WOMEN AND ECONOMIC EMPOWERMENT:

GENDER AND HIV/AIDS IN GHANA

A Practicum Report
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Abstract

This report discusses a practicum project that was focused on empowering women economically in the face of HIV/AIDS. The project was carried out in three African countries, namely Ghana, Malawi, and Uganda. Its purpose was to develop and deliver a multi-faceted, inter-generational training program designed to promote gender equality and women’s economic empowerment in the prevention of HIV/AIDS. It operated in both institutional and community settings and focused on cultural and social impacts on sexual behaviour. The project also designed and implemented an income-generating activity to create long-term sustainable income for women living with HIV/AIDS.

Keywords: Women, gender, Ghana, economic empowerment, HIV/AIDS, community education, micro-credit.
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Dedication

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Map of Assin District in Central Region, Ghana. The workshop was held in the town of Assin Foso.
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1. Introduction

On the global scale, people in Africa have a low socio-economic status, which is a determinant of health and well-being for individuals. The majority of people living with HIV/AIDS (PLWHA) live in sub-Saharan Africa, comprising 63% of people globally, and 59% are women (Avert, 2007). UNIFEM (2006) also confirms this, stating, “almost half the HIV-positive people in the world are now women, but in Africa, where the epidemic has stretched the furthest, young women are three times more likely to be HIV-positive than young men” (n.p.). These results are often viewed as the result of “immoral” behaviours on the part of women, but in fact, they represent a link between low socio-economic status and underlying gender inequality. Addressing gender inequality and stigma will ensure that women are equal within society to prevent further HIV infection rates.

Gender ideologies in Ghana emphasize women’s role as wife and mother, meaning that women are often expected to be financially dependent on men. Women’s dependence on men for resources puts them at a greater risk of poverty, which creates vulnerabilities. Women have little choice but to sexually engage with a male partner if they are financially reliant on that partner, and this can occur in both Canada and Africa. This reliance causes women to have less power in intimate relationships, which makes it difficult for women to refuse sex or request condoms, putting them in a high-risk activity (UNAIDS, n.d.). In Africa, women are viewed as “innocent”, creating barriers for women to insist on condoms or discuss safer sex (Pauw, 2006). Gender stereotypes continue to perpetuate the problem, allowing men to be free to have many sex partners while this is taboo for women.
In many African countries, women are also expected to have no sexual experience before marriage; thus, any knowledge regarding sex until marriage is suppressed. Lack of sexual and reproductive health education denies women the human right to make their own choice in sexual relations. Furthermore, girls tend to be taken out of school if their parents become ill. This situation limits economic options for girls, making them more vulnerable to the sex trade. Older men also tend to look for younger women, and these men have often had more sex partners than younger women, thus putting women at risk of the virus (Pauw, 2006). Generally, women lack equality, which creates barriers to income, resources, and education, putting them at risk of acquiring HIV/AIDS.

This report discusses a project that was carried out in Ghana, Malawi, and Uganda to address the connected issues of women, HIV/AIDS and economic empowerment. The project had two parts: the first portion was an educational workshop on HIV/AIDS and economic empowerment. The second portion was identifying and implementing income-generating activities for women living with HIV/AIDS. My role was Coordinator for the project in Ghana, focusing on how economic empowerment for women has the potential to reduce HIV/AIDS infection. My social work practicum was more than a placement; it involved designing and carrying out a project. My involvement lasted from the beginning stages of funding applications, to program design, to the actual implementation of the workshops and microcredit programs. The project team included myself and coordinators for Malawi and Uganda.

This integrative practicum report provides an overview of the project. First, it discusses the context of the problem, as well as the strategies and methods for addressing it. This is followed by a discussion of the ideologies in the location being discussed, and
also an analysis of my own ideological perspective. Several theories were used to critically analyze the situation and develop the means for social change. These theories are Blumberg’s theory of gender stratification, Strengths Perspective, and Advocacy Theory. Social work ethics, values, relationships, strategies and skills are discussed in relation to the project, and its successes and failures. Cultural and gender relations were particularly relevant in the project implementation. Throughout this report, I will discuss the importance of women’s economic empowerment in the reduction of HIV/AIDS.

2. Project Strategies

In social work, “strategies” are defined as “carefully designed and implemented procedures an individual or group uses to bring about long-term changes in another individual or group” (Barker, 2003, p. 419). Whereas the word “strategies” indicates “long-range approaches and ultimate goals”, the term “tactics” refers to short-term or day-to-day maneuvers” (Barker, 2003, p. 419). The project’s key strategy was to identify three main areas that are most critical in addressing the impact of HIV/AIDS on women in Africa: biophysical factors, human rights, and economic empowerment.

My intervention was on the theme of economic empowerment. My hypothesis was that, if women are economically empowered, the likelihood for them to expose their bodies to risky behaviour (i.e., sex trade) would decrease, and they would have more life options such as leaving a relationship where they are at risk of infection. In order to implement this, the project was divided into two parts: first, the long-term strategy of economic empowerment through income-generating activities, and second, behavioural and social change through the development of educational tools. Through the first strategy of economic empowerment, the long-term changes the project team desired were
for the women to use income-generating activities toward long-term economic and social empowerment. The short-term tactics include the creation of educational tools to train HIV/AIDS educators within the community and, secondly, design and implementation of income-generating activities, which will be discussed below.

I developed these strategies using tools I learned in the classroom. The Social Work Program taught me to negotiate within a framework of empowerment and equality when implementing a social work project. My classroom learning equipped me to work within different power structures, and to promote social inclusion of marginalized groups, which is important when working with women who have HIV/AIDS. A key part of this project was to build and maintain networks between Canada and Ghana. My class in “Social Work for Multicultural Groups” was very beneficial for this, and for understanding the importance of culturally appropriate projects.

In the class on Social Work with Groups, I learned about social work interventions. In such interventions, the social worker assists individuals and groups in identifying their needs and works with them to develop programs that address these needs. This, in turn, helps to alleviate social problems that impede their well-being. The intervention of this project was to ensure that the educational manual was age-appropriate, community appropriate, and culturally appropriate. The project team operated on the three levels of social work intervention: macro, mezzo, and micro. At the macro level, the team involved the community as a whole and invited a variety of community members to address the social issue and disseminate the information. The project team invited people from different socio-cultural backgrounds (i.e., Muslims and Christians, wealthy and poor, etc.) to reflect the diversity of the community and the
problem of HIV/AIDS. We also worked at the mezzo level by cooperating with small organizations and existing NGOs already working in the area of HIV/AIDS. At the micro level, the project involved empowering individual women by creating micro-credit projects.

2.1. Summary of Practicum Project

The project, which was entitled “HIV/AIDS, Women and Development”, focused on the development of innovative educational interventions to expose the socio-economic, gender and cultural factors that make young women and girls in Africa susceptible to HIV/AIDS. After these factors had been exposed, the project promoted both short- and long-term social change through two strategies: the creation of culturally appropriate educational tools for community members and their families, as well as economic interventions, such as microcredit, for women. The project was implemented primarily by the Regina-based nonprofit organization called Daughters of Africa International Inc. (DOA).

For the project, DOA worked in cooperation with three African partners in three different countries: St. Francis Xavier Hospital in Assin Foso (Central Region, Ghana), Lucy Gonzaga AIDS Development Action Incorporated in Nyendo (Masaka, Uganda), and Malawi Polytechnic (Blantyre, Malawi). The project was also supported by the Saskatchewan Council for International Cooperation (SCIC) in Regina. Funding was provided by the Canadian International Development Agency (CIDA), through the Interagency Coalition on AIDS and Development (ICAD) and the Canadian Society for International Health (CSIH). A key person to oversee the project in Ghana was Joyce Dam, a public health nurse and matron of the St. Francis Xavier Hospital in Assin Foso.
Although the practicum was implemented in three African countries, my role as coordinator was based in Ghana. Therefore, this report will focus on the implementation of the development educational activities in Ghana. Overall, the project’s primary focus was HIV/AIDS, women and development. However, the project was narrowed into three main themes. First, it explored the biological and sexual factors impacting women’s infection with HIV; second, it analyzed the theme of human rights, gender equality, and other cultural changes in relation to HIV/AIDS protection. Finally, a third theme involved socio-economic reasons for women’s vulnerability to the infection. My area of specialization was the third theme, and will be discussed in detail in this report. The other two areas were coordinated by Elaine McNeil, who focused on the biophysical theme, and Christine Lwanga, who worked on the human rights theme. Each of these coordinators also acted as a facilitator in one of the three countries.

2.2. Context of the Problem

As rates of HIV/AIDS infection in Ghana increase, Ghanaian women have been identified as a group particularly vulnerable to infection. Social scientists (Blumberg, 1984; Mill and Anarfi, 2002) have linked this increased vulnerability to gender inequality and women’s economic disempowerment. There were particular social and cultural issues, which I saw during the project, that increase the vulnerability of women to HIV/AIDS infection. These include the lack of education for girl children, polygamy, sex trade/“sugar daddy syndrome” (in which young women date rich older men who provide for them), and the practice of wife inheritance. This occurs when a husband dies and the wife is expected to stay within the family. Therefore, a brother or other male relative of the deceased man will have a sexual relationship with the widow. The problems of “sugar
“daddy syndrome” and wife inheritance were addressed through our educational methods, such as drama, both in English and in the local language of Twi.

