Addressing the Social Determinants of HIV and Gender-based Violence in South Africa

The IMAGE Study
Results of a randomized trial

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Overview

- Developing cross-sectoral partnerships
- The IMAGE project: Intervention with Microfinance for AIDS and Gender Equity
  - Brief Video
- Impact Assessment: Methods and Results
- Implications for policy and practice
Developing cross-sectoral partnerships

- RADAR (Rural AIDS & Development Action Research Programme)
  - WITS University (SA) and London School of Hygiene and Tropical Medicine (UK)
  - Focus on clinical and social interventions for HIV/AIDS, rural context
    - limitations of health sector response for HIV prevention
    - social determinants perspective

- SEF (Small Enterprise Foundation)
  - Grameen Bank model - 36,000 active clients
  - Group-based lending for income generation
  - Poverty-focused – participatory wealth ranking

- 1999-2000 establish partnership:
  - work together to address HIV and gender-based violence (GBV)?
  - project conception, fund raising
Motivating forces...SEF

- Impact of HIV: on clients, staff
- Affect on business and loan performance
  - What can be done?
- Going beyond once-off HIV training
  - Maximize synergy
Motivating forces...RADAR

HIV Prevalence in women attending public antenatal clinics 1991 - 2005, South Africa

South African Department of Health, 2005
HIV prevalence in South Africa 30.2%  
- Department of Health 2005

Limitations of current HIV prevention strategies: ABC’s

South Africa: highest number of reported rapes in the world (55,000 in 2005)

Gender-based violence (GBV) as an independent risk factor for HIV  
- Dunkle et al, Lancet 363, 2005
Microfinance as a prevention tool:
addressing ‘structural factors’ (social determinants)
The IMAGE Intervention

The Intervention with Microfinance for AIDS & Gender Equity

- **2001-2005**
- **IMAGE** = Microfinance + Gender/HIV Education
  - A ‘structural intervention’
  - Complementary/synergistic
  - Compulsory 1-hr participatory training integrated into fortnightly loan centre meetings
    - 40 women
  - 2 phase training component
    - 12 months
Phase 1: Gender/HIV Training

Ten 1-hour sessions during loan repayment meetings

Focus:

- **Gender and HIV**: gender norms, domestic violence, sexuality, HIV/AIDS

- **Skills**: communication, conflict resolution, solidarity, leadership
Phase 2: Community Mobilisation

**Goal:** To take lessons learned and begin engaging men and youth in communities

- Select “Natural leaders”
- 1-week training: Leadership & Community Mobilisation
- Identify priority problem: Village-level Action Plans
VIDEO
Evaluation: Randomized trial design

- 8 villages in rural Limpopo (pop 64,000)
- Villages matched on size and accessibility
  - Intervention + matched control groups
    - Control groups received the intervention at the end of the trial
- Followed changes over 2-3 years
- Prospective
  - No previous microfinance or HIV/violence programming
- Study protocol reviewed and accepted Lancet, NIH
  - All outcomes pre-specified
- Parallel qualitative research
  - 3 full-time anthropologists over 3 years
  - KI interviews (participants, partners, drop-outs), FGDs, community profiling, non-participant observation
Microfinance + training

**DIRECT EFFECTS**
- IMAGE Participants + Controls (n=860)

**INDIRECT EFFECTS**
- 14-35 yo young people + controls
- Households (n=1455)
- Communities (n=2858)

**Social determinants**
- Economic well-being
- Empowerment
- Knowledge
- Communication
- VCT
- Social mobilization
- Sexual Behaviour

**Primary Outcomes**
- Gender-based violence
- HIV infection

**Diffusion**

**COHORT**
1
2
3
Results: Baseline characteristics

**Loan recipients and controls** (similar between groups)
- Ave age: 41 yrs
- Married: 42%
- Never attended school: 40%
- Female headed household: 52%
- Had to beg for food or money in past year: 72%
- Ever experienced violence: 25%

**Young People** (similar between groups)
- Average age 22 yrs
- “Healthy looking person can be HIV +”: 50%
- Access to VCT: 12%
- Unprotected sex at last encounter with non-spousal partner: 45%
- HIV prevalence at baseline (2001): 11%
“Before SEF, when I had family problems I would go all over the village asking for help and be the laughing stock of the whole village. With SEF I am now able to support my family, and for me those are good changes.”
Did IMAGE improve economic well-being?

