igogo homes are built close together. Residents share communal courtyards, in which they cook, do laundry, and attend to other chores. The family spends a great deal of time in this communal space -- privacy is minimal, and neighbors commonly know intimate details about one another's relationships and families. As a result, community members are often aware of families who are experiencing domestic violence.

Watch group members believed in the importance of ending the silence around domestic violence and they felt needed to take action. They began offering assistance to women experiencing violence, speaking privately to the woman and/or man involved about the violence and available support services, or seeking the assistance from the *balozi* (block leaders); many of whom had participated in Jijenge! workshops. If watch group members witnessed an act of violence, they sought support from others in the group or community and intervened collectively, when appropriate. In extreme cases (e.g., if a woman's life was in danger) they alerted the police. Any action was carefully balanced against concern for the privacy and safety of the woman experiencing violence and the safety of the watch group members. Seeing community members move from talking about violence to acting to stop it created an increasingly supportive climate for women, and an increasingly uncomfortable one for men perpetrators of violence.

The added responsibilities associated with the watch group were time consuming for local leaders, who already had to fulfill many supportive roles in the community. Hence, it was difficult for the *balozi* or watch group members to find time to follow through with all the needs that were surfacing, particularly as community expectations rose. A member of a community interest group explained: "Women are expecting to get more support from us, they want us to intervene or escort them to social welfare agency, but we are just volunteers. It is difficult to find time."

It was becoming clear that changing men's behavior is critical to stopping violence against women. Indeed, there were even requests for worker shops from men interested in resolving conflicts, improving family harmony, and learning more about women's rights, increasingly the subject of conversation among community members. Some of the men have been suspicious of the project early on. In response, Jijenge! conducted three-day participatory workshops for men that discussed gender roles. Cultural practices affecting women's lives, sexual health, status, violence against women, and women's rights as human rights.

Some of the men who participated were argumentative, despite the fact that they were attending of their own accord. There were often few men in each group who were particularly vocal or disruptive. The female facilitator would talk privately with them to encourage productive participation. A shift in approach from women's rights to harmony also facilitated constructive participation. Useful exercises including asking men to specify how negatively affected intimate relationships and the family in general. Another strategy was to ask participants to discuss human rights, at which points they tended to think of their own. When a facilitator asked whether these rights were applicable to both men and women, the men always had a hard time defending their applicability to men alone. Controversy was more likely to arise over women's rights to initiate sex or to make autonomous decisions, rather than their to be free from violence.

These forums were useful in encouraging reflection on topics that are not generally discussed, particularly among men. Most importantly, they offered a direct means to reach men, to increase their understanding of the implications of abuse, and to help them to develop strategies to confront violence in their own homes and communities.

While the community leaders sought to change attitudes and values, the Jijenge! project also continued to provide services and collaborate with the existing institutions serving women. These activities are described below.

Sexual Health Services Aimed at Reducing Violence

Clinicians and counselors at the Jijenge! clinic continued discussing the root causes of reproductive health problems with clients, but with an eye toward reducing violence toward women. They recognized that violence in the home is manifested in ways beyond physical injury. Further, they knew that the threat of violence can prevent women from asserting themselves in a relationship, protecting themselves from disease, or seeking health care. For example, if a woman requested treatment for a sexually transmitted infection, the clinician would explore how the infection was contracted by addressing, for example, the sexual and social dynamics leading to transmission such as lack of negotiating power in a relationship over when to have sex, partner refusal to use condoms, or multiple sex partners. Clients had the option of seeing a counselor for further discussion or supporting developing necessary skills for communication, negotiation of condom use, and safer sex practices.

This gender-oriented approach to service delivery was groundbreaking in Mwanza and the lake zone, and was in great demand. Women traveled to the clinic from other regions in the lake zone, even crossing the border from Kenya and Uganda, having heard about Jijenge! through word of mouth or radio programs. As a female client from Kenya said:

After hearing about Jijenge! services, I decided to come here. The services are good, every one is treated equally, they listen to your problems and give full information. I was cared for better than at other places.

Women and men, individually and as couples, sought additional counseling independent of clinical services as they attempted to build mutually respectful, non-violent relationships. The sexual health and HIV counselors also told women about outside services that were available for victims of violence and made appropriate referrals to police stations, social welfare agencies, hospitals, and courts. To help women secure acceptable treatment, the counselors reviewed their rights as part of making the referral. When necessary, they provided written introduction or referral notes for clients to take to the appropriate agency. In some cases (e.g., during one-time hospital visits or during the prosecution of their cases in court), the counselors accompanied clients to the agencies and served as their advocates. Counselors also encouraged clients to keep them informed of their cases and maintained contact with other service providers as clients moved through the system.

Making Changes to End Violence

The existing service agencies in Mwanza did not have the capacity or perspective needed to provide appropriate assistance to women. Jijenge! worked with selected individuals and groups to improve this capacity. The aim was to enable service agencies to make changes that would increase women's safety and health. Two major activities were conducted to accomplish these goals.

