

Understanding and strengthening women's presence — “iKnow” Concert Series

Public Health and Music

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Introduction and Literature Review

The “iKnow” Concert Series first started as a small concert in 2014 hosting 4,000. Astoundingly, by 2019, it had hosted a total of 300,000 while providing additional health benefits; HIV testing, products for reproductive health, cancer screening, etc. It was a massive success, and the ability to use music to together communities is commendable. GLI’s reflection of the event was to put an intentional focus on encouraging more women to not only use health services at the concert but also to increase the reach to women before the concert for greater participation.

Our research aims to understand the existing barriers to women’s participation and provide some recommendations. Information in this research was provided through rapid appraisal and interviews with the community stakeholders, which included health workers, teachers, VHT, cultural and religious leaders.

According to Hussein and Ferguson (2019), the factors that create and strengthen stigmatization is closely linked with the social and cultural context of a geographical location. The weaker participation of women particularly as the evening falls can be assumed to be a reflection of the hierarchy between men and women embedded deeply within the social milieu of Ugandan culture. Women who stayed out late for the concert were sometimes shamed and labeled. Sociologists Parker and Aggleton have emphasized that discrimination against women is supported by the concept of power, privilege, and dominance (Parker and Aggleton, 2003).

Education:

Adams et. al (2019) performed a study to assess the familiarity and thoughts of community members in Kabale regarding the “iKnow” Concert series. They found that the completion of highschool was significantly associated with reduced negative attitudes towards HIV/AIDS. To support this, reports from UNFPA (2013) have shown that educated women are more open to talking about HIV/AIDS. They also show patterns of marrying at older ages, bearing children later, and tend to exercise greater control over their fertility (UNFPA, 2013).

However, other researchers have argued that academic education alone is not significant enough. Tsai and Venkataramani (2015) studied the implementation of the 1997 Primary Education Policy in Uganda using the 2011 Demographic and Health Survey. They found that additional years of education in Uganda does not have a causal effect on reducing negative attitudes about HIV. This suggests that academic education, single-handedly, may not suffice; perhaps an amalgamation of an academic as well as the social education of HIV would be most effective in reducing the stigma.

Cultural/ Religious Leaders:

Given their respect and credible position in Ugandan society, religious and cultural leaders have shown to be important in the conversation around HIV/AIDS. While many organizations have promoted inclusivity and addressed misconceptions of HIV/AIDS, some faith-based organizations have associated it with immoral behaviors; sometimes seen as a punishment from God (Zou et. al, 2009). Therefore, empowering religious and cultural leaders with appropriate information to first address misconceptions, and then begin to initiate dialogue in the community should be prioritized.

Women Organizations:

Women organizations play an important role in addressing HIV in women— building confidence to test for HIV, helping navigate their sickness, and providing a safe, empathic place to talk (US AID, 2013). According to Pinheiro (2006), women organizations helped generate greater access to productive resources. It allowed women to know their sexual and reproductive rights, decreasing their vulnerability to HIV.

Paudel and Baral (2015) studied the role of support groups as a coping strategy in 7 different countries by employing a literature search. They found that being a part of women support groups decreased feelings of isolation and shame. They helped women to increase their social networks, improve self-care behaviors as well as decreased risk behaviors for re-infection. The researchers recommend women support groups to be offered as a fundamental service to those battling HIV/AIDS (Paudel and Baral, 2015).

Health care:

Uganda has had a dramatic decline in HIV prevalence — one of the world’s most compelling HIV success stories (Green et. al, 2006). The AIDS Support Organization, as early as the 1980s began, providing free counseling, social support, mobilization, and later began working alongside the government to provide additional HIV training to medical professionals (Kleinman et. al, 2011).

However, other research has shown infected women continue to report experiencing HIV-related stigma within the health care setting (Stringer et.al, 2016). It is important to bear in mind that the health care providers also belong in the same social and cultural milieu. The stigma and discrimination in the health care setting compromises the quality of service, diagnosis, and treatment which in turn negatively affects health outcomes, as well as women’s desire to seek help (Nyblade et.al, 2003).

