DFID SRH & HIV RPC at the XVI International AIDS Conference, Toronto, 2006

Abstract

MOPDC01 - Do economic development programmes reduce vulnerability to HIV and intimate partner violence (IPV): qualitative perspectives from a prospective cluster-randomized trial

G. Phetla¹, J. Busza², P. Pronyk³, J. Kim², R. Euripidou⁴, J. Hargreaves², L. Morison², C. Watts², J. Porter²

¹Rural AIDS and Development Action Research Programme (RADAR), School of Public Health University of the Witwatersrand, Johannesburg, South Africa, ²London School of Hygiene and Tropical Medicine, London, United Kingdom, ³Rural AIDS & Development Action Research Programme, School of Public Health, University of the Witwatersrand, Acornhoek, South Africa, ⁴Rural AIDS & Development Action Research Programme, School of Public Health, Acornhoek, South Africa

Background: Poverty and gender inequality drive the HIV epidemic in much of southern Africa. The Intervention with Microfinance for AIDS and Gender Equity (IMAGE) study is a cluster randomised trial of a structural intervention for the prevention of HIV and IPV that integrates gender and HIV education into an existing microfinance (MF) initiative. Qualitative methods were used to document changes in economic vulnerability, social capital, gender equity and "diffusion-of-innovation" over a 3 year period.

Methods: Qualitative data comes from focus group discussions with loan groups, in-depth interviews with both participants, dropouts and young people, non-participant observation of bi-weekly loan centre meetings, and participatory learning and action (PLA) workshops among young people in the communities. Thematic content analysis outlines key changes at the individual, household, and community level in response to the intervention.

Results: Among loan recipients, self-sufficiency improved both materially (ability to provide) and socially (heading the household), including an increase in self-confidence. Participants' exposure to the intervention has improved many of their life skills, particularly their ability to communicate effectively in their households and wider community. Participants and their household members showed an increased awareness of HIV/AIDS and gender issues. There was substantial evidence of diffusion through community mobilization efforts around both HIV and IPV. In some centres, problems with financial performance reduced intervention uptake. While the intervention has had positive impacts on the lives of many participants and households, some see it more ambiguously. Effects from education vs. those due to MF were inseparable in the minds of participants.

Conclusions: Qualitative data suggests the intervention enhances self-sufficiency, self-confidence, and critical-thinking around issues including gender-based violence, gender roles and HIV/AIDS. There is evidence to support wider changes at the household and community level. Quantitative results will also be presented at the conference.