

ADDRESSING INTIMATE PARTNER VIOLENCE AND POWER IN RELATIONSHIPS: WHAT CAN WE DO IN THE CONTEXT OF HIV TESTING SERVICES?

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Background

- 35% of ever-married women in Nairobi experienced physical and/or sexual IPV in the past year *(KDHS 2014)*
- IPV is associated with significantly lower ART use, lower ART adherence, and lower odds of viral load suppression among women *(Hatcher et al 2015)*
- WHO guidelines for IPV discourage universal screening, but note routine inquiry is warranted in ANC settings and, though further research is needed, may also be warranted in HIV testing services (HTS) *(WHO 2013)*
- Researchers have recommended doing more than screening and referral *(Christofides & Jewkes 2010; O'Doherty et al 2015; Undie et al 2016)*

Aim and Setting

- Rigorously test a simple pilot intervention that aims to take a step beyond IPV screening to discuss violence and power with all women receiving HTS
- Kenyatta National Hospital's (KNH's) ANC clinic



Methods

- Randomized controlled trial assessing intermediate outcomes.
- First-visit ANC clients randomly assigned to either intervention (IPV-HTS) or control (standard HTS).
- Participants interviewed twice: immediately after receiving their HTS services, and at subsequent ANC visit (~one month later). Review of clients' clinical records for HIV status.
- Sample:
 - 688 women at first visit;
 - 535 women at second visit (78% retention)
- Data analyzed using intent-to-treat approach.
- No significant differences in demographic, HIV or IPV indicators between intervention and control group participants; or with those lost to follow-up.

Intervention: HTS that addresses IPV and power in relationships

- 4 components:
 - Provider training
 - Counseling aids
 - IPV counselor from KNH's GBV Centre posted in the ANC clinic
 - All HTS providers involved in project attended support group sessions

Resources

You are not alone. There are people and services here and elsewhere in Nairobi that provide free and confidential help.

- Gender Based Violence Recovery Centre, Kenyatta National Hospital (Old Hospital Building)
Call: 0733 606 400 or 0722 829 501 Ext. 44101 or 43136
- Women's Rights Awareness Programme*
Mvuli Lane, off Thika Superhighway (next to Mathari Hospital)
Call: 0721367677 or 0722 252 939
* Provides safe shelter
- Nairobi Women's Hospital, Gender Violence Recovery Centre (Hurlingham Centre, Adams Arcade and Ongata Rongai)
Call: 0202 716 651
- Centre for Rights Education and Awareness
Chalbi Drive House No. 55, Lavington (off Issac Gathanju Road)
Call: +254 20 237 8271 or +254 720 357 664

Participant Characteristics

- On average, 29 years old
- Half (49.6%) had completed some tertiary education
- 82% currently married, 2% unmarried but living with a man, 9% had a regular partner but not living together, 6% single
- 5.7% of women were living with HIV
- 38% reported ever experiencing IPV, most in past year



Participant Characteristics: Experience of IPV

	Total N=688 (%)	Intervention N=377 (%)	Control N=351 (%)	P-value*
IPV in past 12 months (any type)	35.0	38.2	31.8	0.079
Emotional IPV in past 12 months	29.1	31.9	26.1	0.110
Physical IPV in past 12 months	14.2	14.9	13.5	0.660
Sexual IPV in past 12 months	12.9	14.4	11.4	0.260
Physical and/or sexual IPV in past 12 months	21.3	22.7	19.8	0.400

* Chi-square tests for association. Significance at $p < 0.05$.

HIV infection, disclosure, and couples testing among women experiencing physical or sexual violence in past 12 months

	Total N=688	IPV-negative N=543	IPV-positive N=145	P- value*
Disclosed HIV status to partner (positive or negative result)	86.5	88.8	78.0	0.001
Know partner's HIV status (positive or negative result)	76.6	78.5	69.7	0.026
Have ever been to couples HCT	66.6	68.7	59.0	0.030
HIV-positive	5.6	4.4	10.0	0.018

* Chi-square tests for association. Significance at $p < 0.05$.

Intervention effects - process

Among women experiencing any IPV (physical, sexual, or emotional) in past 12 months

	Total N=241 (%)	Control N=134 (%)	Intervention N=107 (%)	P-value*
Provider screened for IPV (1 st ANC visit)	45.8	21.8	75.7	< 0.001
Participant disclosed IPV to provider (1 st ANC visit)	17.8	6.7	31.8	< 0.001
Participant followed-up on referral/ intend to today (2 nd ANC visit) ^a	11.0	7.8	14.8	0.164

* Chi-square tests for association. Significance at p<0.05.

^a Total response on variable N=191 (103 control, 88 intervention) due to attrition at second follow-up and one case of missing data.

