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REDUCING THE RISK OF HIV FROM RAPE
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SHARING WAYS TO REDUCE THE VIOLENCE
CONSIDER THIS:
Percentage of women around the world who have been beaten, coerced into sex, or otherwise abused in their lifetime: 33

Percentage of Tanzanian women who agree with the statement “Violence is a major problem in my life”: 25

Percentage of rural Ethiopian women who are abused physically or sexually by a husband or boyfriend: 71

Percentage of urban Bangladeshi women with a primary education who experience violence from an intimate partner: 70

Percentage of urban Bangladeshi women with higher education who experience violence from an intimate partner: 32

Ratio of the likelihood of becoming HIV-positive: abused married women in India vs. married women not abused: 4:1

Ratio of the likelihood of being abused: young HIV-positive women in Tanzania vs. young HIV-negative women: 10:1


MILLIONS OF WOMEN SUFFER EVERY YEAR from sexual and gender-based violence including physical, emotional, and sexual abuse. Poor, uneducated, and young women are especially vulnerable. These women need not suffer this senseless cruelty. This issue of Momentum highlights Population Council projects that are helping to prevent such violence and treat its survivors. To prevent sexual and gender-based violence, the Council and our partners have designed programs that help men change their attitudes about their relationships with women, encouraging them to become women’s advocates rather than perpetrators of sexual abuse. By increasing access to critical services, Council-sponsored initiatives are helping victims of abuse prevent HIV infection and unwanted pregnancy.

Thousands of survivors of abuse have benefited from the Council’s projects, and millions more will benefit as we share lessons learned through a wide network of organizations, spreading “best practices” across the developing world.

You can be part of these solutions to sexual and gender-based violence by supporting the Council’s work. Your contributions help us develop innovative, evidence-based programs like those featured in this issue.
THE PROBLEM  
Post-exposure prophylaxis (PEP) can help prevent HIV transmission after rape only if the first dose is taken within 72 hours of exposure to the virus and 28 days of follow-up treatment are completed. Council researchers found that fewer than half the doctors interviewed were aware of PEP's time sensitivity. Only 15 percent of patients were given the full 28-day course of drugs on their first hospital visit, so many women who could not return to the hospital for the remaining drugs never completed their treatment.

THE PROGRESS  
Council researchers and partners in collaboration with hospital managers conducted a two-day training program for health care providers on protocols for effective PEP treatment. As a result of the training, official hospital policy now includes an early first dose of PEP and specifies that rape survivors are to receive a complete 28-day supply of PEP at their initial visit, eliminating the need for a second trip to the hospital.

THE POTENTIAL  
After introduction of the program, the percentage of women who received the full 28-day regimen increased from 15 percent to 55 percent, significantly reducing the number of women who may be infected with HIV after rape. The Council and its numerous partners are replicating this model in nine sub-Saharan African countries to multiply its impact, thereby expanding access to this critical intervention. The Council has also disseminated the results of the program in articles and in briefings with government officials so that other groups can duplicate our work. Because the improvements use only local professionals and preexisting facilities, they can be applied to many different communities at low cost.

IN CAPE TOWN, SOUTH AFRICA, RELATIVES AND FRIENDS gather outside the home of a young girl who was raped. In light of South Africa’s high HIV prevalence rate, this girl should be given access to medicine that can help prevent HIV transmission after rape. Unfortunately many doctors are unaware of the proper way to administer this treatment. Population Council researchers are collaborating with program and hospital managers to change policies and expand access to critical treatment.

Partners: Rural AIDS and Development Action Research Programme (RADAR); School of Public Health of the University of the Witwatersrand; Tshwaranang Legal Advocacy Centre.  
Donor: United States Agency for International Development (USAID).
**Involving men as partners against violence**

**IN INDIA, YOUNG MEN GATHER TO READ A COMIC BOOK developed by the Population Council. The comic book emphasizes treating women with respect. Books like this, in combination with posters and plays, are helping change young men’s attitudes about rape and sexual violence.**

**THE PROBLEM** In many countries, masculinity is characterized by male sexual dominance, unequal gender attitudes and behaviors, and harassment or teasing of young women by men. Young men also feel pressure to prove their sexual prowess by having unsafe sex—further exacerbating a harmful situation by exposing them and their sexual partners to HIV.

