Structural Factors & HIV
What do we know and where are we going?

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STRIVE partners & affiliates

- ICRW, Asia regional office
- Karnataka Health Promotion Trust, India
- National Institute for Medical Research (NIMR)/Mwanza Intervention Trials Unit, Tanzania
- Witts Reproductive Health and HIV Institute, SA
- ICRW, Washington DC
- LSHTM

Affiliates

- Soul City Institute, SA
- IMAGE, SA
- SASA! – Raising Voices, Uganda
- UNDP/HIV unit
STRIVE: Tackling the factors that create vulnerability and undermine HIV prevention and treatment
Conceptual framework

MACRO LEVEL

Structural Factors

Proximate Determinants of Risk

Criminal Justice | Laws Rights | Culture & Religion | Media | GDP Economics | Corporate & Tax policy | Politics

Criminalization of behaviours | Stigma | Gender Norms | Economic Opportunity | Mobility | Alcohol Availability

Violence

Access to Info & Services | Partner selection | Partner change | Unprotected Sex

HIV transmission

Structural Interventions
Deepen understanding of links & pathways

Add value to on-going initiatives

Assess impact
Research Theme Groups

- Reducing Adolescent Vulnerability
- Addressing alcohol-related risk
- Understanding structural factors & biomedical prevention
- Addressing norms, gender inequality & violence
- Realising Development synergies & co-financing

HIV
Why Focus on Adolescents?

- Reducing Adolescent Vulnerability
- Addressing alcohol-related risk
- Addressing gender inequality & violence
- Effect of structural factors on biomedical prevention
- Realising Development synergies & co-financing

HIV
Almost one quarter of the world’s population are aged 10-24 years, yet they account for nearly half of all new HIV infections.

Young women have up to 8 times more HIV than men

Source: Adapted from UNAIDS 2012
Adolescent health is socially determined

Adolescence and the social determinants of health

Russell M Viner, Elizabeth M Ozer, Simon Denny, Michael Marmot, Michael Resnick, Adesegun Fatusi, Candace Currie

Ecological analyses:

- National wealth, income inequality and access to education associated with poor adolescent health outcomes worldwide
- Countries with a greater proportion of school enrolment had better health outcomes, including lower HIV prevalence
- Countries with greater sex inequalities had poorer health outcomes for both sexes

Investments in adolescent health more generally will have benefits for HIV, and for development more generally

Viner, Lancet 2012
Transactional Sex
Modeling the potential importance of transactional sex in Nigeria

Prudden et al 2013, in press AIDS
Addressing girl’s risk in Karnataka

- CRT of multi-component intervention to keep girls in school, increase age of marriage and delay entry into sex work
  - Gender training of teachers; tracking of drop outs
  - Work with parents; assist with accessing entitlements
  - Sport’s based programmes for boys and girls (Parivatan Plus)
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HIV Acquisition

Alcohol consumption

Risk taking personality

Drinking norms
Alcohol myopia
Cognitive impairment
Immune function

Partner selection
Sexual frequency
Partner turnover
Unprotected sex
Access to info & services
Biologic susceptibility

Partner violence

Drinking venue
Synthesis of evidence

Multi-country study on role of drinking norms, alcohol promotion and packaging on drinking behaviour among young people

Qualitative and quantitative study of drinking and HIV-related behaviours among young people in Mwanza and Kilimanjaro, Tanzania
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HIV
Why gender inequality & violence?: 30% women globally experience partner violence.
Strongest data comes from South Africa & Uganda

Cross sectional data more mixed; methodological limitations
Consistent association found between more severe IPV and HIV risk
Devries et al, submitted 2013

3 prospective studies link IPV with Incident HIV or STI
Deepen understanding of links & pathways

**Addressing gender inequality & violence**

- Poverty & economic stresses
- Gender inequality & social norms condoning use of violence
- Social constructions of masculinity
- Early experiences or witnessing of violence
- PROXIMATE DETERMINANTS OF PERPETRATION OF INTIMATE PARTNER VIOLENCE BY PARTNER

**Partner Violence**

- Physical
- Sexual

**Problematic alcohol use**

- Partner has concurrent sexual partners

**PROXIMATE DETERMINANTS OF HIV RISK FROM PARTNER**

- Genital trauma
- Unprotected sex
- Increased probability partner has HIV and/or STI

**Reduced access to Info & HIV services**

**Increased likelihood that woman is HIV infected**
Addressing gender inequality & violence

Assess Impact

IMAGE Replication Trial in Tanzania
Research Theme Groups

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Embedded questions on alcohol use, stigma, and partner violence into on-going POPART trial

Ancillary study to specifically explore role of stigma among health workers as barrier to uptake and use of TasP
Study to increase effectiveness of PMTCT by addressing community and health worker stigma in Tabora, Tanzania

Invited to re-submit to NIMH with high marks
Reducing Adolescent Vulnerability

Addressing alcohol-related risk

Addressing gender inequality & violence

Effect of structural factors on biomedical prevention

Realising Development synergies & co-financing

HIV
Social forces drive the HIV epidemic and block prevention efforts. STRIVE partners investigate how structural factors create vulnerability and what programmes work to tackle them.

**Phuza Wize**

Phuza Wize (or “consume sensibly”) is a five-year campaign of STRIVE affiliate, Soul City Health and Development Institute, to reduce alcohol use.

**Drivers:** Alcohol, Gender inequality and violence

**Methods:** Changing social norms

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**Resources**

**What Works to Prevent Partner Violence? An Evidence Overview**

Lori Heise reviews the empirical evidence of what works in low- and middle-income countries to prevent violence against women by their male partners.
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