Young women are particularly vulnerable to HIV/AIDS infection. According to Anarfi and Awusabo-Asare (1993), Ghanaian women’s low socioeconomic status increases their likelihood of marrying early and to an older man. This trend has resulted in disproportionate rates of infection at an earlier age for women than for men. According to the Disease Control Unit (1999), the rate for HIV infection in Ghana is 25-29 years for women, compared to 35-39 years for men, indicating that women are often infected earlier than men.

Statistics clearly show that women are at an increased risk, compared to men, of acquiring the illness. While the overall rate of HIV/AIDS in Ghana is 2.7 per cent of the population (Kufuor, 2005, iv), the rates are significantly higher for women than for men, with a ratio of 1.4 female infections to every male infection (Ghana AIDS Commission p. 9). The Commission also reported that heterosexual relations were the dominant means of transmission, accounting for 80 per cent of all infections (p. 9). This HIV/AIDS project focused on the Central Region, which has the second highest rates of infection in the country at 5.4 per cent (National AIDS/STI Control Program, 2004).

According to a presentation from Golda Asante (2009), women are taught at an early age to be obedient, non-confrontational, and submissive to their male counterparts. Asante (2009) stated that normative inequality between men and women in most African societies gives men power over women in personal relationships. This imbalance of power predisposes women to the spread of the disease, and creates an inability for women to make positive choices. Due to the dominance of this patriarchal gender
ideology, women are often dependent upon men for financial stability, which often means they are unable to leave relationships where they are at risk for HIV/AIDS. Due to their lack of power, they are also frequently unable to negotiate for safer sex within their relationship.

In terms of economics and work, women’s roles have also been shaped by gendered ideology. According to Avotri and Walters (1999), “women are assigned responsibility for both social reproduction and production” (p. 1129). That is, women in Africa bear major responsibility for unwaged labour such as collecting firewood and water, childbearing and childcare, and domestic work. They also engage in various income-generating activities in an effort to meet household responsibilities such as paying children’s school fees and maintenance of the home (Avotri and Walters, 1999). According to Avotri and Walters (1999), evidence shows that women’s workloads have increased and access to land and money has become more limited (p. 1124). Avotri and Walters (1999) link this increased workload to the broader macroeconomic situation since the 1980s, citing Structural Adjustment Programmes (SAPs) that have reduced women’s access to waged work. These programmes have emphasized cash crops over subsistence farming. Women remain primarily responsible for subsistence farming in Africa (Avotri and Walters, 1999), yet they are expected to also contribute to the production of cash crops for export (Avotri and Walters, 1999). This work is done in addition to women’s assigned traditional roles in the home, which remains women’s responsibility due to a strong gender ideology. The same patriarchal gender ideology also dictates that, when women do income-earning activities with men such as cash cropping
or brewing *akpeteshi* (local gin), the income is still controlled by men (Avotri and Walters, 1999).

Useche and Cabezas (2007) have also pointed out that broader macroeconomic forces, such as neoliberal trade policies, have deepened economic inequality. They argue that poverty is a key cause of HIV/AIDS. According to Useche and Cabezas (2007), “AIDS was incubated and has been propagated in this system of social inequity, and efforts to prevent and combat it effectively will fail if they don’t go after the conditions that are generating the pandemic” (p. 25) – these are conditions such as poverty and gender inequality. For this reason, the project team chose to focus on economic empowerment of women, which attempts to address these structural injustices that perpetuate the HIV/AIDS pandemic.

The causes of women’s vulnerability are summed up by the National AIDS/STI Control Programme of the Ghana Health Service (NACPGHA) and the Ghana AIDS Commission (2004), who state that “there is an important link between a woman’s inability to make choices about her life and her susceptibility to HIV infection” (p. 22). The Commission (2004) has said that, in Ghanaian culture, women are taught from early childhood to be submissive to male figures such as fathers, husbands, uncles and brothers (p. 22). Because of this gender ideology instilled in the women, they unconsciously put themselves at risk through sexual submissiveness and the cultural emphasis on wives fulfilling their husband’s sexual desires (NACPGHA, 2004). Because of the expectation placed on women to be submissive, they are also expected to be economically dependent on men. The Commission (2004) also stated that “most Ghanaian women lack education,
regular income, and complete control over their lives and their reproductive health needs” (p. 22).

### 2.3. Project Objectives

The central goal of the project was to enhance training and community awareness about HIV/AIDS in Ghana, and to increase women’s economic empowerment for the purpose of decreasing their risk of contracting HIV. The key tool that was implemented in raising this awareness was community education. This education was mainly done through sensitization by drama groups in both English and local language, seminars, radio talk shows, and peer education. As an influential vehicle for social change, the local media was also invited to help promote the message for social change.

The key purpose of the educational project was to enhance the capacity of local partners to conduct multi-faceted, inter-generational training to promote gender equality and human rights in the prevention of HIV/AIDS in both institutional and community settings. This involved developing methods and tools for community dialogue to initiate strategic change in African communities related to women and HIV/AIDS. I identified mechanisms for the delivery of new messages to increase community dialogue regarding HIV/AIDS and women and development. The training focused on the economic, cultural, and social impacts of sexual behaviour. The project was based on the metaphor of the “ripple effect”: this meant fostering sustainability and replicability of program results in target communities. It meant synthesizing people to have the awareness and educational tools to empower themselves and others in different locations long after the initial DOA project had been completed.
An important characteristic of the project was that it focused on women. The goal was to work with women toward increasing their self-awareness and create a more positive self-perception. The project team wanted to help empower women to put themselves first, and to say “no” to situations that may put them at increased risk of contacting HIV. Economic empowerment, the aspect I coordinated, is a key element to increasing this self-awareness and the overall empowerment of women.

2.4. Tactics (Method)

The method for the project was focused around two main goals, both of which were aimed at the prevention of HIV/AIDS in women. The first goal was increasing knowledge of HIV/AIDS in order to prevent new infections in women. The general lack of awareness about HIV/AIDS in Ghana has been noted by newspaper writers in the region, as will be shown below. Despite these efforts, knowledge on HIV/AIDs is still lacking and needs more work. The project used culturally appropriate, community-based forms of education – such as drama in both English and the local language, Twi – to raise awareness of HIV/AIDS and train community members as educators.

As the second goal, the project team wanted to empower women economically through access to credit and income-generating activities. Most women in Africa – especially Ghana, Malawi, and Uganda – tend to rely on their partners for economic provision and survival. Therefore, this income-generating activity will give the women confidence and economic power to determine their life choices, such as marriage and divorce. Ideally this will help them to see themselves as breadwinners and make decisions in the household affairs. The method for the second goal was guided by Blumberg’s theory of gender stratification and the importance of economic security for women.
2.4.1. Goal 1: Increased Knowledge of HIV/AIDS

The first goal targeted the stigma that surrounds people with HIV/AIDS in Ghana. This stigma is summed up by a regional newspaper, the *Daily Graphic*, that states: “the stigma associated with the disease of which the victims keep on growing thin…each passing day before finally going to eternity, has resulted in some family members disowning some of the infected persons who are at times driven out of their homes” (Kofoya-Tetteh, 2008, p. 20). The stigma is actively reinforced by some faith-based organizations. According to a local news writer, these organizations “which [are] supposed to be friends to PLWHAs [have] rather worsened the situation by preaching on HIV/AIDS to create the impression that PLWHAs [are] the most sinful beings that had ever lived on earth” (Dzovor, 2007, p. 25). According to a recent newspaper article in the *Daily Graphic*, Joyce Stiner, Programme Manager of HIV/AIDS at the Christian Council of Ghana, has argued that religious groups are not using the pulpit to address sex, sexuality, and sexual health. In this way, they are failing to respond to the urgency of the HIV epidemic. Stiner encouraged religious leaders to “use their platform to break the myths and culture of silence associated with HIV/AIDS” (Koranteng-Agyei, 2007, p. 3).

One Ghanaian journalist has argued that the greatest barrier to fighting HIV/AIDS in Ghana is “the mystification of human sexuality within the context of religious beliefs and outmoded cultural practices” (Hamah, 2007, p. 19). Health authority Jonathan Tetteh Kwao reaffirmed the problems with stigma by saying “most times the HIV did not kill, but the stigmatisation and the attitude of society were the killers” (*Daily Graphic* 2008). In Ghana, this stigma is linked to a lack of knowledge. People often do not understand the epidemiology of the disease. People hold many false beliefs; for example, that shaking hands or even buying goods from someone living with HIV/AIDS can cause infection. This stigma often causes infected people to be judged as sex
trade workers, a type of belief which holds a negative connotation in the society. People with HIV/AIDS are often blamed for their infection. It is believed that they knowingly exposed themselves to risky behaviour, through sex trade work, for example.