**THE PROGRESS** After evaluating a gender equality campaign in Brazil that changed how young men think and act in their relationships with women, Council researchers have expanded the project to India. Using exercises and materials adapted from the Brazilian project, Council researchers designed small-group discussion sessions aimed at changing men’s attitudes about violence against women and reducing risky sexual behavior. Early results indicate that the men who participated in the discussion groups began to talk to their partners about sex and HIV; used condoms; and reported fewer episodes of partner violence. A young male participant said, “We used to think that, during sex, if a woman does not cry then she is not satisfied, or we used bad words when talking about girls. After the discussions, we realized that these are forms of violence that we were treating as customary acts.” Researchers are now implementing a campaign to reinforce messages about gender equality and HIV prevention. The campaign consists of street plays, posters, pamphlets, banners, and service and information booths.

**THE POTENTIAL** The Council’s work in Brazil and India shows how we can stop rape and sexual violence before it starts by developing culturally specific projects. With education and support, boys can grow into men who enter into respectful, healthy relationships with women.

**Partners:** Hope Worldwide; EngenderHealth

**Donors:** President’s Emergency Plan for AIDS Relief (PEPFAR); USAID.

**ANIRBAN DATTA/POPULATION COUNCIL**
A TEN-YEAR-OLD GIRL IN SOUTH AFRICA WANTS desperately to continue her education, but her 12-year-old sister was raped on the way to school. The girl’s fear of the walk across town may condemn her to a lifetime of poverty and illiteracy. The Population Council is working to create and maintain safe spaces so that girls can fully participate in their communities.

THE PROBLEM More than one-quarter of girls in South Africa report rape as their first sexual experience. As a result, many girls are afraid to leave their homes to attend school, visit the health center, or access other resources in their community.

THE PROGRESS The Council asked South African girls ages 10 to 16 to map their neighborhoods, pinpointing areas where they felt safe or unsafe. Their maps revealed problems that even the adults in their communities hadn’t seen. Not one of the girls between 10 and 13 could identify a community space in which she felt more than “somewhat safe” from harassment or sexual assault. Traveling to and from school was a particularly dangerous activity. Clinics, libraries, and welfare offices also were considered unsafe. The mapping project motivated neighborhood groups in the communities to work with police and school officials to improve safety and to create spaces where girls could feel safe.

THE POTENTIAL The results of the mapping project created an awareness of the issue that mobilized South African communities to focus on creating safe spaces for girls, especially along major streets leading to schools, hospitals, and markets. Council researchers are examining ways to use this low-cost tool and to replicate this project as part of girls’ protection and empowerment strategies and policies in other countries.

Connecting legal and medical care for rape victims

A 19-YEAR-OLD WOMAN IS BRUTALLY RAPED. SHE REPORTS the crime to the police, who take her statement and send her home but fail to refer her to the local hospital. She becomes pregnant, and when she goes to court to testify against her attacker, the lack of physical evidence leads to his acquittal. Population Council projects in South Africa, Vietnam, and Zambia are expanding the roles of both police and medical professionals to provide survivors of sexual assault with comprehensive care.

THE PROBLEM  
Medical staff and police do not have established networks through which to exchange critical information in cases of rape. In Zambia, Council researchers found that of the 91 percent of victims of sexual violence who go to the police first, half never seek medical treatment afterward. As a result, many women do not receive time-sensitive treatments such as emergency contraception, which must be administered within five days of the rape.

When women do seek medical treatment, hospital staff rarely gather evidence in an appropriate way or report the crime to the police.

THE PROGRESS  
A Population Council study in Zambia demonstrated that collaboration between the police and health sectors facilitated access to emergency contraception at police stations and improved referrals to health facilities. In South Africa and Vietnam, a Council training project instructs nurses how to conduct post-rape evaluations for police investigations.

