

Abstract

THPE0252 - Effects of a structural intervention for the prevention of intimate partner violence and HIV in South Africa: a cluster randomized trial

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Background: HIV infection and intimate partner violence (IPV) share a common risk environment in much of southern Africa. We implemented a structural intervention that combined a microfinance (MF) programme alongside a gender and HIV training curriculum and explored changes in economic well-being, gender inequity, social capital and specific vulnerability to HIV and IPV.

Methods: Employing a cluster-randomized design, 8 villages were pair-matched and allocated to receive the intervention at onset or 3 years later. A two-part participatory learning and action curriculum was integrated into fortnightly MF meetings with groups of approximately 40 women. A first phase of structured sessions on gender and HIV was followed by a second phase geared towards community mobilization. Changes were assessed over a 2-3 year period among direct programme participants, young people in their households and randomly selected young people from the wider community. Analysis was per protocol.

Results: Among female programme participants, consistent improvements were observed in household economic well-being and levels of social capital including community mobilization. Improvements in both empowerment and the status of women within relationships were observed. Within this group, 12 month experience of physical and/or sexual abuse was reduced by half (aRR 0.48 CI 0.21-1.1). Effects on vulnerability to HIV were modest among indirect programme recipients. Improvements in knowledge, openness, communication and access to testing were observed amongst 14-35 year old household members, though effect sizes were small. No behavioural changes were observed. Among 14-35 year olds in the wider community, there were suggestions that partner numbers were reduced. HIV incidence was similar between intervention and comparison villages.

Conclusions: Integrated development strategies using MF may play an important role in reducing structural vulnerabilities to HIV and IPV in southern Africa. Effects on levels of IPV, even in the short term, have the potential to be pronounced.