The challenges and opportunities for developing and implementing gender transformative prevention interventions

Nwabisa Jama Shai
Gender and Health Research Unit, Medical Research Council
Faculty of Health Sciences, University of Witwatersrand
Objective

- To discuss some of the challenges experienced from developing and implementing gender transformative prevention interventions
- As well as the opportunities
Data sources (PPIs)

- SA is rich in PPIs
- Aim to prevent perpetration of GBV, IPV, SIPV before it happens
- Rigorously tested and showed impact
- Lessons learned from at least 3.5 of these interventions
Development considerations

• The first challenge for gender transformative interventions is to change gender norms and behaviour

• PPIs interventions must be
  o Take a pro-feminist perspective
  o Theory based
  o Address specific risk factors and link these to tangible outcomes
  o Cultural relevance
  o Manualised and implemented in a standard format

• Ensure the intervention development process is ethically approved
Developing interventions

• Target groups, respect and cultural relevance
  o Facilitating across different age groups is a skill and a privilege
  o However, there are tensions
  o E.g.,
  o Working with parents
    • Parents’ own childhood experiences
      o Essentially saying our ‘ancestors’ were wrong
      o Facilitators can seem disrespectful, especially when correcting misconceptions
      o Bringing up past histories can be painful
      o Compromise their power position... parents need to maintain with children
Facilitators and training

• Training of facilitators:
  o How to prepare them for potentially desperate situations in the field
  o Anticipate Vicarious Trauma – attempt to support facilitators
  o Can be tricky to rely on not very flexible organisations systems

• Aspirations of facilitators, SES disparities
  o First, our facilitator recruitment strategy
    • A high school pass means likely more educated than participants
    • Their aspirations may be different from those of participants
  o “Come to the same level as participants”
  o Maintaining an ‘appropriate’ relationship can be a challenge
    • Empathy or Guilt?
Support

- Regular feedback/debriefing is an opportunity to learn
  - How facilitation skills grow
  - What challenges/dilemmas they come across, e.g., participants with desperate social or relationship problems
  - How facilitators cope with challenges in workshops
  - How extensive the dual role (facilitators/quasi-counsellor) is... Expectation to respect participants may mean blurred lines

- Referral systems
  - How to know participants are using referral sheets
  - How to decide reliance on the standard/universally available service is adequate and ethical
  - Variability of support for participants in different projects may be a big challenge
  - Our experience – facilitators find that participants don’t use the services, instead call them instead
Duty to care?

• Do we have a duty to care?
  o We ask participants to talk about personal/sensitive issues
  o We assume they know about available services, do they?
  o Sometimes we assume they don’t use them, how do we really know?

• Burden to care is on facilitators
  o Impossible job to care in an environment dictated by protocol that don’t necessarily allow them to care
Discussion

• Should we have social problems and social responsibility training to assist facilitators?
• How do we follow Vicarious Trauma guidelines at an organisational level? Funding?
• Standardise debriefing?
• Debriefing formalised at conceptualisation?
• Standardise referral systems? What is acceptable?
• Follow up use of referral systems in studies?
  o Understand how participants use them and for what?
  o How do we fund this?
THANK YOU...