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## **Microfinance, gender equity vs HIV/Aids**

THREE years ago Siphwe Maroga worried about finding work, had to inform her husband of her every move and didn't know much about HIV and Aids.

Today, Maroga owns 22 rooms that she rents to mine workers, speaks openly about the necessity of getting tested and acknowledging the risks of HIV and Aids and has a say in the decisions made in her household.

She is not alone. Hundreds of other women in rural Limpopo, all participants of the Intervention with Microfinance for Aids and Gender Equity (Image) study, have seen their lives change. The study was the project of the Small Enterprise Foundation (SEF), a microfinance non-governmental organisation, University of the Witwatersrand (Wits), London School of Hygiene and Tropical Medicine and the Department of Health.

The study targeted poor women in eight villages outside Burgersfort in Limpopo. In four of the villages, the Rural Aids and Development Action Research Programme (Radar) of Wits' School of Public Health ran the intervention. The other four villages were used as controls, but were offered the same opportunities after the completion of the study.

"Massive resources are going to treatment, an attitude of the more pills in mouths the better, but that is only one part of the solution," said Paul Pronyk, the director of Radar.

The underlying problems, such as poverty and gender inequalities, must also be addressed to effectively fight the epidemic, he said.

The initial objectives of the Image study were to evaluate an innovative approach to Aids prevention. The study integrated and mainstreamed a gender awareness programme and HIV education into an already successful microfinance initiative.

In 2001, researchers began by collecting information on the number of women who had been victims of abuse, were HIV positive and got tested for HIV. - Of the approximately 400 women receiving loans, between 36 and 71 percent reported having been in a violent relationship and 72 percent said they had to beg for food or money in the year before they joined the programme.

The women, whose average age was 41, would form groups of five in which they would be lent the money. - While they borrowed and paid money as a group, they used the money individually to open new businesses or expand existing ones.

Once a loan was repaid, the group could apply for more funds, which has created a system through which those initial participants continue to receive loans.

At a community meeting about 50 women sit on wooden benches in a concrete room - one breast-feeds her son while others fan themselves with folders. While it could be any gathering, it is not, and the subject of conversation is anything but ordinary.

"There is this thing called a condom, let's use it," says one woman as she stands before the group. "We must use condoms and be confident as women."

As she makes her way back to her seat and the other women stand and start to sing: "Aids kills, use a condom and protect yourself. Take a condom and protect yourself."

This group of women is comfortable talking about sex and condoms. They have been through the 10 training sessions and are now finding ways to share the information they've learned with their communities.

These topics weren't always accepted by these women.

One woman at the meeting: "In the beginning I was not happy about the training and I wanted to drop out because I thought the trainers were saying vulgar words. But now I'm happy, I have learned a lot. I am using a condom in my household."

A few minutes earlier the meeting was opened with two pledges, one from the trainers and SEF employees and another by the women.

In the first pledge they say they are sent by SEF to help these women regardless of any affiliations and that they cannot receive anything from the women. The women respond, their voices indicating that they have repeated these words many times, that they will use the money to improve their lives, that they will advise children and help each other as a group.

They are held to a strict structure in the meetings, with attendance taken at the start of each where they are required to produce a letter explaining the absence of any missing group members. Starting late incurs a fee. SEF has reported that the women participating in the Image project are a more cohesive group and have a better repayment rate than others they work with.

The group mentality is solidified by the 10 sessions in which the women discuss how their culture portrays women, how they feel about that and do body-mapping exercises about how they feel during menstruation, sex and childbirth.

They learn what should and shouldn't be acceptable behaviour in their relationships with men and gain the confidence to talk to their partners about using a condom.

It is only in the eighth session that these women tackle the issue of HIV/Aids, becoming knowledgeable about the realities of transmission, prevention and the importance of knowing one's status.

"How can we encourage kids and the community to go to voluntary counselling and testing if we don't," says one woman at the meeting. "We must go first," she urges the group.

Many centres have completed the training sessions and are now in phase two, where the real work begins. The women take their knowledge and go out into their communities and share it .

They are doing so through simple conversations, organising marches, meetings, a sit-in at the local hospital and an information campaign at the taxi rank.

The centre meetings are a time to encourage one another, discuss experiences and pay back their loans.

"We should stop judging our children, that's why they're afraid of us. If they go for an HIV test and find out they're positive they will tell you if you're supportive, but if not - they won't tell you and they won't live long," says one woman at the meeting.

Stigma against those with Aids and against testing is one of the key issues these women are trying to address through education.

"We've been trained, we can see the future," says another woman.

After an hour of conversation with one woman rising after another to speak, the meeting turns to its business functions. A representative of each lending group is called forward - she hands her money to the SEF employee and announces to the others how much they will be repaying, how much they will be banking (keeping to use) and how much was used on transport. Groups pay back as they earn, at one meeting different groups may pay back between R1 250 and R2 480.

At the end of the meeting the women can request further loans or find out if a new loan has been approved, four groups are approved at this meeting. Then after a few announcements the group disperses outside to talk a bit before heading home.

SEF and Radar selected the group of women who participated in the study as among the poorest in their communities. They are very vocal in saying that their participation has had a significant effect on their lives.