Changing the perspective of service institutions. Jijenge! identified the police department, the social welfare department, a woman's group within the Catholic Church, health service providers, and partner nongovernmental organizations working on HIV/AIDS as having both the need and the potential for change. A few individuals from each organization were invited to participate in the Jijenge! training program. A series of three-day workshops fostered personal reflection about sexual health, women's rights and violence, as well as an examination of these issues in the workplace and the community. Each organization also developed a plan of action for its workplace, and the training coordinator subsequently provided on-site assistance to participants as they carried out their plans. This training of trainers approach worked well with those groups that were independently motivated to explore the issue of violence and make changes within their work environments. However, the workshops had less effect on larger agencies, such as the police and social welfare departments, where the participants lacked the power to overcome entrenched institutional structures and widespread unfamiliarity with or hostility toward concepts of gender and rights.

Internship program. An internship program oriented reproductive and maternal health service providers from government and private sector toward more women-centered services that addressed the root cause of women's poor sexual health. Working side by side Jijenge! clinicians and counselors, interns observed consultations with clients. They were exposed to and practiced listening skills, open-ended questioning, respectful and educational communication, and confidential record keeping. Over 80 interns from the Lake Zone were trained. One intern, a nurse, reported, "I can now talk with a woman or a client in such a way that they can explain their problems freely."

PRELIMINARY ASSESSMENT

It is difficult to measure change in personal behaviors that have multiple determinants and may be manifested in myriad (and even contradictory) ways. Anecdotal evidence from staff, the community interest group, volunteers, and other community members indicates that there is now great openness in questioning and discussing violence. As one shopkeeper commented, "things are changing. In past days it was in some ways difficult to even speak on women's rights and violence against women, but now day's people are discussing these issues freely. A male community member stated, "People are now asking themselves if it is true that women really do have a right not to be beaten." And a member of the watch group reported, "Street leaders are congratulating us because cases of violence have decreased these days."

Celestina Nyenga, who headed the Igogo program, reflected on its progress:

The awareness campaign has helped people, especially women, to have courage and words to speak out about the violence. At the beginning of the project, while talking of or rights during the focus group, women would hide their faces behind their khangas {a printed cloth commonly worn by women}. But now women are stronger, they are willing to speak and are gaining confidence.

Slowly, attitudes toward gender violence show signs of change, as women and men learn to behave differently toward one another. One watch group member remarked, "There were some men who were cruel to their wives, not sharing responsibilities in the families, but now they have started helping their wives."

The testimony of shopkeepers and residents in Igogo suggests that the murals have been effective at stimulating people to think about gender violence. As women in the community observed:

People started to discuss about mural, some said it is true what they say about violence against women, while others say it is wrong. People were thinking that violence is beating only, and they were not aware of other types of violence.

I feel proud to have message on women's rights and violence [on my shop] because I myself didn't know that men and women are equal in the sense of human rights. I thought that men are more important than women.

As a woman, I feel very happy to have such a message on my shop. I would like to have it forever. I feel now it is time for us as women to fight for our rights and the violence against us.

Two men in the community made the following observations:

Most men read the message and made comments like "Jijenge! has started to build up women. Women nowadays are more aware of their rights. We should be more careful."

At the beginning people were shocked. They would look at the mural and just leave. Now they discuss [it]. Many people also request that the murals be painted on their homes to educate their family and other people.

There has been an observable shift in people's willingness to intervene against violence. A watch group member told of a couple fighting outside their home: "People said, 'This is violence!' and they stopped the fight and supported the woman so she would not get any more injuries." Women and men reported that they were more willing to address violence since the Jijenge! project began, as they feel there is a greater sense of community responsibility. As another watch group member described it: "Together they agreed that as community members they can end violence."

Even the training efforts with the police have begun to pay off, as illustrated by the experience of one member of community interest group who was taking a bus home when a man started harassing her:

He said I was a prostitute and other bad things. I went to the police and said what had happened. A female police officer told two policemen in civilian clothes to go with me to get the man. We found him and told him he was needed at the police station. The man started

laughing and sad that he only been kidding and I shouldn't have taken him seriously. I told him that it was serious and what he had embarrassed me in front of all those people.

The police officer with me told him he had to come. At the police station the female police officer told him that sexual harassment was not a joke and locked him up. The next day was sent to the local court. Those elders heard the case and fined him 30,000 shillings [approximately US\$35]. The man promised he would never repeat the behavior and now, every time I see him, he respectfully greets me as his sister.

LESSONS LEARNED

Meaningful behavior change is a gradual, long-term process. Service provider organizations and donor agencies need to recognize that the introduction of new ideas and hoped for changes in behavior take time. Program strategies and timelines need to take into account the fact that individuals and communities go through various stages to process and internalize information, reflect on the advantages of any proposed change, and build confidence and support before practicing alternative behaviors. This is especially true when addressing an issue such as violence, which requires individuals to question and adjust fundamental beliefs about themselves and their relationships. Unrealistic short-term expectations can demoralize staff and community members. While Jijenge! had originally planned to spend six months in Igogo, ultimately one and a half years were necessary to responsibly and effectively begin to address violence in the community.