**Risk ratio:** Difference between INT and CONTROL villages at follow-up
- Adjusted for baseline values and village level clustering

Risk ratio

<table>
<thead>
<tr>
<th>Category</th>
<th>Risk Ratio</th>
<th>Confidence Interval</th>
</tr>
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<tbody>
<tr>
<td>HH Asset value: &gt;R2000</td>
<td>1.15</td>
<td>1.04-1.28</td>
</tr>
<tr>
<td>Savings: stokvel member</td>
<td>1.84</td>
<td>0.77-4.37</td>
</tr>
<tr>
<td>Expenditure &gt;R200 pp on clothing/shoes</td>
<td>1.23</td>
<td>0.47-3.2</td>
</tr>
<tr>
<td>Food Security</td>
<td>1.00</td>
<td>0.81-1.26</td>
</tr>
<tr>
<td>School enrolment</td>
<td>1.01</td>
<td>0.97-1.06</td>
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“Empowerment is when you are able to use your mind and use your money well”

“We joined for money, but we got more. If you have money that does not mean that you are rich - you are rich when know about your life. As SEF women we are rich with knowledge.”
Quantitative: Effects on empowerment?

- Self confidence: 1.15 (0.83-1.6)
- Challenges gender roles: 1.57 (0.87-2.81)
- Communication with partner: 1.14 (0.90-1.44)
- Communication with other household members: 1.58 (1.21-2.07)
- Progressive attitudes towards violence: 1.49 (0.86-2.6)
- Autonomy HH decisions: 1.64 (0.85 – 3.17)
Impact on intimate partner violence:

Reduced by 55% (aRR 0.45 95% CI 0.23-0.91)

Past year experience of physical/sexual violence:
- pushed you
- hit you
- forced sex
- scared to say no to sex

Risk ratio

0.1 1 10

0.45 (0.23-0.91)
Responses to IMAGE...

- Trying out new behaviours & sharing strategies:
  - Negotiating condom use, VCT with partners
  - Leaving abusive relationships (solidarity & support)
  - Speaking openly about own HIV status, that of family

- Engaging young people: condoms under pillows, swapping kids, speaking at schools, football clubs

- Engaging men: Men’s workshops, “marriage” counseling
Community mobilisation: Women supporting women

“I do not think we would have made it working as individuals.”

“If one member has a problem, the sun will never go down without us knowing it”

Community mobilisation:
- 40 village workshops
- 16 meetings with local leaders
- 5 public marches
- 2 partnerships with local institutions
- 2 new village committees target Crime and Rape
Did the intervention have wider indirect effects on young people in the community (HIV risk)?

**Communication**

“Education is power. Now we are able to teach out kids about AIDS and rape so that they can look after themselves. We were scared to talk to them about such things, but now we talk to them about sex” – SEF client

“My parent encourages me to use condoms always when we are with our boyfriends. Before she joined SEF she was not telling us anything because things like sex was secret” – SEF client’s daughter
Did impacts diffuse to influence young people & HIV risk? Modest effects

### Household level – 2 yrs follow-up

<table>
<thead>
<tr>
<th>Action</th>
<th>Risk ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication about sex</td>
<td>1.32 (0.9-1.95)</td>
</tr>
<tr>
<td>Knowledge about HIV</td>
<td>1.11 (0.86-1.42)</td>
</tr>
<tr>
<td>Went for HIV testing</td>
<td>1.18 (0.73-1.91)</td>
</tr>
<tr>
<td>Participated in HIV march</td>
<td>1.37 (0.67-2.82)</td>
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### Community level – 3 yrs follow-up

<table>
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<tr>
<th>Action</th>
<th>Risk ratio</th>
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<tr>
<td>&gt;1 partner</td>
<td>0.64 (0.19-2.16)</td>
</tr>
<tr>
<td>Unprotected sex at last time</td>
<td>0.89 (0.66-1.19)</td>
</tr>
<tr>
<td>HIV incidence</td>
<td>1.06 (0.66-1.69)</td>
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**Results : Summary**

**Strength of study design**
- First randomized trial of a microfinance-based structural intervention
- Experimental design minimizes common forms of bias
  - programme placement, recall bias, absence of matched control groups

**Important Limitations:**
- low cluster numbers – wide CI’s
- limited exposure of young people to intervention
- unable to assess direct effects on HIV risk
- villages close together (contamination)

**Results**
- IMAGE feasible to deliver with high coverage
- Consistent effects on poverty and gender inequality / empowerment
- 55% reduction in rates of gender-based violence
  - Not previously demonstrated globally
- More modest indirect effects on HIV
  - Evidence of improved communication, community mobilization, VCT access
  - Less effect on sexual behaviour and HIV incidence

What are the implications for policy and practice?
1. Is the model sustainable and replicable?
2. How important is the training?
3. What does it cost?
4. Wider challenges to addressing social determinants
5. Programme and policy lessons
Sustainability: How did IMAGE affect MFIs financial performance?

- 50% reduction in centre “vulnerability” = attendance, arrears, savings
- Impact persisted 2 years after intervention completed
Sustainability: How did IMAGE affect drop-out rates?

• Over 3 years: 50% reduction in drop-outs. *Synergy*

• Usual reasons for drop outs: social difficulty, migration and business failure

![Drop outs graph]

- **IMAGE**
- **Average**
Replicability: Can it be scaled up?