Background Knowledge of Women’s Empowerment in East Africa

In both our research through GLI and our independent research our group has concluded that women’s empowerment is a huge leading factor to socialization and determinants of women’s attendance at the “iKnow” concert series. Our secondary research question is directed at both men and women and how the empowerment of both increases the effectiveness of HIV stigmatization. One of the main goals of our research group was finding a root to the societal factors of women’s attendance at the concert series, and the stigmatization behind HIV and sexual health. Through the study of women’s empowerment, gender roles, and gender equality, we believe we can facilitate a positive solution and convey an empowering message; that there will be a change in belief of stigmatization around HIV.

In fact, many other minds have had similar thinking to dive into the roots of the societal factors and standards and how they influence women’s health and social status. *The Frontiers of Psychology*, conducted a brilliant research paper that explores how women’s status and empowerment affect their health, nutrition, socioeconomic of both women and children across the African continent and the globe. Their research was conducted over 34 countries in Africa. They discovered 26 leading factors that contribute to the increase or decrease of empowerment in women in both west and east Africa. One statement from their research I believe summarizes our reasoning in wanting to promote women’s empowerment in order to see a decrease in stigmatization of HIV.

“These definitions stress that women's empowerment is a multifaceted concept and propose that empowerment is a process from being un-empowered to becoming empowered. Combining these views, we propose that women's empowerment is a multifaceted process of change that involves individual and collective awareness,

behavior, institutions, and outcomes embedded in distinct social and cultural contexts.” (Front. Psychol., 19 June 2018)

Additionally the *Journal of International Aids Society* has done a great amount of collective research, on the influence of gender inequalities and disparities in East Africa. They have connected that gender inequalities and livelihood insecurities is a great promoter and driver of resulting in women and children being very vulnerable to HIV. Their methods consisted of... “...key academic databases to identify interventions that simultaneously sought to strengthen people's livelihoods and transform gender relationships that had been evaluated in southern and eastern Africa.” (Journal of International Aids Society) In which, resulted in identification of gender empowerment intervention of both women in children in primary and secondary education. A very interesting finding in their concluding factors of gender inequalities being linked to HIV vulnerability in women and children, was the little men and boy involvement in interventions of empowerment.

All this being said, an interesting solution for GLI's message is that if influential men were able convey the message of women's empowerment and the stigmatization of HIV, alongside women, I believe there could be a positive cultural change. By embedding collective awareness of women's empowerment in local behavior of men, women, institutions, and in our case organizations across East Africa; there will be a positive change of cultural standards and beliefs. This will allow for a call to action. By approaching local existing women empowerment groups in East Africa; GII can increase their awareness of their message in destigmatizing HIV. Introducing the message of GLI's “iKnow concert series” where women and girls are being educated, it is increasing the market of those that are listening.

Asaolu IO, Alaofè H, Gunn JKL, Adu AK, Monroy AJ, Ehiri JE, Hayden MH and Ernst KC (2018) Measuring Women's Empowerment in Sub-Saharan Africa: Exploratory and Confirmatory Factor Analyses of the Demographic and Health Surveys. *Front. Psychol.*

Gibbs, Andrew, et al. “Combined Structural Interventions for Gender Equality and Livelihood Security: a Critical Review of the Evidence from Southern and Eastern Africa and the Implications for Young People.” *Journal of the International AIDS Society*, vol. 15, no. 3

Findings:

Responses from some of the stakeholders in kabale 7th. August .2020 (Andrew)

Public health group

	DEMOGRAPHICS	Male	Female
1	Age		
	20-30	04	01
	30-40	01	03
	40-50	02	02
	50-60	01	00
	60-70	00	01
	Total	08	07
02	Profession		
	VHT	00	03
	Religious leader	01	02
	Academic sector	02	00
	Cultural leader	02	00
	Health worker	03	02

03	Marital status Married Single Widowed Divorce Separated	06 02 00 00 00	04 00 02 00 01
04	Religion Catholic Anglican (COU) Pentecostal Islam Traditional	02 04 00 02 00	02 03 01 00 01
05	Engagement of women empowerment groups before Yes No	08 00	07 00
06	Willingness to keep engaged in the concerts Yes No	08 00	07 00
07	How to reach out to more women	~Engage women empowerment groups directly like mothers unions and other organized women groups ~Increase	~Take HIV services close to rural communities through existing groups ~Facilitate stake holders to reach out to more

