The Intervention with Microfinance for AIDS and Gender Equity (IMAGE) Study

Compared to a control group, IMAGE illustrates that a community-based, public health intervention reduced levels of intimate partner violence by 55 percent over a two-year period in the rural Limpopo province of South Africa. Intimate partner violence is common in South Africa and places women at increased risk for HIV infection.

IMAGE tested the hypothesis that a structured intervention combining microfinance and gender and HIV training could empower women and reduce the level of intimate partner violence and the risk of HIV infection. To test this hypothesis, the study combined two components:

**Microfinance** South Africa’s Small Enterprise Foundation provided loans to some of the region’s poorest women to establish income generating businesses. Individual women ran the businesses, but groups of women guaranteed one another’s loans and repaid them together in order to receive further loans. Groups of 40 women met every two weeks to repay loans, apply for additional credit, discuss their business plans and participate in a training intervention.

**Training Intervention** The training intervention occurred in two phases. During phase one, women attended 10 one-hour participatory learning programs to discuss gender roles, cultural beliefs, relationships, communications, domestic violence and HIV. During phase two, peers of the women selected a smaller group to attend a week-long leadership training program. They returned to their loan centers to work with other women to mobilize the community, educating young people and men about gender equity, intimate partner violence and HIV.

**EVIDENCE-BASED RESULTS**
Researchers collected information from 860 participants between September 2001 and March 2005. Compared to women in the control communities, those receiving the IMAGE intervention showed a significant reduction in reported levels of physical and sexual intimate partner violence. Qualitative data suggests that this reduction resulted both from women’s economic empowerment and increased awareness about gender based violence and HIV. The reductions in violence from the IMAGE study resulted from the participants’ increased...
ability to challenge the acceptability of violence, expect and receive better treatment from partners, leave violent relationships, give material and moral support to those experiencing abuse, mobilize new and existing community groups, and raise public awareness about intimate partner violence and HIV. Among young women participating in the program, there were also significant improvements in HIV-related communication, accessing HIV testing, and condom use.

**APPLYING THE PUBLIC HEALTH APPROACH TO REDUCE VIOLENCE**

The IMAGE study provides encouraging evidence that a combined microfinance and gender/HIV training intervention can successfully reduce the incidence of intimate partner violence. Further research from IMAGE suggests that adding a gender/HIV component to conventional microfinance services produces greater health and empowerment benefits than microfinance alone.

Building on the results of the pilot, the project has since expanded to reach 5,000 households and will extend by 2011 to 15,000 households in a high risk area surrounding proposed mining developments in South Africa’s rural northeast.

While the initial intervention cost approximately $25 per woman, that cost reduces to $7 per woman by taking advantage of economies of scale. Despite its low cost and high success, funding for community-based public health initiatives is scarce.

To prevent violence against women globally, adequate funding from both public and private sources is critical. With funding, a body of action-oriented research will enable practical interventions and achieve lasting progress in reducing violence.

For more information about IMAGE, contact Dr. Charlotte Watts at Charlotte.Watts@lshtm.ac.uk or Dr. Julia Kim at jkim@agincourt.co.za.

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Fran Henry, Coordinator
Global Violence Prevention
P.O. Box 152
Cummington, MA 01026
franceshenry@earthlink.net

**GLOBAL VIOLENCE PREVENTION** is a network of U.S. researchers and practitioners of violence prevention, working to bring resources to low-income and middle-income countries for evidence-based prevention of self-directed, interpersonal, and collective violence.