Because of this stigma, the workshop facilitators stressed the importance of privacy and confidentiality. In talking to the participants in the workshop, facilitators emphasized the importance of upholding confidentiality in their roles as professionals (AIDS workers, nurses, teachers, community workers, service providers) when working with people with HIV infection. The project team repeated the point that not respecting privacy and confidentiality could mean the difference between life and death for the infected person, because if the infected person senses that their privacy and confidentially have been breached, they may not return for voluntary counselling and testing, or ongoing treatment. This can lead to an attitude of complacency for the infected person, which can produce a disregard for their HIV status and a desire to continue having unprotected sex and not disclose their status. This is how a lack of confidentiality can lead to an increase in HIV/AIDS. For this reason, it was very important that all participants present at the workshop adhere to the importance of privacy and confidentiality for the client.

The project team wanted to provide communities with more information and education to increase awareness and eliminate stigma. Reaching people at the community level will, in turn, produce a “ripple effect” on the micro, mezzo, and macro levels. At the micro level, this will help empower individual women with educational tools, which will be passed on to the family and the community as a whole (Blumberg, 1995). In Blumberg’s argument, when women are educated and empowered, they tend to pass on those resources and knowledge to the children,
the family, and the extended family and community at the mezzo level (Blumberg 1995). This, then, strengthens not only the family but the society as a whole on the macro level.

2.4.2. Method for Goal 1

In order to achieve the goal of increased knowledge at the mezzo level of the community, training workshops were held in each community. In my particular area, the workshop was held in St. Francis Xavier Hospital, Assin Foso, Ghana. Prior to the workshops, the coordinator from Ghana had recruited approximately 30 participants, and they were registered using a registration form. These participants were prominent people and represented organizations with influence in their community, such as: teachers, the Dressmakers and Beauticians Association, Church and Mosque representatives, firefighters, Ghana police service, Ghana immigration service, women’s groups, Queen Mothers¹, hospital staff, students, and the Canada World Youth group, who were volunteering there. These groups of people were chosen to attend the workshops because they are in contact with the general population on a regular basis. None of the participants at the workshop, to our knowledge, were infected with HIV. They were chosen because they were community leaders who could be used as facilitators or trainers for the project. The educational team also included these people as community resources, as influential people in the community who could take ownership of the project. These people allowed us to infiltrate their community in ways we could not as strangers.

These prominent people were trained as “trainers” to educate the community about HIV/AIDS and social change. This education was divided into three themes about HIV/AIDS:

¹ “Queen Mothers” are traditional rulers or leaders of smaller communities beyond the district and sub-district assemblies. They have the respect and authority within their communities to influence people’s views and practices on difficult issues such as HIV/AIDS. They are at the forefront of championing the political, economic and socio-cultural advancement of their subjects. They are also responsible for the welfare, especially of women, in their jurisdiction. Because of this, we chose to train these women as HIV/AIDS educators due to their influence on community members.
physiological, human rights, and economic empowerment. My focus was the third theme. Workshops were held on each theme, where participants created multiple public educational strategies including drama, radio talk shows, poems and songs in English and three local languages. This was in addition to creating a comprehensive manual and Powerpoint presentations that were developed for the project’s workshops. These tools were chosen because they are effective ways to transmit information, and because people enjoy and embrace drama at all ages in Ghana.

The training workshops were carried out over three days. Day one was the general workshop, which lasted for 8 hours. Although we had originally requested 30 participants, 130 people came, which caused us to learn lessons about how to deal with unexpected outcomes. This will be discussed in Section 7.2, below. The general workshop on Day 1 covered three themes: first, physical, biological, and sexual issues; second, human rights, gender, socio-cultural issues; and finally, economic empowerment. Day 2 was only for artists, who would create tools for community education focused on the three themes. Artists were compensated for their artistic contributions to the tools developed for change. The second day started by reviewing the themes of Day 1, and the artists were asked for feedback on the workshops. Next, the team instructed the 15 artists to form groups in which they could start developing educational tools. Day 3 was “show and tell”, in which artists would present their new community dialogue tools to the project team and to the media. Individuals were identified who would implement the ideas that emerged from the project. A committee was formed to develop the tools into a professional production, to be transferred to DVD.
The Malawi and Ghana coordinators at the opening ceremony of the training workshop, Assin Foso Hospital, Ghana.
Language was used strategically for age-specific interventions. Rappers were used to target young people specifically. Radio talk shows also targeted young people, especially because these talk shows used English, which is widely spoken amongst school-age or university youth. The “sugar daddy” syndrome, as discussed previously, is common amongst university students, so English was used in the drama to target the practice. To illustrate, one drama featured a young woman who enters into a relationship with a wealthy elderly man, for money and material possessions and also because of social pressure. In this relationship, the woman bases her self-worth on money rather than her own accomplishments. However, she does not realize the long-term consequences of her actions.
In the drama, the young lady becomes infected with the disease and is taken to the hospital. The attending doctor at that time is a former classmate of the woman’s from university, who had advised her not to engage in risky behaviour. While the doctor is attending the woman (who, at that time, was unaware that she was infected with HIV), they both come to the realization that they had been old friends, and the drama unfolds. The doctor then provides the woman with information about HIV/AIDS. The lesson to be learned from the drama was that anyone can have HIV/AIDS, even if they do not appear sick, and that our actions may have long-term consequences. This is an example of how drama was used to target young women, who are the fastest-growing infected population.

In addition, we specifically used local languages, such as Akan, for the drama because the majority of people living in the area speak the Akan language. Messages about HIV/AIDS are best transmitted through drama in local languages, because English is not widely spoken in rural areas. Drama in Akan language targeted specific dangerous cultural practices amongst middle-aged and older people in rural areas. One drama addressed the linkage of these practices, such as “widow cleansing”, to HIV/AIDS transmission. In this tradition, a widow must wear a waist string to ward off the spirit of the late husband. This charm is worn throughout the mourning period, which is about a year. When the mourning period is over, the charm is taken off by a male stranger after sleeping with the widow. Then, the woman can re-marry any man of her choice, apart from the one who took off the charm. Women in this type of society are pressured to perform such traditions or they may be ostracized from the society; unfortunately, such traditions promote the spread of HIV/AIDS.
One of the dramas on violence against women, which involved singing. You can see men and women working together on the drama. Masaka, Uganda.
The final product of the workshops was a set of eight DVD dialogue tools developed for community change. The DVD set was called “Envisioning Change Towards Development: Women, Culture and HIV/AIDS”. In terms of capacity development, the final production of these dialogue tools will be used as a training manual to be used in schools, in community *dubars* (cultural festivals), and hospital in-service training. The reason behind inviting representatives from such sectors as the Immigration Branch, Fire Service Branch, Police Department, and Dressmaking/Beauticians is because these people have access to students and can use the tools in their training. The Queen Mothers were also included in our workshop because their role is to transfer knowledge between the community and the outside public. They are involved in educating women on government policies, parenthood skills, and other economic
and socio-cultural issues. The reason the Queen Mothers were chosen was because they would use the DVD in these interactions with the women in the community. Because these women typically did not speak English, one of the DVDs was made in Akan language to meet their educational needs.

2.4.3. Goal 2: Economic Empowerment of Women (Micro-Credit)

The project team chose economic empowerment as one of the themes for the project, because it has been argued that women’s economic empowerment benefits not only women at the micro-level, but also families and communities at the mezzo level. Through his experience with the Grameen Bank program, Muhammad Yunus found that “giving credit to poor women brings more benefit to a family than giving it to men” (2007). If women are given the opportunity to have a flow of income, they tend to use the money to meet the basic needs of children and extended families, which benefits the community at the mezzo level (Yunus, 2007). In contrast, when men make money, they tend to spend it on themselves; therefore, benefit is only seen at the micro level, as opposed to the mezzo and macro levels (Yunus, 2007, p. 55). There is less “ripple effect” of benefit to the community through men’s spending.

Micro-credit was seen as a logical, useful method for women to obtain economic empowerment, which, it was hoped, would provide confidence and resources for them to protect themselves against HIV/AIDS infection. “Microcredit” is defined as the “practice of lending small amounts of money to unsecured borrowers who would otherwise be unable to access the funds necessary to establish a small-scale business enterprise” (Freeman and Higginson, 2007, p. 173). Normally, loans range from US $20 to several hundred dollars, but the average loan is about US $200 (Freeman and Higginson, 2007). The team members recognized that, although
the women did not have economic resources, they possessed valuable entrepreneurial and 
business skills and talents.

In implementing the theme of economic empowerment, the project team provided economic 
resources to help people enhance these talents and skills. The team’s vision was to alleviate 
poverty by creating a sustainable source of steady income, which would in turn allow the woman 
to be self-reliant and not dependent on a man for financial resources. The team did not want to 
follow the “aid” model of dispensing funds as charitable work. The project was guided by the 
Chinese parable of teaching people how to fish, instead of making them dependent on being 
given fish. This was meant to equip the women with skills that would, in turn, allow them to be 
self-reliant.