Behavior change and public dialogue are more likely to be fostered if anti-violence messages are received from a variety of sources over a period of time. The discussion of ideas in a wide range of public forums is key, particularly in the context of a poorly developed communications/ media sources. Recruiting broad-based support from various parts of the community lends credibility and influence to new ideas. Encouraging community members to raise the issues themselves increases acceptance. As community awareness coordinator Celestina Nyenga commented:

The more people in the community who are talking about violence and feel it is wrong, the safer women became. Abusers are aware of this changing social climate and fear that their violent behavior may now bring sanctions against them.

The rights based approach to women's sexual health may be to diffuse; identifying tangible priority subjects such as violence in the home may be more effective. Although the concept of women having basic rights was new, its application to specific issue that the community felt strongly about resonated for many people. Jijenge! staff found that while promoting a broad spectrum of rights was overwhelming and alienating, focusing on one tangible issue and discussing women's rights within that context was effective and empowering. Once people, particularly women, identified violence as a legitimate problem, they were motivated to find a solution. Nyenga explains:

Talking about all of the different women's rights with people who are unfamiliar scares many women. But if you talk about violence against women and emphasize that women have a right to live without violence, then they feel that rights protect them instead of endanger them.

Bringing topics demand "private" into the public sphere is possible and necessary. Women and men are willing to talk about domestic violence but need sustained support, including support from community leaders, to engage in public discussion and debate. Many community members remarked that at first, discussing violence makes things worse because it forces women to identify with the pain in their lives. Facilitators of the community projects must understand this situation and support women to move forward and take action to change their situations.

Addressing men separately as well as in mixed-sex groups is crucial. Working with men is critical if progress is to be made in preventing gender violence. Jijenge! used messages directed at men in its community awareness efforts, as well as in men-only workshops. Key strategies including using nonviolent means role models in information materials, engaging community leaders and elders in fostering a new value system, and encouraging communication and discouraging abuse in intimate relationships.

Endorsement from influential figures in the community, both male and female and the development of a more formal system of support for women are critical. In Tanzania, where power is hierarchical and

entrenched, it was essential for Jijenge! to have the support of other prominent, established organizations and community leaders.

Service providers at all levels—teachers, police, health workers, and community members—need to be sensitized to the issue of domestic violence and given tools to identify it and take action against it. Community level efforts are especially important where the service delivery sector is undeveloped. It is essential to look beyond institutional service provider to local and traditional government bodies. This is particularly in resource- poor settings, where official government services are often weak or nonexistent. Community leaders are often the first source of assistance for women and can have tremendous influence on public opinion.

Staff and community volunteers need sustained support and opportunities to build skills and confidence where working on controversial issues. It is important to provide forums for staff and volunteers to internalize the issues, reflect on their effects on their own lives, and recognize and draw strength from the changes they experience as they facilitate similar changes in the lives of others.

AFTERWORD

The Jijenge! project's current priorities include improving health service delivery within municipal and government institutions. An extensive training program for health service providers at a maternal and child health clinic will culminate in development of a training guide for health care providers in the lake zone. While Jijenge!'s sexual health center has closed, the Igogo group continues to be involved in many activities, including creating and conducting community role plays about violence and human rights. Support to the group of volunteers in Igogo continues, and Jijenge!'s program on violence, now more specifically focused on female genital cutting, is reaching new communities. The Jijenge! project is now also working closely with a new organization, Kivulini, which is dedicated to preventing violence against women in Mwanza.

In efforts to build on and advance lessons learned at Jijenge!, the authors have established Raising Voices, a new project that develops programmatic tools and forms partnerships on organizations working at the community level to prevent violence against women and children. We developed *Mobilizing Communities to Prevent Domestic Violence: An Organizational Resource Guide*, which translates the concept of communities' organizing against violence into practical strategies that organizations can use as they confront domestic violence. We are currently working with partner organization in Kenya, Tanzania, and Uganda to implement the approach embodied in this document.

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Notes:

1. A number of interventions, such as the health services and capacity building programs and several of the awareness-raising efforts, were implemented on a larger scale in urban Mwanza.
2. Because these groups proved to be too large to permit useful discussion, the facilitators began break them down into smaller groups. When possible, additional community interest group members were recruited to lead the additional groups; when no facilitators were available, the participants were encouraged to take copies of the booklet, which included a discussion guide, and lead their own groups.
3. *Balози* are official neighborhood problem-solvers. They are generally older men and women who command substantial respect.
4. Successfully confronting domestic violence within the framework and language of family harmony is also discussed elsewhere in this book, See, for example, Chapter 20.
5. The issue of male victimization in violence was rarely raised during the sessions.

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Contact Information

Lori S. Michau
Dipak Naker
Raising Voices
PO Box 6770
Kampala, Uganda
Telephone 256-71-839-626
e-mail: info@raisingvoices.org
www.raisingvoices.org