

# Adapting *SASA!* to Prevent Violence and HIV in Rural Tanzania: Lessons Learned from a Mixed Methods Case Study



Eunhee Park,<sup>1</sup> Erika Bonnevie,<sup>4</sup> M. Barnabas Nabulizi,<sup>3</sup> Julieth Mushi,<sup>3</sup> Magreth Ntinda,<sup>3</sup> Lori Michau,<sup>2</sup> Sophie Namy,<sup>2</sup> Natsnet Ghebrebrhan,<sup>2</sup> Jennifer Wagman<sup>1</sup>

1. University of California San Diego, Center on Gender Equity and Health, USA; 2. Raising Voices, Uganda; 3. Women's Promotion Center, Tanzania; 4. The Public Goods Projects, USA.

## BACKGROUND

*SASA!* is a community mobilization approach to prevent violence against women (VAW) and HIV.<sup>1</sup> *SASA!* works by supporting communities through a comprehensive process of social change focused on examining unequal power dynamics between women and men. A trial in Uganda found *SASA!* reduced VAW and its social acceptability.<sup>2</sup> Currently, *SASA!* is used in over 25 countries worldwide, including Tanzania.

In 2014, the Women's Promotion Centre (WPC), started implementing *SASA!* in two wards of Kigoma-Ujiji Municipality, Tanzania. **This mixed methods case study examines WPC's process of adapting *SASA!* for implementation in rural Tanzania.** Primary goals were to assess the challenges and successes WPC experienced, and recommend how groups working in rural sub-Saharan Africa can replicate WPC's successes and overcome similar obstacles.

## METHODS

**SETTING:** Kigoma is a rural town and lake port in north western Tanzania. Started in 2002, WPC is a non-governmental organization.

### MIXED METHODS

#### Qualitative Methods

##### Wave 1: Jan and Feb 2017

- 14 in-depth interviews (IDIs) with community members and WPC staff
- 17 focus group discussions (FGDs) with community members, service providers, community leaders, community activists (CA);

##### Wave 2: Nov 2017

- 9 FGDs with community members, CAs, and WPC staff.

#### Quantitative Methods and Analysis

Two waves of a *SASA!* Rapid Assessment Survey (RAS) data (Nov 2016 and Nov 2017) to assess knowledge, attitudes and behaviors in the community. Logistic regression models fit to assess differences in outcomes of interest between 2016 and 2017.



## LESSONS LEARNED

### Qualitative Findings

#### ADAPTATION SUCCESSES

The *SASA!* adaptation in Kigoma focused on translation and cultural changes by adapting materials appropriate for the rural setting. This 'adaptation' was enhanced by: (1) Identifying topics and materials most suitable for Kigoma; (2) Mapping existing resources/groups and identifying targets; (3) Drawing on the social connectedness of rural areas; and (4) Ensuring people understood the meaning of 'power' in the contexts of *SASA!* and their own personal lives.

*This idea of power was a new idea to them. Many women in the community know where to get support now, because we have been involving our community activists in trainings and help them to help women in the community to know where they can get support.*  
– WPC staff member

**ADAPTATION CHALLENGES** included (1) logistical issues related to printing translated materials; (2) challenges in translating and presenting key concepts like power, various types of violence and how violence relates to power.

**IMPLEMENTATION SUCCESSES:** WPC staff did many things to foster *SASA!*'s successful implementation, including: (1) Involving religious leaders as impactful agents of change due to their trusted and influential roles in society; (2) Making community activists central to all aspects of *SASA!* (3) Frequently offering popular activities (e.g., sharing real-life stories, films/theatre).

*Some [men] dislike *SASA!* because it seems to advocate for only one sex. Only women are seen to be favored through announcements. The flyers indicate that only women are facing violence and not men. Therefore, men dislike it.*  
– Male Community member

#### IMPLEMENTATION

**CHALLENGES:** (1) Some religious leaders resisted change due to values and customs unsupportive of gender equity; (2) Some men felt threatened by *SASA!*; (3) Expectations of financial incentive; (4) M&E tools were hard to use.

### Quantitative (RAS) Findings

**KNOWLEDGE:** Women's knowledge of VAW and its links with HIV was high at both time points. Men's knowledge increased in all areas, apart from understanding controlling behaviors. Relative to 2016, men were more likely to associate VAW with negative impact on children (OR=8.9; 95% CI: 5.5, 14.4) in 2017.

**ATTITUDES:** Men's attitudes on gender and violence changed little but women became less tolerant of VAW for keeping a family together (OR=1.7; 95%CI: 1.2, 2.4), and less likely to victim blame other women (OR=2.3; 95%CI: 1.4, 3.6).



**BEHAVIOR:** Limited, but promising, behavior change occurred in this short time period, e.g., men were more likely to help a woman experiencing violence (OR: 4.8; 95% CI: 2, 10.8).

## CONCLUSIONS

People exposed to *SASA!* reported positive changes in knowledge, attitudes and behaviors, suggesting potential for the model's effectiveness in rural Africa. Recommendations to successfully adapt/implement in this setting include: (1) Offer multiple staff trainings and general team meetings; (2) involve male CAs of all ages; (3) Network with stakeholders at start of adaptation; (4) Help religious leaders understand how *SASA!* resonates with their work and beliefs.

## ACKNOWLEDGMENTS AND REFERENCES

This study is part of the Learning from *SASA!* Adaptations Project, supported by the UN Trust Fund, and implemented as a collaboration between Raising Voices (Uganda); UCSD (United States); Beyond Borders (Haiti); Women's Promotion Center (Tanzania) and International Rescue Committee (Kenya).

1. Michau L: The *SASA!* Activist Kit for Preventing Violence against Women and HIV. Kampala: Raising Voices; 2008.
2. Abramsky, T., Devries, K., Kiss, L., Francisco, L., Nakuti, J., Musuya, T., Watts, C. A community mobilisation intervention to prevent violence against women and reduce HIV/AIDS risk in Kampala, Uganda (the *SASA!* Study): study protocol for a cluster randomised controlled trial. 2012, *Trials*, 13.