The project team chose micro-credit based on the philosophy of Muhammad Yunus, who 
compares poor people to bonsai trees. He has said that “poor people are bonsai people. There is 
nothing wrong with their seeds. Only society never gave them a base to grow on” (Yunus, 2007, 
p. 54). In this metaphor, economic opportunities and assets are the soil that allows the 
bonsai/people to grow (Yunus, 2007, p. 54). Microcredit targets the poor, as a means to “help 
impoverished peasants to develop micro enterprise and provide funding to improve productivity” 
(Jitong, 2005, p. 35).

Another expectation from the project team was that income generating activity by the women 
would increase their decision-making power in the household. A study on microcredit in Sudan 
showed that, before the microcredit program was implemented with the women, men felt that 
they should control the household finances. However, the program had a positive effect on men 
after it was implemented, because men were reported to treat their wives with greater respect and 
women were allowed to have more decision-making power in the management of household
financial affairs (Hadjipateras, 1996, cited in Mayoux, 1999, p. 970). The project team envisioned that microcredit would give these women voice, self-confidence, and empowerment at the levels of the individual, the family, and the community. This voice and self-confidence would lead them to live positively and take charge of their own lives, and to consider themselves productive members of society. The team hypothesized that these empowered women would not find themselves in a high-risk situation for HIV infection.

Other desired results of the microcredit plan were to empower people to use their skills and abilities to generate additional income for nutritional support. All of the clients were undergoing antiretroviral therapy, which makes them feel hungry. If food is not readily available, there is a tendency to default on their medication because of the hunger it causes. This, in turn, leads to poor health status.

2.4.4. Method for Goal 2

The first step in the plan for economic empowerment was to apply for funding through a Canadian International Development Agency (CIDA) grant, which funded the team to hire an intern from Vancouver. The first thing the intern did was to organize a training workshop on microcredit and create a business plan. The training workshop was important because, according to Mayoux (1999), successful microcredit programs are accompanied by “appropriate complementary services like business training and training in new skills” (p. 963).

The training program was a three-day workshop, given to 32 PLWHAs on basic money management and business development education. This training was an essential prerequisite for people to obtain a loan. The intern also did an economic needs assessment to understand the women’s capabilities, and their state of mind, in carrying out their business plans. The results indicated that all participants had insufficient incomes to provide adequate healthcare, education
and nutritional support for themselves and their families. The team’s goal was to prevent additional suffering and to mitigate these problems with financial support.

The project’s approach to microcredit began with the financial workshops and business plans. Participants were asked to bring their ideas and interests for a microcredit project in the form of a business description. Some examples of the businesses chosen were: kente scarf weaving, dressmaking, tailoring, hair braiding, food vending (i.e., doughnuts, cake, bread), operating a communications centre (internet café), petty trading in vegetables and fruit, palm oil production, farming of cash crops (okra, pepper, tomatoes, sweet potatoes, cassava, etc.), livestock farming, rice farming, and soap production. Our project provided between 60.00 GHC (Ghana Cedis) and 80.00 GHC, or about $40 to $57 USD\(^2\), per person.

The literature on microcredit programs has evoked mixed reactions on the benefits and disadvantages of these programs. Cheston and Kuhn (2002) have argued that, when implemented properly, microcredit can have positive effects on women’s economic empowerment. They have also argued that women’s increased economic activity can benefit more than one person, because they are more likely than men to spend their money on domestic and family needs (Cheston and Kuhn, 2002). In addition, it is also argued that women’s economic empowerment allows them to make better life choices for themselves (Blumberg, 1995; Cheston and Kuhn, 2002).

In contrast to this argument, Mayoux (1999) found that microcredit does not always address gender inequality. Mayoux (1999) states that, in some cases, microcredit can put women into debt that they are unable to repay, which leads to stress. Mayoux (1999) also reported that microcredit caused women to do more work because, when women took on a microcredit project, men did not pick up household work to compensate for the women’s additional responsibility. This shows that microcredit programs should

\(^2\) Conversion rate as of 31 March 2010.
encompass gender equality, and the involvement of both men and women for a successful outcome.

Microcredit can also lead to disputes in the home, wherein a man may attempt to take the money for other purposes (Mayoux 1999). From my experience as an African woman who lived in Africa, I came to the project with the knowledge that if a woman refuses to support the man’s spending, it can lead to violence against women. This is part of a gender ideology where women must not question the financial choices of men, and men have authority over household spending. Omorodion’s (2007) findings also showed that women’s education made a difference in microcredit. Women who were not educated or literate found that their husbands took and controlled the loan or diverted the money to other purposes.

For these reasons, Mayoux (1999) states that an effective way to address inequality is to include equality mechanisms in the action plan. For the project, the team addressed inequality by including men in the workshops as participants. Team members believed that, in order to bring about change and equality, men must be involved in the process of behavioural change, which was the project’s goal. The project was guided by the belief that behavioural change at the individual (micro) level would create change at the mezzo level of the community and society, in terms of women’s empowerment and the elimination of gender inequality in the face of HIV/AIDS.

The project’s focus on HIV/AIDS created another barrier to successful microcredit for the women. The first intervention into microcredit was the creation of petty trading businesses, some to sell food and clothing items. The fact that the microcredit clients were infected with HIV created a major problem, due to the stigmatization of people of HIV/AIDS. People would not purchase food from the clients, due to myth that they could catch HIV/AIDS from the food being
sold, and also because of the appearance of the people selling the food (for example, they were thin and appeared ill). As mentioned previously, there are strong stereotypes about people with HIV/AIDS and misconceptions about how it is spread. For example, many people believe that shaking hands can cause infection. Also, in the rural areas such as Assin Foso, where the workshop was held, people believe that any incurable/chronic disease such as HIV/AIDS cannot be cured through hospital intervention. Instead, the cause is seen as spiritual. Because of this, some people with HIV/AIDS are literally disowned by family members because they are seen as witches or full of evil. They are taken to prayer camps to take the evil out of them, where they are expected to confess the evil they have done. When they are about to die, the prayer camp throws them out of the camp, and they end up in the hospital to die with no family members present. These are some ways that the human rights of infected people are being violated.

Blumberg (2005) states that human rights training must be combined with microcredit in order to create more empowering outcomes. In this project, the team included human rights education as one of the themes, to address the issue of stigmatization and condemnation of people with HIV/AIDS. The project followed the belief that people with HIV/AIDS have the right to work freely, and to move about without being hunted or stigmatized. This stigmatization is what happened in one example. The woman was very thin from AIDS, and she was afraid to come out of her home during daylight hours for fear of being ridiculed and followed about. Because of this, she only left her house when it was dark, because at that time she felt safe from ostracism. For this reason, she made herself house-bound for safety. Because PLWHAs experience such violations of their human rights, the project was guided by the principles of the Universal Declaration of Human Rights, Article 13, which states that “everyone has the right to freedom of movement and residence”. By giving PLWHAs the means to work and participate in
the economy and community, the project sought to challenge these attitudes and beliefs by enhancing freedom of movement and the right to work for PLWHAs.

Although there are many examples of cases where microcredit has been successful (Cheston and Kuhn, 2002; Yunus, 2007), these projects have not dealt with the combined issues of gender inequality, HIV/AIDS stigmatization and human rights violations. Because this project focused on people with HIV/AIDS, specific barriers contributed to the failure of the microcredit. From the very beginning of the microcredit implementation, there were many concerns raised within the team about the long-term sustainability of doing a microcredit project with this vulnerable population. Microcredit generally supports people without financial assets, but who have the skills and labour ability to carry out projects. However, my project worked with people who have no financial assets and also little capacity for labour, due to their illness. Most of the women were either too old, too sick, or lacking in energy to be involved. Many microcredit activities are physically vigorous. For example, participants may have to haul their products for long distances on public transit in order to sell them on (flea) market days. Partaking in such activities could cause fatigue and increase illness. Due to complications of the disease, two participants of the loan program died a few months after the loan was given. Their family members could not be contacted to repay the loan or felt that it was not their responsibility since they were not involved in initiating the loan.

Despite being fully aware of these obstacles and the possibility of not getting the money back, the project team still gave out the loans. This is because team members believed in empowering the women economically, thereby giving them hope and confidence. The project team wanted to give the women feelings of independence instead of being dependent on hospital rations or hand-outs. However, in some cases,
compassion, human dignity, and African values about social obligation had to come first before financial policy. Another example was an elderly woman who was too old to fully participate in the microcredit, but because of her determination and willingness to be involved in the program from the beginning, she was given a donation of $20 out of justice and compassion. This was a way of dealing with a shortcoming of microcredit – its focus on the financial elements. Sometimes, it is not about money, but compassion and social responsibility as well. This is in keeping with the values of African culture, which encourages care for the elderly, the sick, the weak, and the young.