		<p> mobilization strategies especially in rural communities ~Advocate for visual mobilization awareness messages like through short videos in local languages ~Advocate for joint awareness seminars on HIV and Family planning </p>	<p> women through massive mobilization ~Avail more information on gender equality in communities ~Empower religious and cultural leaders through trainings on the basic information on HIV </p>
08	<p> Joint dialogue btm men and women on HIV and family planning Yes No </p>	<p> 06 02 </p>	<p> 07 00 </p>
09	<p> Is timing of concert ok Yes No </p>	<p> 02 06 </p>	<p> 01 06 </p>
10	<p> HIV education in schools Mandatory Optional Others </p>	<p> 06 02 00 </p>	<p> 04 03 </p>

11	Gaps identified in schools on HIV education	<p>~Inadequate reading materials on HIV</p> <p>~Knowledge gap on HIV prevention among teachers</p>	Less time and attention given to HIV awareness compared to academics among teachers
	How to address the above gaps	<p>~Provide reading materials about HIV in schools</p> <p>~Package HIV prevention information in form of videos or on chats (visual has more impact in schools)</p>	<p>~Gov't, private sector and NGOs should integrate HIV prevention information in there programs in schools</p> <p>~Advocate and Plan for termly seminars/trainings for teachers and peers on HIV</p>
12	<p>Joint HIV education in schools</p> <p>Yes</p> <p>No</p>	<p>08</p> <p>00</p>	<p>06</p> <p>01</p>

Public health group DATA COLLECTED FROM KABALE, RUBANDA ,KAMPALA by Mark

	DEMOGRAPHICS	Male	Female
1	Age 20-30 30-40 40-50 50-60 60-70 Total	03 02 02 00 00 07	03 01 01 00 01 05
02	Profession VHT Religious leader Academic sector Cultural leader Health worker	01 01 02 01 02	02 00 01 00 02
03	Marital status Married Single Widowed Divorce Separated	03 02 00 00 02	02 02 01 00 00
04	Religion Catholic Anglican (COU) Pentecostal Islam Traditional Other	03 03 00 01 00 00	01 02 01 00 00 01
05	Engagement of women empowerment groups before Yes No	07 00	04 01

06	Willingness to keep engaged in the concerts Yes No	07 00	05 00
07	How to reach out to more women	Involvement of more service providers in the concert who are females Adequate mobilisation should be done even in hard to reach Areas.	Involvement of more women groups Use of more female VHTs during mobilisation. Need to involve more female artists on the

		Their is need to offer women friendly services Like Pads, family planning, UTIs and STD screening services	concerts to attract more women
08	Joint dialogue btn men and women on HIv and family planning Yes No	04 03	05 00
09	Is timing of concert ok Yes No	03 04	01 04
10	HIV education in schools Mandatory Optional Others	03 03 01	03 02

11	Gaps identified in schools on HIV education	<p>Private schools rarely mind about passing on the information</p> <p>Lack of models for illustration of certain messages</p> <p>Some schools are under staffed so it's hard for information to be passed on to everyone</p>	<p>A Lot of focus is put on what is set in examinations so less information is availed to students</p> <p>The poor network and electricity problems has made it had for schools in rural areas to have digitised information passed on to students visually</p>
	How to address the above gaps	<p>Interprofession al Education in HIV care across the entire Country Govt should support schools through the Curriculum Development centre to teach more about HIV</p>	<p>Use of Drama , plays to pass on information regarding HIV Advocating for Youth mentorship programmes during vacations ...this plays a great role in passing on information to others</p>

12	Joint HIV education in schools		
	Yes	06	04
	No	01	01

NB: THE STUDY AREA WAS IN BOTH KAMPALA AND RUBANDA....Including a few stake holders from Kabale town

Public health group - summary mark and Andrew findings 10/08/2020

	DEMOGRAPHICS	Male	Female	Tot
1	Age			
	20-30	07	03	10
	30-40	03	04	07
	40-50	04	03	07
	50-60	01	00	01
	60-70	00	02	02
	Total	15	12	27
02	Stakeholders			
	VHT	01	05	06
	Religious leader	02	02	04
	Academic	04	01	05
	sector(teachers)	03	00	03
	Cultural leader	05	04	09
	Health worker			
03	Marital status			
	Married	09	06	15
	Single	04	02	06
	Widowed	00	03	03
	Divorce	00	00	00
	Separated	02	01	03

