

"I know, but I can't do it": Namibian Women Face Barriers on the Road to Empowerment and Behavior Change



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Background

- Women are the fastest growing risk group for HIV/AIDS in sub-Saharan Africa.
- Young women (18-24) in sub-Saharan Africa are 3 to 4 times as likely to be infected with HIV/AIDS than young men.
- Due to extreme poverty and economic and power asymmetries with men, young women are at high risk for engaging in risky sexual relationships for financial benefits or survival.

Project HOPE Response: Implemented a prevention program combining microcredit loans and health education in the Kavango and Caprivi Regions of Namibia. The purpose of the program was to empower women, through financial independence and increased health knowledge, to make safer sexual behavior choices.

Study Setting

- Namibia is located in Southern Africa and like the majority of countries in the region has been dramatically impacted by AIDS.
- The current country-wide HIV prevalence in Namibia is approximately 20%.
- Young women (18-24) are 3 times as likely to be infected as their male contemporaries.
- The present study was conducted in the two most northeast regions of the country, Kavango and Caprivi.
- HIV prevalence is estimated to be 20% in Kavango Region and 33% in Caprivi Region.
- Unemployment rates in Namibia are high, estimated to be 30-40%. Young women have few opportunities to generate income and often depend on older, wealthier men.



Study Aim

To understand how the program functioned and was experienced by participants. Part of the evaluation focused on whether young women were able to put prevention lessons into action.

Method

A qualitative evaluation was conducted in both the Kavango and Caprivi Regions. Data was collected from participants in both town and rural areas of the abovementioned regions.

• **16 focus group discussions (8 per region) were conducted with women who were beneficiaries of the program.** Focus groups were used to elicit group norms and opinions on how the program functioned, its effects on the beneficiaries, and identify strengths and weaknesses of the program.

• **100 in-depth interviews (50 per region) were conducted with successful payers, late payers, delinquent payers, health activists and women's next of kin.** Interviews were used to understand women's and next of kin's personal experiences with the program, how the program impacted women's lives, how/why women utilized (or failed to utilize) lessons from health education and business training in their lives.

Results

- Women, both successful and unsuccessful, frequently described social barriers and service gaps that impeded their ability to put health knowledge into practice, even when they were financially empowered and had correct health knowledge.

Social Barriers:

• **Sociocultural Norms:** Power related to sexual decision making still rests predominately with men. "Women are still behind and they don't have that right of making their own decisions when it comes to their bodies. They don't have that right that 'this is my body and I want to do this and no man will tell me what to do', one can see it's the men who makes decisions for them." (Late Payer, Caprivi)

• **Health Knowledge of Male Partners:** Although men have most of the sexual decision making power, there was a disparity between their health knowledge and that of their female partners. "I try to tell him the reasons why we should use a condom and that it is not because I don't love him, but he doesn't understand. He thinks condoms can sometimes give you diseases or he does not like sex with a condom. If he had also been trained and knew more about these diseases and health issues, maybe he would also want to use a condom." (Health Activist, Kavango)

Men's views of condoms and multiple partnerships:

Women reported the normality of their partners also having sexual relationships with other women and not using condoms. They knew it was happening, but did not feel powerful enough to stop it or leave. "In my case my boyfriend was in another relationship, as I was also involved with him and when he came back home I would continue with him and I never knew the status of the girls that he slept with. When we were having sex we were not using a condom. That's just how life is here. When our men are away, they are with other women and then they come back to us and can bring us diseases from the others." (Health Activist, Caprivi)

Service Gaps:

Women in both town and village areas indicated a lack of access to services. However, the meaning of "lack of access" varied between village and town sites.

• **VCT and family planning services:** Women, particularly in rural sites, were not in close proximity to needed services. This meant traveling long distances to clinics and incurring the cost of travel and services.

• **Youth friendly reproductive health and HIV-related services:** Young women in town and other villages had convenient access to health services. They, however, restricted their own access for fear of being judged by health personnel or having their confidentiality broken.

Lessons Learned & Conclusions

• Given cultural and gender norms in Namibia, interventions aiming to reduce risk behavior among women must incorporate education components for men, as this population still holds the decision-making power in relationships. Within this education for men, the aspect of risk involved with having multiple and concurrent partners needs to be prioritized.

• A risk reduction/behavior change curriculum targeting youth needs to be engaging, participatory, and innovative. Messages need to be gender-specific and should incorporate cultural and social norms, addressing the realistic challenges for both males and females.

• Limited access to non-judgmental, confidential, youth-friendly reproductive health services and information can greatly impede the ability of young women to make positive behavior changes. Increased access to these services would allow women to better utilize health lessons.

Acknowledgements: Young women in Kavango and Caprivi who participated; Project HOPE field staff in Namibia



"The women still don't have that power and the right to say that if you don't want to use a condom, I will leave you."