These values were encompassed in the St. Francis Xavier Hospital’s philosophy of care. Because this philosophy is different from the financially focused goal of microcredit and the team implementing it, conflict developed between compassionate response to those in need, especially the sick, versus loan collection. The hospital remains a charitable organization and the administrator found it difficult to promote self-reliance and the development of a “business culture”. The hospital administrator pleaded that the team should not expect people to pay interest on a timetable, because this would cause them stress. She feared that participants who were unable or unwilling to make repayments would avoid hospital or clinic visits, thereby becoming noncompliant in their treatments, and therefore enter a state of complacency.

Soap-making was the suggested activity to decrease dependency. Soap is a necessary commodity that sells quickly. Also, the stigma of purchasing soap from an HIV-positive person was a less significant factor because soap is seen as “clean”. Finally, soap-making could be a therapeutic activity that involved networking and socialization between the participants. The group met once per month, and began to form a tight-knit support network. After their meeting, they would have medical check-ups, receive their anti-retroviral drugs (ARVs), and receive
updated information and education on HIV/AIDS. After their medical needs were taken care of, they would go into the soap-making process, where they would socialize and form support networks. After making soap, group members would also be given basic food rations and transportation home. The hospital purchased the equipment and ingredients for making the soap, which was then made by the participants and sold to them wholesale on a cash-and-carry basis. Participants could then sell the soap for profit to empower themselves economically, thereby becoming self-sufficient and independent.

The idea behind the soap-making is to increase women’s economic power, which Blumberg argues is “the prime factor in reducing gender inequality” (Blumberg, 2005, p. 3). When women are economically empowered, the outcome, according to Blumberg (2005), is increased self-confidence, which can help them to obtain “voice and vote” in domestic decisions related to household well-being (p. 3). In addition, economic empowerment gives women control over their “life options” (Blumberg, 1984). Some examples of these “life options” include choice of marriage and divorce, freedom of movement, freedom of choice, and sexuality (Blumberg, 2005, p. 4).

In most African societies, the gender ideology prevents women from making choices about sexuality. For example, there is a cultural taboo that prevents women from refusing sex with their husbands. Even if she is aware that her husband is having multiple sexual partners that could potentially expose her to HIV/AIDS, her refusal to have sexual intercourse with her husband is taken as an affirmation that she herself is having extramarital affairs. In this way, the project team used income-generating activity to economically empower women, allowing them to walk away from relationships where they are at risk, and thereby reducing their risk of
HIV/AIDS infection. The soap-making activity is seen as a success to the present moment, and is still functioning at this time.

Soap-making, Assin Foso, Ghana.
3. Ideology

Ideology can be defined as a set of strong social beliefs that appear normal, or as “the way things are”. Zizek (1994) has stated that ideology, *par excellence*, appears so natural that we are not bothered to question it. An ideology comes from a relationship of social dominance or power – for example, the ideology in most African communities that women should not openly express their feelings about sexuality, and are “seen but not heard” in this regard. This becomes a natural belief, and then reinforces the power relationship. Louis Althusser (1968) argued that ideologies also become embedded in institutions of power such as government and universities, and become seen as the “truth” and can affect policies and also relationships between people at the micro level.
3.1. Gender Ideology

There is an ideology in most African countries that women must conform to certain ideal definitions of a “good wife,” “good mother,” and “good woman,” and yet they have no control over the conditions of their lives. This ideology means that, often women cannot be heard but only seen, and cannot work outside the home; therefore, they are financially dependent on their husbands. They often experience financial constraints, lack of material resources and have limited or no access to jobs, land, or credit (Avotri and Walters, 1999). The team observed that the women in the project had little or no control over their financial resources, because the gender ideology positions men to be head of the household. Men control the finances of the house.

A conference paper by Hushie (2004) illustrates the ideology of motherhood, stating that “because women mother, nurture and raise all future generations, they are basically responsible for molding their children’s lives, give them good health and moral education as well as create a congenial environment for their christlike transformation” (n.p.). This ideology is also extended to the community, where women are seen as the catalysts for social change. If change is to occur, women must change first. This adds more pressure, responsibility, and expectations on women’s shoulders. In addition, men do not accept the notion of male infertility (Mill and Anarfi, 2002), so women also experience pressure in this sphere. Therefore, men have the tendency to change partners if their wives cannot fulfill the expectation of motherhood (Mill and Anarfi, 2002).

This gender ideology, which emphasizes motherhood, is visible in the favouring of boys for educational opportunities instead of girls (Mill and Anarfi, 2002). According to the United Nations Development Programme (1997), gender inequality produces
educational disparities between boys and girls, with girls more likely than boys to be withdrawn from school by parents facing financial constraints. This lack of education can lead to women’s increased dependence on men for financial support. This dependence decreases women’s ability to influence decisions about sexuality (Anarfi and Awusabo-Asare, 1993).

For the women involved in the project, sex is still seen as a taboo topic. The dominant ideology about sex in Ghana is that sexual matters should remain private. In most African societies, sexual intercourse is seen as a fulfillment of marriage, which will lead to childbearing. If a woman is suspicious that her husband is having extramarital affairs or even if he appears to be sick or infected, these ideologies and cultural taboos prevent the woman from having voice to refuse sex, and to have freedom of movement and control over her life options (Blumberg, 2004).

3.2. Cultural Ideologies about People Infected with HIV/AIDS

In most African societies, people infected with HIV/AIDS are ostracized and stigmatized. This stigmatization occurs first from their families, and then from the community at large. This is illustrated by the story of another woman. When she was infected with HIV, her family believed that she was a witch and sent her to a traditional healer for exorcism. When this proved ineffective, she was transferred to the hospital to seek medical intervention, but it was too late. Also, because her family believed her to be a witch, they wanted nothing to do with her and would not provide her food or visit her in the hospital. One day, I visited her in the hospital, and she appeared to be very hungry and weak. I asked her if she was okay, and she said that she was very hungry. Out of
compassion, I purchased porridge and fed her. I provided the nurses with money in order to keep feeding her for the next day, but when I went to visit her and to feed her that day, I was informed that she had died early that morning. The ostracism faced by PLWHAs is rooted in a deep cultural ideology of stigmatization.

This stigmatization affects women because women are often blamed for the disease. Women are seen as the “carriers” of the infection, and are seen to be bringing the disease to the men. When this ideology is combined with the notion of women as caregivers, men tend to abandon the women because they are afraid of the unknown and are hesitant to become caregivers. They are also afraid of the stigmatization from the family and community. Because women are economically dependent on men, this abandonment exposes women to poverty.

In this way, women face the “double trouble”, not only of being women and subject to gender stereotypes, but they are also economically dependent on men. Blumberg (2004) has argued that, when women are economically dependent on men, they lose their voice and are not able to partake in the decision-making processes of the household. Thus, they are subject to domestic abuse and violence. Furthermore, this economic dependency on men means that women who are infected often experience abandonment from their husbands.

This type of abandonment is evident in another woman’s story. This woman was diagnosed with full-blown AIDS. Even though she suspected that her husband had infected her, her whole family, including her husband, deserted her and her children. Eventually, she was adopted by the hospital. The hospital became her legal guardian, and

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3 In this particular hospital, food is not provided by the hospital. In other instances, the hospital will provide nutritious meals for patients from out of town, or those whose families cannot afford to feed them.
she was being cared for by her daughter, who was then twelve years old. Because there was nowhere for her to go while discharged from the hospital, the hospital rented a house with three rooms for her and her five children. A friend and I purchased groceries for her, and visited her regularly. She died two years ago and, even after her death, the hospital continues to care for her orphaned children. Her final request was for me to find financial support for her children, a request I took to Holy Child Parish in Regina. The parish now continues to provide for her five orphans, and the hospital in Ghana gives them direct care.

In addition to addressing issues of economic empowerment and husband abandonment of women with HIV/AIDS, such as Adi, the team also had to challenge the women at the workshop by bringing sexuality to the public eye through HIV/AIDS education. Part of this project was to challenge these gender stereotypes, especially women’s special vulnerability. This is the way to bring about effective behavioural change. The patriarchal ideology was also challenged by inviting men to be part of the workshop. After the workshop was over, a male participant who attended the workshop commented that he now views his wife as a partner, not in an ownership relationship as before. The culturally appropriate methods that were used in bringing about effective behavioural change include drama, poetry, songs, radio talk shows, and other vehicles to challenge these stereotypes. These methods will be discussed in more detail below.

3.3. Personal Ideological and Social Location

The project also challenged some of the ideologies I held from my past. Living in Africa, I was not well-equipped to discuss issues of sexuality, due to cultural taboos and gender constraints that limit women’s ability to speak out against harmful cultural
practices. As an African woman myself, I had difficulty discussing sex despite my years of university studies, nursing background, and involvement in a medical setting. I still feel the constraint of this upbringing to discuss sex and male and female anatomy. Even during the project, I found myself feeling very nervous and irritable while listening to my co-facilitator talking about sex and sexuality during the workshop.

More recently, as an African woman living in Canada, and seeing the increased impact of HIV/AIDS on African women and their vulnerability to the illness, I felt compelled by a desire to contribute to the creation of educational tools for social change that benefits African women. I feel very fortunate that I am able to make my own financial choices, to have access to healthcare and education, and to seek resources that help women in violent situations.