"Everywhere we go we talk about HIV/Aids," says Letty Matlakala, "You should take HIV as other diseases and talk about it almost every day."

Prior to her participation in the programme, Magdeline Thokoane (53) says she didn't know anything about HIV/Aids and her business, a small spaza shop, was collapsing. She says that thanks to SEF, her business is expanding and that she's never found it difficult to repay a loan.

"People in this area, they're infected because they don't know about HIV, so if we go out and talk about HIV then you can prevent that," Thokoane says.

She adds that the programme also helped them to identify domestic violence and abuse because they thought it was usual to live like that.

Most of the women share experiences like Thokoane's but Maroga is one of the exceptional successes to emerge from the study.

"The education changed my life because in the beginning I didn't perceive that I had a risk," says Maroga, sitting in the courtyard of her 22 rooms on cement blocks that were waiting to be used in completing the last few rooms.

"I did not have enough information about HIV/Aids and abuse, but now I have enough information. Now I know how to protect myself."

She says she has been tested for HIV and speaks to people often about the need to get tested. She admits that at first she was afraid, but that after her daughter told her she had been tested she worked up the courage to go as well. The irony is that her daughter went because Maroga had urged her to take the test.

Maroga offers to go for voluntary counselling and testing (VCT) with friends and when one friend found out their positive status she counseled her by saying: "It's not the end of the world, you are not alone, you are infected but it doesn't mean you went out to search for it - it just happened."

She may not have been able to give the same advice a few years ago. The type of abuse that exists most prominently in her community is financial abuse, where a husband fails to support a family, says Maroga. Because women are no longer depending on their husbands, this is decreasing and more women are financially stable.

"Really life has changed in my household," she says. Before she had to get her husband's permission before going anywhere and was left behind when he went to events in the village, now she is not. "That's power, and I'm proud of that."

The SEF money enabled Maroga to build rooms that she rents to miners whom she educates about HIV with the knowledge she gained from the training. Maroga hopes to organise a meeting with community members to increase awareness and intends to continue talking to people about violence and HIV.

"I am thanking SEF because the training itself - it gives us life," says Maroga.

## THE TRAINERS

The women who are behind the success of the intervention are the trainers whose job it is to conduct the sessions and give advice. They are from the communities where the study took place and were selected and trained by Radar.

The programme has now expanded to 23 villages, says Alinah Magopane, one of the trainers.

Throughout those villages, women are now telling their husbands "no sex without a condom".

Magopane recalls that at the beginning of the intervention most of the women didn't like the trainers but that now they are seen as friends and are sought out for advice.

The trainers discuss sexuality and personal relationships first and then HIV. Magopane says you first discuss these issues and notes a problem she's observed: "If you talk to people about practising ABC without telling them how you get infected, people don't necessarily have a clue what you're talking about. If you link it, they understand."

With pride she sits up a bit straighter in her chair and looking out from behind her glasses talks about the community mobilisation that has taken place. She describes how the women organised a march to the hospital, confronted an abusive husband as a group forcing him to stop, conducted vigils, raised awareness in their burial societies and talked to kids about HIV.

While there are challenges like negotiating safe sex, the fear of going for VCT and the difficulty of talking to children about sexuality, she says the community is changing. They are better educated so there is less stigma.

"This project, honestly speaking, means a lot to me," says Magopane. "It has changed my life; this programme is my life."

Many of the trainers have personal experience with the issues they teach the women about. One of the trainers had an abusive husband and another is living with Aids. The abusive husband had a mistress with whom he had three children, he disrespected his wife and would become violent if she questioned him about multiple sex partners. One of the problems, she says, is that people are not aware that things happening in their house is domestic violence.

She says the training to become a facilitator "helped me so much because in the beginning I was blaming myself - there is something I'm doing which is wrong".

In training she learned that it was not her fault.

"It was then my life began to change. I was earning my own salary and he tried to be nice to me," she says with a smile explaining how much her relationship with her husband has changed. Now she is able to help other women confront similar problems with the wisdom of someone who has been through the struggle.

"People thought it couldn't happen in villages, but there is life in these villages. These women are starting to have hope."

It is not only these women who have seen the positive changes coming from the intervention.

## THE ROAD AHEAD

SEF has also seen these changes.

"Women at the centres with the Radar programme are different," says SEF human relations manager Rose Anne Moloto.

"Just by observing them you can tell the women are not afraid - women elsewhere are almost intimidated."

She describes the women in the Radar programme as more vibrant, more talkative, more decisive and certainly more confident compared to the other women they work with.

SEF initially got involved to see if there was a relationship between microfinance and HIV/Aids. The plan is to roll out the programme and expand it to another 3 000 women and not only those in the Burgersfort area.

"After the results from the initial rollout we will determine if we will adopt it (the programme) for all of SEF," says Moloto.

SEF has approximately 33 000 clients and has been in existence since 1991. They have been working with Radar for about three years.

Anglo Platinum is financing this initial rollout and decided to get involved because they saw the Image programme as unique and consistent with their guiding principle of realistically addressing the epidemic.

"Image combines microfinance, which is about livelihood - it is an entirely new concept and that's why they're getting the results they're getting," says Gillian Greshak, the Anglo Platinum HIV/Aids manager.