Intervention effects - perceived support

Logistic Regression Analysis, by Study Arm at Second ANC Visit

	Unadjusted Intervention (vs. Control)	Adjusted Intervention ^a (vs. Control)
Talking with provider made positive difference	2.95***	2.89***
Learned new things about a woman's rights in her relationship	3.79***	3.72***
Feel better able to take care of health than before visit	1.23	1.15
Feel more confident in how deserve to be treated	2.81***	2.72***

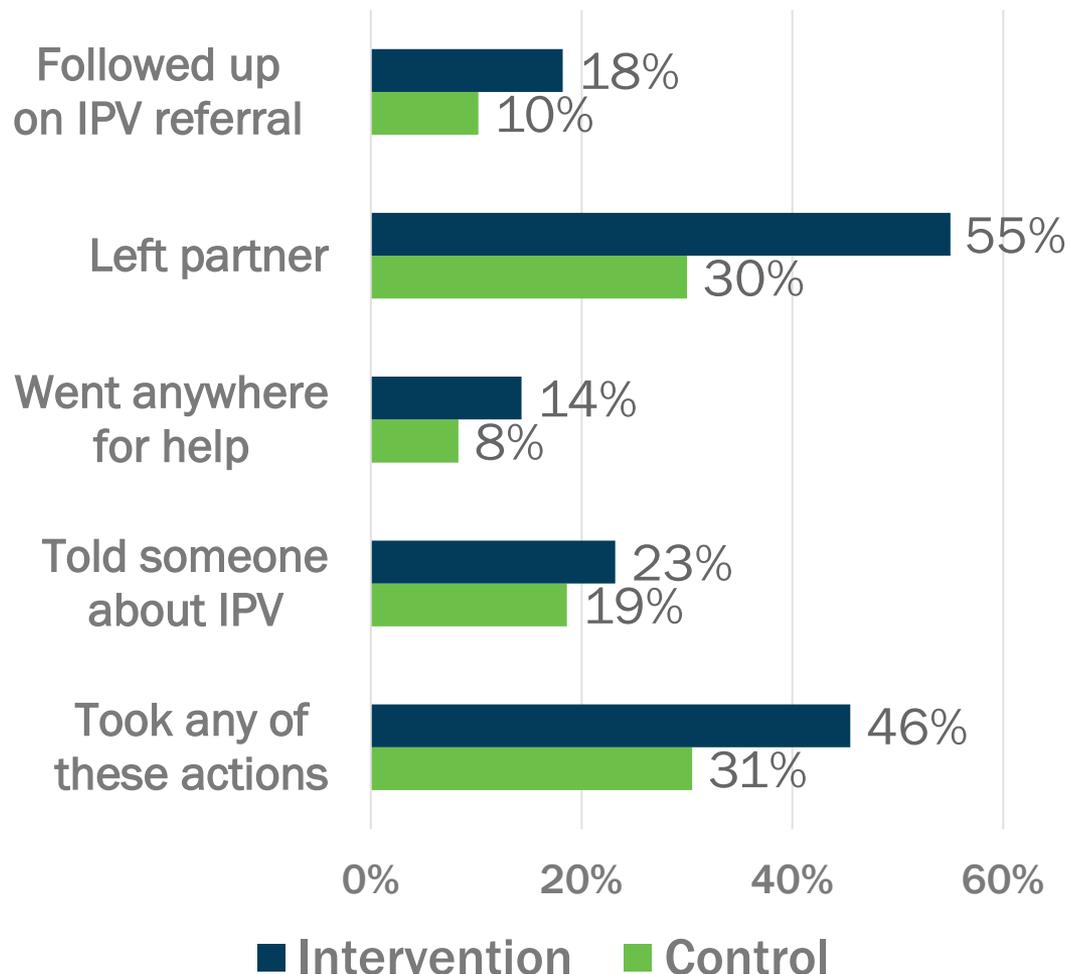
^a Adjusts for sexual relationship power and experiences of IPV in past 12 months

*p<0.05; **p<0.01; ***p<0.001

Exploratory analysis

Among women experiencing physical or sexual violence in the past year, the proportion of women taking any **action** to address IPV was higher in the intervention vs. control group (46% vs. 31%, $p=0.07$)

Women's Actions, by Study Arm, 2nd ANC visit



Conclusion

- Results demonstrate **significant positive intermediate outcomes** of a short intervention integrating IPV/power and HTS.
- Added only 6.5 minutes to HTS counseling time making it possible to scale up
- The strategy can contribute to reaching and supporting women who are experiencing violence, and should be further tested for behavioral, health and mental health outcomes through a larger evaluation.

Thank you!



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