Living in Canada has thus enabled me to challenge harmful cultural practices towards women, which are detrimental to their health and well-being in society. A prerequisite to this challenge was overcoming my own feelings of helplessness. I began to use the tools gained from my classroom learning in Canada – for example, facilitation skills, community development skills, strengths perspective and advocacy theories, access to research, and knowledge about economic empowerment for women – to create tools I could share with women in Africa. A typical African concept is that when one is resourceful, they want to share those skills with others so that they too can benefit from this resourcefulness. This is seen as an obligation. For me, this meant that I felt a need to share my resources with African women, as part of a feeling of sisterhood. These resources would allow them to overcome their own feelings of helplessness, and control their own path to economic and social empowerment.
4. Theoretical Framework and Methodology

4.1. Blumberg’s Theory of Gender Stratification

A major theoretical framework for analyzing economic and social empowerment of women is based on Blumberg’s theory of gender stratification. Blumberg’s (2004) theory suggests that “the most important variable…affecting the level of equality between women and men is economic power,” which she defines as “the relative control of income and/or other economic resources by men versus women” (p. 60). To Blumberg, economic power is seen as “the most important predictor of the degree of gender equality” (Blumberg, 1995, p. 1). Blumberg’s research explored links between economic power and equality in a sample of 61 “pre-industrial” societies. She discovered that women had substantial economic power in 10 of these societies, which was a key determinant of equality and “life options” for those women (1995, p. 7). In five particular societies, high levels of economic power for women strongly supported women’s social equality (Blumberg, 1995).

Blumberg also discusses how “women’s control of income engenders not only their own empowerment but also the creation of wealth and well-being at levels ranging from the micro (family) to the macro (nation)” (1995, p. 1). Blumberg argues that women are more likely to spend their money on matters related to family welfare, such as children’s nutrition or education (1995; 2005). Furthermore, a study in Chile showed that, in households where mothers are more economically empowered, money is more often used to educate both daughters and sons, as opposed to male-headed households where finances are primarily used for boys’ education (Blumberg, Brachet-Marquez, Cortes, and Rubalcava, 1992). A report from the Women’s

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4 Even though domestic violence is not the focus of this paper, it is intriguing to note that, where women have long-established economic power, they are less likely to experience violence at the hands of their husbands (Blumberg 2005, 7-8). However, Blumberg (2005) also discusses in her gender stratification theory the tendency for sudden rises in women’s economic power to be associated with “short-term spike(s) in male violence against women”, due to challenges to masculine roles (8).
Entrepreneurship Development Trust Fund (WEDTF) in Zanzibar, Tanzania stated that women’s income is often distributed to their children, especially for education, nutrition, healthcare, and clothing (WEDTF, cited in Cheston and Kuhn, 2002). Women often strive to ensure that their daughters obtain the best education possible to provide opportunities that they never had while growing up. Education for girls produces a “ripple effect,” because when a girl child is educated, she understands the value of education and transfers that knowledge to others, which has an empowering affect on her family, community, and society as a whole.

Increased income under women’s control also enhances women’s self confidence, their influence in household decisions such as educating children and purchasing goods, and their say in “life options” such as marriage, divorce, and childrearing (Blumberg, 1995, p. 5). These life options can affect whether or not women are infected with HIV. The project discovered that, for many women, being married was a common risk factor for infection (De Ciman, Lwanga and McNeil, 2007). However, the women in the project stated that the issue of condoms is not discussed openly, and sex is seen as a non-negotiable role for women in marriage. The women attributed this to their culture. They felt that they could not negotiate condom use in their marriages because it is culturally unacceptable, nor could they ensure monogamy and fidelity on the part of their husbands. This lack of power is intertwined with women’s economic dependence on men. Economic dependence causes women to be unable to negotiate sexual relationships, but also makes them unable to escape marriages where they are susceptible to HIV/AIDS infection.

However, Blumberg (2005) stated that women’s economic empowerment does not necessarily mean that a woman is able to challenge these cultural norms about sexuality. Blumberg (2005) found, in her study in Tanzania, that women who had become economically empowered through lucrative income-generating activities were confident enough to ask staff for
condoms and educational materials. However, they were not insisting for the condoms to be used in their own sexual relationships with their husbands, but they were empowered enough to demand that the husbands use condoms for extra-marital affairs (Blumberg, 2005). For this reason, my argument is not that economically empowered women are able to challenge cultural norms that are strongly structured and upheld by society – for example, taboos about women openly talking about sex and requesting their condoms in their marriages, and also taboos about women carrying condoms (which carries the stigma of prostitution). What I am arguing is that economically empowered women are able to control and make life choices that are best for them. This means being able to leave the relationship if she feels that her life is in danger.

4.2. Strengths Perspective

An important theory in creating the tools for this project is “strengths perspective”. In this view, a client is always subject to forces “pushing and pulling the client toward healthy, positive, and constructive functioning. These are often called strengths” (Sheafor and Horejsi, 2003, p. 123). Social work practice attempts to “encourage, guide, and build on the positive attributes” already present in the client’s life and, at the same time, work with the client to overcome impediments that obstruct change (Sheafor and Horejsi, 2003, p. 123).

This perspective focuses on the strengths of individual people, and then utilizes those strengths for working with clients toward their empowerment. Strengths perspective targets the client’s “system resources, capabilities, knowledge, abilities, motivations, experience, intelligence, and other positive qualities that can be put to use to solve problems” (Kirst-Ashman and Hull, 2006, p. 15). In addition, Barker (2003) also
identifies support systems as a means to overcome adversity. These support systems and community resources were useful in implementing the project.

For example, the team focused on the strengths of the communities by including potential community assets and resources, such as religious leaders (i.e., the local Iman), local chiefs of the communities, female leadership figures (i.e., Queen Mothers), and local NGOs working with women and HIV/AIDS. The project also included private businesses such as the local dressmakers/beauticians’ association, schools, police, and nonprofit institutions such as the hospitals and social services agencies. Following the strengths perspective, participants at the workshops were trained to act as networks and vehicles for transmission of the educational information. Because these people had power and influence in the community, the team was using the community’s own strengths toward empowerment of the people. The team members viewed these people as having the capacity to be creative in mobilizing their people towards education on HIV/AIDS, which would in turn bring about social change.

4.3. Advocacy Theory

Because the project focused on social change through utilization of strengths perspective, it fits within the framework of “advocacy theory”. The purpose of this theoretical perspective is to expose inequality and empower the client. According to Sheafor and Horejsi (2003), advocacy is “at the heart of social work” (p. 57). The social work profession promotes social change, empowerment, and advocacy. In this view, the role of the social worker is to “actively support causes intended to change programs and policies that have a negative effect” on clients (Sheafor and Horejsi, 2003, p. 57, emphasis added).
Following this, the project focused on supporting community-based initiatives for social change, rather than imposing our own values on the community. The project was about challenging the cultural beliefs about women, and ideologies about women’s “proper” place in the society. However, rather than simply imposing a Western ideology, the team wanted to use the community’s own strengths, assets, and medium of communication to challenge their views in a constructive way. The educational team hoped this challenge would provoke the community to develop more egalitarian cultural views.

Although this project was targeted at supporting community initiatives, the interventions would operate at other levels as well. Social work practice can occur on a variety of scales, which includes the micro, mezzo, and macro levels. Micro-level interventions focus on the individual and the family, or the realm of intimate relationships and interactions (Sheafor and Horejsi, 2003). At the mezzo level, social work practice focuses on relationships within organizations and institutions, or within extended families and significant others (Sheafor and Horejsi, 2003). Finally, practice at the macro-level targets entire communities, states, or even whole societies (Sheafor and Horejsi, 2003).

It is hoped that the effects of the project’s community-level efforts would funnel downward to empower individual women at the micro level, while also provoking social change at the macro level by fighting gender inequality. Macro-level practice seeks to address core problems, as opposed to just crisis situations (Kirst-Ashman and Hull, 2006). At the same time, it can “also empower clients to tackle their own issues, thereby helping them develop personal skills and a sense of efficacy” at the micro level (Kirst-Ashman and Hull, 2006, p. 348). The community-level interventions sought to target both
of these levels. The intention was to empower women at the micro level of their personal relationships, which, it was hoped, would cause larger core changes to broad systems of gender inequality. This project embodies advocacy theory at work because it targets inequality at all these levels.

5. Ethics and Values

Ethics is defined as “a system of moral principles and perceptions about right versus wrong and the resulting philosophy of conduct that is practiced by an individual, group, profession, or culture” (Barker, 2003, p. 147). My personal code of ethics as a Social Worker has been shaped by Value 2 of the Canadian Association of Social Workers’ (CASW) Social Code of Ethics (2005), Pursuit of Social Justice, which states that “social workers uphold the right of people to have access to resources to meet basic human needs” and also that “social workers advocate for equal treatment and protection under the law and challenge injustices, especially injustices that affect the vulnerable and disadvantaged” (p. 5). The project was shaped by the understanding that the individual is part of a society, and I wanted change to take effect at the individual level, family level, and society as a whole. This is guided by one of the CASW’s (2005) principles, listed under Value 3, which promotes “individual development and pursuit of individual goals, as well as the development of a just society” (p. 6). In this way, the CASW recognizes a connection between individual development and societal benefit and development.