04	Religion			
	Catholic	05	03	08
	Anglican (COU)	07	05	12
	Pentecostal	00	02	02
	Islam	03	00	03
	Traditional	00	02	02
05	Engagement of women empowerment groups before	15	12	27
	Yes	00	00	00
	No			
06	Willingness to keep engaged in the concerts			
	Yes	15	12	27
	No	00	00	00
07	How to reach out to more women	Engage women empowerment groups directly like mothers unions and other organized women groups Increase	Take services close to rural communities through existing groups Facilitate stakeholders to reach out to more	

		<p> mobilization strategies especially in rural communities Advocate for visual mobilization awareness messages like through short videos in local languages Advocate for joint awareness seminars on HIV and Family planning Involvement of more female service providers </p>	<p> women through massive by women VHTs mobilization Avail more information on gender equality in communities Empower religious and cultural leaders through trainings on the basic information on HIV Involvement of more female artists to attract more women Advocate for more women friendly services like free sanitary pads , UTI and STI screening services </p>	
08	<p> Joint dialogue btn men and women on HIv and family planning Yes No </p>	<p> 10 05 </p>	<p> 08 04 </p>	<p> 18 09 </p>

09	Is timing of concert ok Yes No	05 10	04 08	09 18
10	HIV education in schools Mandatory Optional Others	09 05 01	07 05 00	16 10 01
11	Gaps identified in schools on HIV education	Inadequate reading materials on HIV Knowledge gap on HIV prevention among teachers	Less time and attention given to HIV awareness compared to academics among teachers	
	How to address the above gaps	Provide reading materials about HIV in schools Package HIV	Gov't, private sector and NGOs should integrate HIV prevention	

		prevention information in form of videos or on chats (visual has more impact in schools) Understaffing in schools creating manpower gap	information in there programs in schools Plan for termly seminars/trainings for teachers and peers on HIV Private schools don't	
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			have such in the programs	
12	Joint HIV education in schools Yes No	14 01	10 02	24 03

Women's Organizations for Recommendations to the GLI Board

- **Forgotten Children Worldwide “Protect. Empower. Love.Repeat”**
 - Forgotten Children Worldwide has a mission to protect those that are vulnerable. Forgotten Children Worldwide has a great Women Empowerment Program that provides women and girls the education and the steps for success. It equips the girls with an education of their rights and gives the skills to be successful in their adulthood.

- **Ripples Farm Foundation “Empowering Young Women”**
 - Ripples, provides a foundation for women and their families. It gives them an upbringing to be an example in their community and for other women
 - “Ripples Farm builds upon existing community agricultural techniques to train women to start their own eco-friendly farming businesses, helping them invest in their communities and address local environmental and economic barriers.” It promotes women to establish themselves and create a life for their family
 - “We partner with local and volunteer healthcare practitioners to co-develop solutions that address local health concerns, providing basic medical services and equipment to even the most remote village” - Could be a great partner for GLI

- **Africare - Women’s Empowerment**
 - Provides a great platform and opportunity to seek economic benefits and skills. It provides great opportunities for women to stand out in their community and become leaders.

- “Africare is collaborating with its partners and with African communities to provide leadership opportunities that encourage women to participate in stakeholder committees through highly ranking leadership coaching, literacy training, business training, organizational mobilization and market access, enabling women entrepreneurs to sell their goods in the global community.”

Recommendations:

One recommendation is the use of popular figures in increasing awareness. GLI can reach out to role models like sports personalities, artists, or movie stars who can be used for the dissemination of messages targeting men and women.

Pertaining to the de-stigmatization of HIV/AIDS, getting popular figures (particularly men) that Ugandans look up to, to record a simple video recording of themselves with messages such as: “Let’s talk about it!”, “My wife and I have conversations of HIV and we practice safe sex” would help encourage the celebrities' followers and well-wishers to practice the same. This video can later be screened throughout the concert during the breaks.

A similar approach can be used to encourage men and women to attend concerts together. Role models can send in videos with messages such as: “I am attending the concert with my wife, how about you?” and “Concerts are more fun if you are together with your loved one”, to try and get men to be more supportive of women to attend, stay, and enjoy the concert with them.

Lastly, the concert venue could also be the location of street dramas/skits and role-plays that focus on the challenges that the Ugandan women face that hinder their stronger participation in areas to access. Engaging local stakeholders/men and women could reduce language or cultural barriers while empowering them with information and initiate light dialogue on major societal barriers that women face. A skit serves as entertainment for the public as well as a satirical representation of the unspoken and sometimes ignored realities of Ugandan women.