- Approached by corporate partner: AngloPlatinum Mines – Can you bring it to scale?

- Transition from Pilot Study to field-tested Operational “package” that can be adapted & replicated in other settings

- Scaling up from 8 to 150 villages covering 2000 km² area in Limpopo Province, South Africa

- Transition from research intervention delivered *in parallel* to sustainable model, fully integrated into MF NGO (SEF)

- Wider relevance: 100 million microfinance clients worldwide
Best Partnership Model?

Institution

MFI  HIV  MFI  HIV  MFI-HIV

Programme

LINKED?  PARALLEL?  INTEGRATED?

Clients

clients  clients  clients
How important was the training?

Cross-sectional sub-study of 500 households from matched randomly selected villages receiving MF alone

Preliminary Findings

- **Economic well-being**: similar improvements in both IMAGE and MF-alone

- **Empowerment**:  
  - MF-alone: Most indicators did not change  
  - Some benefit to ‘financial empowerment’  
  - Some indicators worsened

- **Gender-based Violence**: MF alone - no effect

Suggest importance of synergy
What did IMAGE cost?

- **Research collaborators:**
  - LSE (Dev Studies Institute/LSE AIDS)
  - Health Policy Unit, LSHTM

- **Incremental costs above routine MF**
  - SEF now financially sustainable MFI
  - Did not factor in ‘cost-savings’ from improved loan performance

- **Results:** USD $20 per client to receive the training intervention

- **Future-plans:**
  - Scale-up: Economies of scale?
  - Cost-effectiveness & cost-benefits relative to other health & social interventions?
Wider challenges to addressing social determinants

1. Often regarded as outside traditional sphere of public health – ‘not our job’
   - Demands new partnerships across sectors & disciplines
   - Working outside ‘comfort zones’
   - Mistrust, different organisational cultures

2. Structure of donor agencies and government bodies may discourage cross-sectoral programs

3. Shifting focus from “risk behaviour” to “risk environment”:
   - Fear of “getting too fuzzy”
   - Being broad in outlook while generating concrete interventions
Wider challenges to addressing social determinants

4. Overcoming inertia:
   - Easier to just carry on (“business as usual”) or focus on damage control (e.g. mitigating impact of AIDS on MFIs) or simple add-ons (delivering condoms or bednets)
   - Additional costs of innovation – who will pay?
   - Risks of innovation: Fear of “rocking the boat”

5. Moving away from individual-focused interventions shifts emphasis towards concepts of community participation – which means letting go control…

6. May challenge firmly rooted political, economic, and social interests:
   - Donor pressure on MFIs: Maximizing “cost recovery” vs. social development agenda
   - Who sets the agenda?
Programme and policy lessons

1. It is possible to reduce GBV and to do so within programmatic timeframes
   - Challenges belief that gender norms & GBV “culturally entrenched” and resistant to change
   - Concrete example of “mainstreaming gender”
   - Adding “gender & HIV” did not threaten core MF delivery – & may strengthen it

2. Importance of meeting “basic needs” as part of health interventions
   - Synergy: piggy-backing onto poverty alleviation programme meant regular contact > 1 year

3. Choose good partners: stick to what you do well
   - Challenges of HIV service organisations trying do microfinance
   - Difficulties of changing target groups to suit health agenda (e.g. SHAZ targeting adolescent women in Zimbabwe)
Programme and policy lessons

4. Invest time in exploring how best to integrate interventions
   - Different institutional cultures: gender training for MF staff
   - Practical realities: Mandatory training sessions, before loan repayments
   - Different delivery models

5. Focusing on risk environment: May mean “indirect” target groups
   - Gender norms, sexual behavior: worked with older women in order to influence at-risk youth (“healthy communities”)
   - Poverty: Worked to improve household economic well-being vs. giving loans directly to young women

6. Community mobilization can be unpredictable, and takes time
   - Addressing social norms (e.g. gender, violence) cannot be done on a superficial level: mentorship and support to trainers critical
   - Communities will identify their own priorities: Expect the unexpected!

7. Explore other development strategies as strategic entry points:
   - literacy programs, job skills retraining…
8. **Research:**
   - Structural interventions take time - motivate for appropriate programme & research timeframes
   - Be practical & strategic about research needs: How much evidence is enough evidence?

9. **At country level:** Strategies to reduce GBV should be seen as urgent & realistic component of HIV prevention agenda
   - Laws & Policies: (e.g.) Sexual violence Bill

10. **Beyond scaling up programmes – seeing the bigger picture**
    - Microfinance a “foothold” out of poverty, but not the whole ladder…
    - Country level: Importance of working with government (e.g. job creation, delivery of water, basic services)
    - Global level: Macro-social factors – agricultural and trade policies that maintain inequalities in spite of country-level efforts
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