













9<sup>th</sup> International Dialogue on Population and Sustainable Development

# Education Matters: Empowering Young People to Make Healthier Choices

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### **Working Group 6**

**Input Paper** 

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#### **Working Group 6: Targeting marginalized groups**

#### Introduction to Theatre for a Change

Theatre for a Change has been running HIV prevention projects in sub Saharan Africa for the most marginalised and vulnerable groups for the last 8 years. We have adopted a rights based approach to the work, specifically based on the rights of girls and women to determine their own sexual lives and to break the cycle of poverty that many are trapped in. We do this through innovative, impactful and cost effective approaches to formal and non-formal education. We run two large programmes in Malawi, one targeting primary school children and their teachers, and the other targeting girls and women who are in sex work.

#### 1. How do we define "marginalized" groups?

We define marginalisation as a complex of interrelating social and economic factors – in this case, the interrelationship between gender, poverty and HIV. The barriers to the inclusion of these women are systemic, entrenched and directly related to each strand of their social exclusion.

Sex workers in Malawi can be defined as marginalised for a number of reasons. The first is their HIV prevalence rate – at 70.7% it is the highest of any group in Malawi. The second is their economic status – the vast majority of women in sex work in Malawi are in it because of extreme poverty, and they would much rather be earning a living in other ways. The third reason is gender – as girls and women, they are systemically disempowered, and are in need of processes that enable them to claim their rights.

#### 2. How do we define "access"?

We define "access" as the ability to:

- Obtain and use SRH services, such as condoms and HTC
- Obtain legal protection from human rights abuses such as Gender based violence
- Obtain economic empowerment

## 3. Why do marginalized people not use sexual and reproductive health services, inclusive HIV services?

The reasons sex workers do not use SRH services are due to:

- Poverty: the drive to get money often overrides the need or use of SRH services. The financial pressure on sex workers to have unprotected sex is high when 'raw' sex is more highly paid.
- Gender: the lack of access is often a result of gender related factors. So for example in the context of sexual transactions with clients, gender power dynamics mean that that women find it very difficult to negotiate with their clients for safer sex. There is frequent sexual abuse that makes it impossible for women to use condoms, for example. However, the pattern of use is more complicated and nuanced than it would at first appear. So, at baseline, many women who are in sex work do use condoms with some of their clients, whereas condom use with partners is however much lower.
- Provision: Sex workers in Malawi do not use SRH services often because they are not able to access services such as condoms or HTC
- Education: Many women in sex work do not know how to access or use SRH services
- Stigma: Many women are afraid of using SRH services, particularly in the case of STI and condoms, out of fear that they will be ostracised as sex workers.

- Law: There is a controversial HIV Bill which has been tabled in Parliament, which
  would: make it compulsory for all sex workers to have HTC,; criminalise the
  'deliberate' transmission of HIV; and prosecute any women giving birth to an HIV +
  child.
- 4. What kind of barriers do they face? see above question 3.
- 5. What experiences exist that have proven to be effectively reach out to marginalized groups and that address their specific sexual and reproductive needs including HIV prevention?

We have the following experiences that have proved effective:

Our methodology is underpinned by the belief that our participants are the experts in their own lives. It is innovative in its experiential and participatory nature: participants' experience of a situation - physically, psychologically and socially - is the starting point of change, and puts them at the centre of a process that enables them to take more control over their personal and social lives. It is a process that is enables behaviour and policy change to happen in typically challenging areas of sex and gender.

We also have experience in developing strategies that enable us to deliver this methodology to those who are most at risk and most vulnerable in the most efficient ways. The Theatre for a Change sex work programme is based on a peer education model, where we employ former sex workers who we have trained in facilitation and performance skills to set up focus groups of younger sex workers and carry out behaviour change workshops and advocacy based performances to their communities and local authorities. This is the first step of a three step programme:

- 1. Behaviour Change, equipping women and clients with the knowledge and skills to make sex work safer
- 2. Vocational Skills Training, equipping women with alternative sources of income
- 3. Advocacy, using Legislative Theatre to enable women in sex work to represent themselves to those in power.

Finally, the experience of designing a range of specific projects that enable the methodology and strategies to be successfully implemented. Our Outreach Project takes place in targeted locations such as bars or police stations, where the audience is invited to come into the acting areas to replace a character whose behaviour they feel could be changed positively, or to advocate for the rights of a character who is being abused. Condoms are distributed and HIV testing and counselling (HTC) is offered on location, often with 200-300 people taking the test in one evening.

We have also developed ways of measuring this effectiveness: for our baseline on sex work in Malawi please see <a href="http://www.tfacafrica.com/What-we-do/Monitoring-and-Evaluation">http://www.tfacafrica.com/What-we-do/Monitoring-and-Evaluation</a>

#### 6. How can these experiences be transferred to other settings?

Lessons are being learned for future programmes by working in partnership with other NGO's and INGO's, and by measuring the impact of the project on participants and policy makers, and by evaluating what worked, and what didn't work. This process will be documented in writing, in video and on line in order that best practice can be shared and that the methodology can be used in other contexts where socially and economically marginalised groups need effective behaviour change and advocacy interventions. In this way we hope to be able to access this methodology for larger audiences in Malawi and beyond. For more about our work, please see <a href="https://www.tfacafrica.com">www.tfacafrica.com</a>