THE POTENTIAL  
Both the police and the medical system play critical roles in a woman’s post-rape care. The emergency contraception and post-rape evaluation projects provide important services in addition to building crucial communications networks between the justice and medical systems. Increasing the number of places where women can access time-sensitive services like emergency contraception raises the likelihood women will be able to avoid unwanted pregnancy. By establishing links between the medical and legal systems, the Council develops—and shows how to develop—mechanisms to provide police with the physical evidence they require to convict rapists.

Partners: Copperbelt Provincial Health Office; Ministry of Health; Zambia Police Force.
Donors: The William and Flora Hewlett Foundation; Swedish International Development Cooperation Agency; USAID.
BRINGING PEOPLE TOGETHER TO SHARE EXPERIENCES about implementing programs to prevent sexual and gender-based violence is critical to ensure women have access to the most effective programs and services. In sub-Saharan Africa, the Population Council has created a network of 17 organizations in nine countries aimed at expanding access to the most innovative and effective prevention and treatment programs.

THE PROBLEM Every country faces its own challenges when dealing with sexual and gender-based violence. One problem common to all, however, is that there is too little information available and too little awareness of the problem’s prevalence.

THE PROGRESS The Council has created a network that disseminates knowledge of what works and what doesn’t in the fight against sexual and gender-based violence. In March 2008, 45 network participants from nine African countries attended a meeting in Pretoria, South Africa. They forged connections and identified “best practices” for carrying out activities to prevent violence against women. Discussions covered medical, legal, and psychological issues associated with sexual and gender-based violence. Participants cited lessons learned and requested that the Council continue to support the network. The ongoing collaboration will ensure that research results to prevent and respond to sexual violence are disseminated quickly to policymakers and service providers in all nine countries.

THE POTENTIAL The network’s 17 partner organizations continue to conduct research projects and document the results. Lessons and guidelines on projects such as the ones highlighted in this issue of Momentum are widely shared with other networks, organizations, and government agencies across Africa and elsewhere.

Donor: Swedish International Development Cooperation Agency.
President’s message

This issue of Momentum introduces a new format, as well as a new editorial approach. We have focused on one topic and highlighted Council activities that address sexual and gender-based violence. What has not changed is how we work. We bring world-class research skills to understand important health and population problems. This “fact base” provides the credibility we need to mobilize key officials to foster change.

In the KwaZulu-Natal province of South Africa, we gathered data about where girls and boys felt safe (see page 6). Once community leaders understood how unsafe girls felt, they were determined to do something about it.

After gathering and analyzing data, we design and test interventions to address a particular situation. In Zambia, in the project described on page 8, this meant training police to provide emergency contraception to reduce the likelihood that women who are raped bear the additional burden of an unwanted pregnancy.

Once an intervention is proven effective, we spread word of its success. Whether it is delivering a talk at an academic conference, meeting with government officials to share results, or sponsoring networks that facilitate “best practices” information-sharing, as we did in the project described on page 10, communication is a central element of our strategy.

All our research, planning, and dissemination take place in conjunction with local partners and staff members from the countries in which we work. This has the effect of making our findings more locally relevant and, at the same time, more likely to be adopted and implemented.

The end result is that funds invested in Council research are “smart money”: we test our interventions locally and then promote successful ones to a broad audience, ensuring a substantial impact.

Our success is due to our staff—which I believe is the finest in the field—and to the generous support of our donors. Thank you for your interest in the Council and your commitment to helping make the world a better—and safer—place. With your support we will continue to make a difference.

Sincerely,

Peter J. Donaldson

You have read how the Council is making a difference in the fight against sexual and gender-based violence by preventing HIV infection due to rape, changing male attitudes toward women, and creating safe spaces for girls. But we can’t do this alone. We need your financial support. Your contributions to the Population Council help us improve care for rape survivors and help build communities where sexual and gender-based violence is not tolerated.

Your donation has an immediate impact on our innovations, our ground-breaking research, our public policy initiatives, and our mission to improve the lives of the most vulnerable populations across the developing world.

At this critical juncture in the Council’s history, each gift—regardless of its size—brings us closer to a world where no woman has to suffer the consequences of sexual and gender-based violence. The active support of our friends today ensures we will reach our shared goal of providing women with a healthy and safe tomorrow.

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