Intimate Partner Violence and Relationship Power as Psychosocial Challenges to Reducing HIV Risk

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Intimate Partner Violence

- Definition: (Mitchell J et al, 2016)
  Physical, sexual, financial and psychological abuse towards a partner within an intimate relationship.
- A global health problem
- Heterosexual or same sex relationships
- Overwhelming burden experienced by women, perpetrated by men

Image source: dreamstime.com
Global prevalence of IPV against women aged 15 years and above

Central and Sub-Saharan Africa = 65.6% (CI = 53.57 – 77.71)

Source: Devries, Mak, García-Moreno, et al. (2013).
IPV and HIV...body of evidence

- Women who are abused and men who abuse are more likely to have HIV
- Women who have experienced physical/sexual intimate partner violence are 54% more likely to have HIV (Dunkle et al 2004)
- Men who have perpetrated physical/sexual intimate partner violence are more than twice likely to have HIV (adjusted Odds Ratio 2.23) (Jewkes et al 2008)
- HIV-infected women more likely to have experienced multiple forms of IPV than HIV-uninfected women
- 68% - 95% of women living with HIV reported a lifetime experience of IPV (Hatcher A et al, 2015)
IPV, HIV and AGYW

- IPV prevalence estimates high among adolescent girls and young women (AGYW) (Decker et al, 2014)
  - Physical IPV = 30.9%
  - Sexual IPV (transactional; coerced) = 18.3%

- Multiple partnerships
- Lack of sexual control
- Inability to negotiate condom use
- Disparate age relationships and power

Higher risk of HIV infection
Multiple pathways link violence and HIV
Multiple pathways link violence and HIV

Source: STRIVE
Multiple pathways link violence and HIV

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IPV undermines HIV care and treatment success in women

HIV testing
- Gender inequality undermines women's decision-making autonomy about HIV testing
- Fear of IPV prevented some women from accessing testing (variable results). One study suggested that IPV motivates HIV testing.

ART initiation
- IPV was associated with inability to access care and treatment.
- IPV was associated with lower current ART use among women
- Women were reluctant to, or did not include, their male partners in PMTCT services due to fear of violence.

Viral load
- IPV reduced odds of women adhering to ART by half.
- Partner abuse associated with poor adherence leading to poor clinical outcomes (CD4+, VL).
- IPV associated with treatment discontinuation
- Increased loss to follow up

Source: STRIVE
IPV, HIV and Mental Health

Triple burden of disease:
“Emerging evidence linking experiencing IPV and/or HIV to a higher likelihood of experiencing mental health problems” Mitchell J et al (2016).
IPV and HIV prevention in AGYW: EMPOWER study findings

Is it feasible, acceptable and safe to integrate responses to gender-based violence and harmful norms into an HIV prevention programme offering PrEP for AGYW aged 16-24 years?

- Provision of services that are confidential, respectful, and non-judgement are highly acceptable to youth
- Youth engagement in the design of services and interventions is critical
- Partnerships across sectors are particularly important for developing referral pathways for young people

Source: EMPOWER 2018
Key lessons from integrating GBV and HIV programming:
*Tathmini RCT, Mbeya, Tanzania (2018)*

Comprehensive package of services influenced:
- Knowledge, attitude, beliefs about gender based violence (GBV)/IPV
- Awareness of laws and policies on violence
- Less acceptance of partner violence for refusal of sex
- Shift towards gender equitable norms
- Better informed beliefs
- Use of referral networks?
Swa Koteka RCT

- Cash transfers conditioned on school attendance to reduce HIV
- Significant ↓ in physical IPV by 34%
- No significant effect on sexual IPV
- Effects driven partially by not engaging in sex or having fewer sex partners

Source: Kilburn, JIAS 2018
Interventions: IPV screening and HIV prevention

- Healthy Relationship Assessment Tool (HEART)
  - Administration by lay counselor on a tablet
- Asks about gender norms, relationship traits, access to resources, decision-making, agency, influence in relationship, HIV prevention agency
- Assesses where women's relationships fall along a continuum from very supportive to abuse/controlling
- Counseling module recommended and selected by counselors

Source: CHARISMA
Empowering women

1. Partner communication

   Elements of communication, “I” statements, and conflict de-escalation

   All other women receive this module

2. Ring disclosure and partner support

   HEART indicates partner is not abusive but she has not disclosed ring use or she has disclosed and he is not supportive

3. Responding to IPV

   HEART indicates any controlling behaviors, emotional abuse or physical abuse

Source: CHARISMA
Engaging community, targeting men

- Community engagement workshops
- Community dialogues
- Soccer tournaments
- Media outreach
- Tavern mini-dialogues
- Door-to-door campaigns
- Community murals
- Community action teams (CATs)
- WhatsApp groups to notify CHARISMA participants of community events

Source: CHARISMA
Pitfalls to successful interventions:

*Why interventions to prevent IPV and HIV have failed young women in Southern Africa, Mannell J et al (2019)*

- Interventions developed without meaningful involvement of women
- Focus on addressing risk factors instead of understanding the broader societal context and promoting women’s agency
  - Is violence an acceptable part of a loving relationship?
  - Strategies to say no and still protect yourself from violence?
- Not adequately accounting for changes in gender norms and relationships
  - Women are increasingly taking on traditional male roles - threat
- The role of technology in perpetuating IPV
  - Use of social media to monitor partners
Conclusion

• There is a strong body of evidence showing that IPV increases risk of HIV infection particularly in AGYW

• Causes are multidimensional, complex and require interventions at multiple levels

• Studies have shown that integrating IPV services with HIV programming services including HIV prevention is feasible and acceptable to women and have potential of shaping new gender norms

• Underutilization of referral links – need economic empowerment of women

• Need to design interventions that engage women from the onset, promote women’s agency and are cognizant of evolving gender norms and the risks brought on by technology.
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