As a woman of African ancestry, my own ethical system is also guided by the African concept of Ubuntu, which speaks about our interconnectedness to each other. The concept was talked about by Desmond Tutu (1999) in his book No Future Without Forgiveness. According to ubuntu philosophy, we all need to be open and have a
responsible to society in bringing about social change, dignity, and hope to the oppressed and marginalized. *Ubuntu* is about respect, helpfulness, trust, and opening one’s hands to others. A person cannot exist by him/herself alone. Each one of us has a role to play in uplifting the dignity of the human race. I adopted this philosophy because, in my journey of life, many people played a role in making me who I am today. In turn, I wanted to be part of this project because I felt a burning desire to give back to the community. This is one of the qualities of *ubuntu* – to give back to the community what I have gained from individuals.

As part of this giving back, my main objective in doing this work was my desire to produce educational materials that would bring about social change for African women in the face of HIV/AIDS. I wanted to do research, and to gain an understanding, of the impact of socio-economic and cultural issues on women in Africa, particularly women in Ghana. I wanted to discover, learn, and understand how these issues increase women’s vulnerability to HIV/AIDS. As a means to create practical social change, I wanted to pre-test and implement these educational materials in the community. Primarily, I wanted to play a role in sensitizing communities on the HIV/AIDS epidemic. This sensitization was aimed at prevention, and encouraging people to avoid risky behaviour, which may lead to new infection. This involved sharing messages and tools on HIV/AIDS care and living positively with the disease.

In terms of skill development, the goal of this practicum was for me to engage in community mobilization and training. I wanted to learn how to develop a project and apply for public funding, implement strategies for community education, and be accountable to funders. I wanted to learn about the practical implementation of economic
income-generating activities available to women in three African countries. There was a pedagogical element also. I wanted to learn how to provide adult education and training to community leaders, which would then train them as community-based educators. At a more theoretical level, I wanted to understand the economic constraints women face in these three African countries.

As an African woman living in Canada, part of the ubuntu I engaged in was to share, to care, and to be unselfish with all the skills and knowledge I have gained in Canada. Because ubuntu is about sharing with the community, I was motivated to take this knowledge back to Africa to create hope and dignity for the women that I worked with. Because of my social location as an African-Canadian woman, I had a full understanding of ubuntu and its application to the community.

Another important ethical consideration is privacy and confidentiality. Because of the stigmatization of PLWHAs, it was important to consider confidentiality; however, because the project was about community education, it was important that the issue be freely discussed. Participants were aware that HIV is a community and social problem, and they were there to address it and were ready to obtain the tools to do so. Steps taken were to obtain written and signed consent for any photographs taken, and to change names when any personal stories were shared in the educational tools. Participants were reminded that because I was a student, the information would be used in the report. This information was presented in both English and Twi. It was ensured that people understood.

6. Relationships
In the field of Social Work, a “relationship” is defined as “the mutual emotional exchange, dynamic interaction; and affective, cognitive, and behavioural connection that exists between the social worker and the client to create the working and helping atmosphere” (Barker, 2003, p. 365). Due to the nature of the project, the primary relationship developed was a “worker-community” relationship, in which the community was the client. This relationship was the most significant because of the method that was implemented, which consisted of community workshops. In this case, the connection between worker and community was that we were all Africans. Being away from Africa for such a long time, my belief system had changed to include North American norms and cultural ideals. This caused some barriers in the relationship between me, as worker, and the community.

6.1. Cultural Specificities and Barriers in the Social Work Relationships

In the worker-community relationship, the team found that the community/clients were eager and looking forward to the workshops. They were ready on time and participated fully in the workshops. Clients had grown weary of the same stereotyped information about women with HIV/AIDS, and they were ready and willing to listen and participate in the workshops in order to dispel those myths.

Part of the social work relationship is a “cognitive connection” between worker and client (Barker, 2003, p. 365). This connection was felt between the community and me because of our shared African identity, but also because of our identities as women. For the community, seeing an African woman talking about issues of sexuality and sexual empowerment for women is taboo. As an African woman, I shared this taboo with the women. I understood the dilemma and the predicament the women were in when
discussing these issues, because I am aware and knowledgeable of the dynamics in the relationship between husband and wife in Africa.

There were also cognitive disconnections between the workers on the project, in the “worker-worker” relationship, particularly between the Uganda coordinator and the values of the communities in all three countries. In Ghana, it is an expectation that participants would be given envelopes with a payment for attending workshops. However, there was a conflict between the Uganda coordinator and myself on this issue. She had the view, common in Canada, that people should pay to attend workshops because it is benefiting them. By contrast, in Ghana, it is expected that workshop coordinators should pay participants for their time and involvement, because the coordinators want to disseminate their information. In addition, there was the expectation that since it was a CIDA-funded project, compensation would be offered to the participants.

The other team members often reminded the Uganda coordinator that “this is Africa”, and that she was “thinking white”. In this way of thinking, she felt that the participants should pay to attend workshops, and that people needed to prove that they deserved compensation. The project manager and I reminded the Uganda coordinator to think about the African culture, which is what was causing the women to be vulnerable to HIV/AIDS in the first place. Another example is that the Uganda coordinator felt that women should just “walk away” from abusive homes or if their husbands are cheating, and that women should be confident and brave enough to ask their husbands to use condoms. I reminded her that even educated women like me find it difficult to discuss sex, due to cultural and religious beliefs. After a lengthy debate, we finally agreed,
through the Malawi Coordinator’s intervention, that participants in all three project
countries should be compensated for their time and involvement in the workshops.

Another conflict occurred between two dominant approaches to community
development work: the “aid” model, which is based on compassion and charity, and the
economic empowerment model, which focused mainly on business ventures and
economic empowerment through self-reliance. The St. Francis Xavier Hospital, where
the workshops were held, operated on the charity and compassion model. The hospital
gave people with HIV/AIDS food support during their monthly meetings, such as rice,
canned fish, cooking oil, beans, sugar, soap, and also money to purchase a chicken for
holidays. The project team’s model was different because it focused on empowering
women economically, to be self-reliant and self-sufficient, so they are no longer
dependent on such charity.

6.2. Gender Barriers in Intra-Community Relationships: Sexism and Patriarchy

Due to the nature of this project, relationships between people within the
community were very significant. People’s relationships were structured by patriarchal
gender ideologies. Patriarchy is a system that assumes that heads of households and states
are men (Code, 2000, p. 378), and that the man’s voice rightfully dominates the home.
Patriarchy is present at all levels in most African societies, such as interpretation of
religion. It is manifested in the status of women as inferior, submissive, and looked upon
as second-class citizens in the social sphere.

For example, women’s sexual disempowerment is shaped by the patriarchal
ideology that women should always satisfy their husband’s sexual wishes and be readily
sexually available, despite the woman’s own feelings and her state of mind. These
ideologies have a great effect on relationships between women and men, wives and husbands. For an African woman, “thinking African” means it is culturally unacceptable to ask your husband to use a condom, even if you know the man is not feeling well or appears to be sick. A woman asking her husband to use a condom is taken to mean that she is promiscuous and has something to hide.

Because of this, I was surprised to see the large presence of women and men in the workshop who were supporting each other. Typically, women rarely attend workshops and training because of their responsibilities at home. It is also rare for men to come out to support women’s empowerment initiatives. This is because of the men’s fear of losing power and control through gender equity. It was important for the project facilitators to include men in the workshops, not only to support the women in the workshops, but also to challenge their own ideologies about gender equity and women’s economic empowerment.

By enabling the men to challenge their own ideologies, the facilitators hoped to change the patriarchal relationships between men and women. The men were very involved in the workshops and participated fully with the women in the working groups. Notably, the men seemed comfortable listening to a female facilitator talk about sex, which goes against their views of gender⁵. People’s attitudes and perceptions began to change. For example, after the presentation on “Ten Ways to Make Love Without Sex”, one young man said to us, “Oh, I am taking my girlfriend to the movie tonight”. For us, this was a manifestation that the message had a positive effect on a male participant, because the man was choosing social activities other than having sex.

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⁵ This sex education was presented by a white, Canadian woman, which may have caused the men to respond differently than if an African woman was presenting.
7. Concluding Remarks, Reflections, and Recommendations

7.1. Skills and Vision

7.1.1. Skills and Application of Classroom Learning

In the field of Social Work, “skills” are defined as “the proficiency in the use of one’s hands, knowledge, talents, personality, or resources” (Barker, 2003, p. 399). This project necessitated the use of particular social work skills. Community intervention skills were needed to intervene in a community that was experiencing the impact of HIV/AIDS and poverty. Barker (2003) also identifies some Social Work skills as “matching needs with resources, developing resources, and changing social structures” (p. 399). In this case, the best way to fulfill the community’s needs for HIV/AIDS education was to draw on the resources that were available in the community, such as the influential groups we trained as community educators. By training these community educators, we were developing resources that were already present in the community to create social change HIV/AIDS education and women’s economic empowerment. This was guided by Strengths Perspective, which “emphasizes the client’s [community’s] assets that are used to achieve and maintain…social well-being” (Barker, 2003, p. 420).

