Structure

Agency ⟷ Relations

Phase III: Gender, Power and Sex
Strategic Impact Inquiry Research Summary

LESOTHO

The Context: Lesotho has one of the highest HIV/AIDS prevalence rates in the world, and 57% of people living with HIV in Lesotho are women. The disproportionate number of females living with HIV results from both biological susceptibility as well as economic insecurity and patriarchal practices. As shifting economic patterns drive female labor migration, women's sexual behaviors and HIV risks reflect tension between norms of subordination and submissiveness and those that accept women's recourse to instrumental and transitory sexual relations.

The Project: CARE Lesotho assessed the impact of its Private Sector Coalition against AIDS in Lesotho project (PSCAAL) for the SII. PSCAAL operated from 2002-2005 in collaboration with local employment associations and the International Organisation for Migration. PSCAAL worked in factories with garment workers to increase HIV/AIDS awareness and response through:

- **Peer Education:** to raise awareness and increase demand for services for workers infected/affected by HIV/AIDs.
- **Support Groups:** to provide space for workers to discuss HIV/AIDS.
- **Voluntary Counseling and Testing:** to mobilize workers to undertake confidential HIV testing and provide services to garment industry workers.
- **Trainings on workplace HIV/AIDS policies:** to assist companies to institutionalize their response to HIV.

CARE Lesotho's Strategic Impact Inquiry (SII): For the
SII, CARE Lesotho explored:
- The impact of PSCAAL on women's empowerment and vulnerability to HIV,
- The relationship between women's empowerment and vulnerability to HIV,
- Differences in program impact between those who were exposed to peer education and those who were not.

Methodology: The SII was rooted in qualitative and participatory research. Given the sensitivity of the topic, CARE had arranged counseling sessions for respondents:

RESEARCH DESIGN:
- **Research Team:** Human Sciences Research Council, CARE staff
- **Site Selection:** CARE Lesotho staff identified two factories for the SII
- **Participant Selection:** Convenience sampling

DATA COLLECTION
- **Overview:** 186 respondents, 6 weeks
- **Focus Group Discussion:** Perceived meaning of empowerment
- **Semi-Structured Interviews:** Demographics, HIV awareness, decision-making, gender equality, self-efficacy and community
- **Key Informant Interviews:** PSCAAL work and context
- **Policy Analysis:** HIV workplace policy and implementation

DATA ANALYSIS
- **Triangulation:** Data validation across methods, locations and researchers
- **Reflective Process:** Research team reflection on impact of CARE's work

Limitations:
- No baseline for assessment on women's empowerment specified for the project.
- Rapid developments have taken place in the HIV/AIDS environment since PSCAAL.
- Few peer educators were available for the study as they had moved from the factory.

The Strategic Impact Inquiry (SII) is a three year study that seeks to evaluate CARE's impact on women's empowerment. For CARE Lesotho's full SII report, please contact: pqlibrarian@care.org.

For more information, please contact Mokhantšo Mokoae (mmakoae@hsrc.ac.za).

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Women's Own Views on Empowerment:

AGENCY
Knowledge about HIV risks and services
Respect for own and partner's health
Fulfill traditional culture norms by caring for family and respecting husband
Ability to make own decisions and practice protected sex
Knowledge and disclosure of HIV status

RELATIONS
Power to educate partners, discuss HIV/AIDS and influence their behaviors

STRUCTURE

Women's Empowerment and HIV Risk

Poverty and Economic Disempowerment
- Poverty and threat of poverty leave women vulnerable to sexual exploitation from partners and transactional sex.
- The need to work overtime to augment low wages indirectly increased women's risk of being raped as they travel in the dark.

Unequal Relationships
- Showing respect for husbands and their sexual preferences is linked to women's identity and self-esteem.
- Condoms are seen as barriers to influencing women's access to material support or stability in marriage.
- Empowerment enables women to disregard stigma toward HIV and focus on her own health (condoms, HIV treatment).

Migration
- Lack of social support from a new environment can lead to risk-taking behavior and greater vulnerability to HIV.

Implications: *While the study found that women gained knowledge about HIV, women's gender beliefs or sense of self-efficacy did not change (with the exception of peer educators).*

Address women's broader needs and rights
- Peer Educators should incorporate: Broader sexual and reproductive health themes (i.e. Relationship between STIs and HIV, prevention of mother to child transmissions); gender issues; and communication skills.
- Change in gender-power dynamics requires agencies to collaborate with one another to reach a broader and more robust scope.

Engaging Men and Local Power Holders
- For robust sustainable impact, the project must also work with men, households and communities to address relational and structural dynamics underlying women's vulnerability to HIV.

Adapting to Local Values and Realities
- The project must work with contextual factors (socio-cultural and economic) that influence women's decisions in relationships.
- The project needs to work with poverty and migration issues, which increase HIV risk.
- For social change, CARE must reach groups beyond those identified as high risk (i.e. garment workers), as vulnerability to HIV is ingrained within social mores and structures in society related to poverty and migration.

Impact on Empowerment and Vulnerability to HIV:

Agency	Structures	Relations
• Knowledge/realistic perception of HIV, vulnerability • No impact on prevalence of STI/HIV infection • Know about and use HIV/AIDS services • No impact on gender beliefs and norms, gender-based violence or sense of self-efficacy • Explore ways to lessen burden of HIV/AIDS • More likely to obtain condoms and make decisions around condom use	• Management engaged in HIV/AIDS program, reduced stigma • Support groups at work place for people with HIV • Management sensitive to HIV positive workers around medical needs • No HIV policy in place	• Interaction between personnel officers and workers • Peer educators counselor to others • Partners will not get tested, use condom • Improved employer-worker relations

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