Therefore, the key skills I used in the project were facilitation skills, community development skills, and creating action learning environments. I used these skills to divide community members into groups to do individual group work. I did this so that people would have knowledge and ownership of the project, to create alternatives to bring about social change in the community. We used action learning to motivate people to reconsider their ideologies and bring about behavioural change within the society.
In one of my 400-level classes, “Social Work Practice with Groups”, I gained skills on how to apply for public funding to implement a project, and how to be accountable to boards and funders while still maintaining flexibility in the project plan. Because the project was funded by CIDA, these skills were useful in remaining accountable. From my practicum lessons, I gained skills in working at macro and micro levels, which was useful because the project focused on both community and individual empowerment. In addition, empathy and sympathy skills, which I also learned in the practicum lesson, were key for understanding the context of HIV/AIDS, gender inequality and poverty. For example, I was touched and overwhelmed by empathy, which caused me to engage in individual practices of compassion, such as providing food to Susanne and ensuring support for Adi’s children. Finally, the practicum class taught me the importance of project sustenance. I used this skill in Canada to do fundraising for the soap-making, which would then be used to sustain the soap-making as a continuous income-generating activity.

7.1.2. Vision

This project was the first of its kind with Daughters of Africa International Inc., and the lessons learnt from its successes and failures have proved invaluable for replication and further development of the project. One important insight I learnt from the project was the impact of the hidden or scarce visibility of women living in poverty and the lack of human rights given to HIV-infected women. This emerged as a vital issue that needs to be addressed.

In addition, further education and more accessible education need to be made available for women and girls in Africa. The lack of a minimum education increases their
vulnerability and reduces opportunities to partake in vocational and or technical training, which in turn causes them to be economically independent. I hope that the lessons learnt in this project will improve further projects and programs that address women’s educational and economic issues in the face of HIV/AIDS.

The most important vision for future projects is to address the root cause of poverty and its impact on women and their families. Future projects and programs must be designed so that the community can independently reproduce and sustain them without dependence. Women must not be dependent upon rations or other outside donations as solutions to poverty. This is based on the vision of my project, which in turn was based on the Chinese proverb of “teaching people to fish”. Future programs must be based on providing skills, knowledge and ability to be independent and sustainably empowered.

7.2. Key Lessons Learnt and Recommendations for Future Projects

The first key lesson I learnt from the project is that men must be involved as partners in the project. This is because, in the African context, empowering women alone can produce feelings of alienation and disempowerment for men, who may feel that they have lost their “manhood” and may perceive that their role as head of the household has been diminished. Therefore, they will not support women in attending meetings and community education activities. In addition, men may fear that their wives are cheating when away from home and engaged in the meetings, and this can lead to domestic violence. Because of this, including men in programs designed for women’s empowerment will help prevent this scenario, with men and women working hand-in-hand to bring about social change in the community.

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6 One of the drama projects in Malawi addressed this problem. In the drama, a woman was leaving to attend a women’s empowerment meeting, and her husband beat her. The drama showed that, if men are involved and knowledgeable in the project, they are supportive, and the entire family benefits from the education.
Another key lesson I learnt was about the shortcomings of microcredit in the context of HIV/AIDS. Our project provided money to sick people, with hopes that they would turn it into a meaningful source of income. These people were accustomed to receiving donations from the local hospital and local NGOs, without having to repay these debts. The project gave loans with interest and therefore added more burden to the sick people. The hospital administrator feared that people might not come to the hospital for their anti-retroviral medications, because some people had used the money to pay for other things, such as children’s school fees. Therefore, they would be afraid to be questioned on this when they came to the hospital.

The third lesson learnt was about the importance of using influential people in the community. By involving Queen Mothers in the project implementation, the project gained credibility in the eyes of the community and those present at the workshop. Also, Father Bobby Benson, an influential priest, challenged the people’s ideologies – for example, the gender ideology that women should be at home, doing the cooking. He also challenged the women’s tendency to depend upon men to supply resources, such as income. In an inspiring tone, he encouraged women’s economic empowerment, telling women to be self-reliant. He told the women: “Pay for your own dinner! Even pay for the man’s! Don’t wait for the man to pay for you!” From this, I learnt that it is very important to involve influential people from the community who have a positive impact.

Another lesson I learnt was the importance of community perceptions of time. Although my team wanted to start the program at a set time – 7 a.m. – we could not start the program until several hours later. This is because, in most African communities, time is not an important factor. This is very different from the Western ideology that “time is
money”. My team wanted to start the workshop without the Queen Mothers, who had not arrived, because time is not a big issue for them. I informed them that the workshop must wait for the Queen Mothers, because they are held in high esteem in the society and their presence was needed to grace the occasion. It would be considered disrespectful to the community for the team to begin the program without them. The lesson learnt from this is the importance of considering cultural notions of time, and cultural norms and expectations about what is needed for a function to begin. This is similar to the conflict, discussed earlier, that occurred between the team members about paying people to participate. In Ghana, it was necessary to pay participants for their time and involvement with both money and food, which is different from Western notions that people attend workshops for their own self-development.

However, this expectation only applied in the context of Ghana, and not in Malawi or Uganda. Therefore, a related lesson learnt was the importance of using tools that are specifically targeted to the context. The workshop schedule and timetable followed a “one size fits all” model, and were applied the same in all three countries. However, rural communities in the three countries are different and unique in terms of socio-cultural norms and values. The practice of “widow cleansing” was seen only in Ghana, so we had to make different dialogue tools, such as drama, to address this specific problem.

I also learned specific lessons on how to effectively organize educational workshops. For example, I found that the workshops should have been organized with a full day for each of the three themes. Participants and team members found it very exhausting to discuss all three themes in one day. In addition, although we only planned
for 30 people, the overwhelming response of 130 people taught me the importance of planning for unforeseen expenses and the need for extra accommodations. The project team coped with this problem by carefully going over our budget and eliminating things that were not necessarily benefitting the project. Also, the hospital management paid for the extra food for the unexpected participants.

The lessons learnt in this project lead to a number of recommendations for future projects. Effective projects must acknowledge the importance of including men in order to challenge gender inequality. They must understand the shortcomings of microcredit for PLWHAs, and the difficulty of giving money to people who are sick and even dying, as well as considering the cultural stigmatization of PLWHAs. Finally, attention to cultural values and differences, such as ways of thinking about time and schedule flexibility, must be considered. For work done in Ghana, it is very important to build the program around the participation of influential people like Queen Mothers, local chiefs, and elders. These recommendations will help ensure that the community members become convinced that they will benefit from and have ownership of the project.

7.3. Conclusion

Learning the skills and abilities necessary to be a social worker has been cathartic for me. It has given me the opportunity to acquire new skills, theories and practices. It has changed the way in which I listen and relate to others. My university coursework and practicum experience has increased my desire and passion for learning and for the social work profession. I will continue to explore and apply this new knowledge and experience into practice. I will also continue to learn and share with others professionally and personally. My academic journey does not end here.
It is vital and important for me, as a social worker, to continue to develop meaningful and sustainable programs that address the root cause of poverty and its impact on women’s health. When women are economically empowered, it raises their status in their communities. Economic empowerment results in “increased participation in decision making, more equitable status of women in the family and community, increased political power and rights, and increased self-esteem” (Cheston and Kuhn 2002, p. 17). When women are given economic skills, it boosts their incomes, which in turn addresses the discriminatory attitudes that keep them in poverty by promoting gender equality and social justice, both in their daily lives and at the level of social and national policy-making and implementation.

The project I was involved with focused on creating women’s economic empowerment through community-based education. The project acknowledged that women’s sexual health is linked to economic empowerment, and that the goal of reducing HIV/AIDS in women should include an economic component. Economically empowered women seem more confident not only in their work, but also in dealing with community affairs, and contributing actively in decision-making processes. Although the use of condoms is not a decision that most African women can make alone – the decision being dependent on a man – economically empowered women nonetheless are able to leave a relationship where they might be at risk of being infected with HIV/AIDS. Stopping HIV/AIDS and empowering women economically should be the top priority of any society or community, since it has the potential to erode all social and economic gains.

Projects toward this goal must be community-based, sustainable, and culturally appropriate in order to be successful in empowering women. It is important that the
community members take ownership of the project to empower them over the long term. This empowerment – when delivered through appropriate programs that meet the needs of women, their families, and their communities – is not only the right thing to do, but the smart thing to do.
The grand finale in Masaka, Uganda. Myself, the Malawi and Uganda coordinators, and some participants dancing to celebrate the success of the project.
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