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# Empowering Abused Women in South Africa: Preliminary Findings from an Intervention to Reduce HIV Risk

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# Women & HIV in South Africa

- South Africa has the highest number of people living with HIV/AIDS (PLHA) in the world<sup>1</sup>
  - Of the 5.3 million PLHA in South Africa, 2.9 million of these are women<sup>1</sup>
  - National adult HIV prevalence is 21.5%<sup>2</sup>
- Young women are most greatly affected
  - estimated to be 3.6 times more likely to be living with AIDS than young men<sup>1</sup>
  - 27.9% of women attending ante-natal clinics in South Africa are infected with HIV<sup>2</sup>.

<sup>1</sup>(UNAIDS, 2005), <sup>2</sup>(UNAIDS, 2004)



# Violence Against Women in South Africa

- 25% of women in 3 South African provinces have experienced physical abuse by a current or ex-partner<sup>1</sup>;
- 71% of pregnant and 60% of non-pregnant teens in a Cape Town study report ever having sex against their will<sup>2</sup>;
- 55% of adolescents report that *'forcing sex with someone you know is not sexual violence'* <sup>2</sup>

<sup>1</sup>(Jewkes et al., 2001), <sup>2</sup>(Andersson et al, 2004)



# Violence Against Women and HIV

- Physical and sexual intimate partner violence has been associated with a 64% increased risk of HIV seropositivity<sup>1</sup>
- Violence increases HIV Risk:
  - Forced/coerced sex with an infected partner<sup>2,3</sup>
  - Negotiation of safe sex is inhibited<sup>3,4</sup>
  - Childhood sexual abuse survivors are more likely to engage in HIV risk taking behaviors<sup>3</sup>
- HIV seropositivity can increase violence:
  - Disclosure of HIV status can prompt violence from an already violent partner<sup>3</sup>

<sup>1</sup>(Dunkle et al, 2004) <sup>2</sup>(Jewkes, 2002) <sup>3</sup>(Maman et al, 2000),

<sup>4</sup>(Karim, 2001)



# Study Aims

- To develop and implement a pilot HIV prevention intervention within services for women who have experienced relationship violence and sexual abuse
- To determine feasibility of a 6-session group vs. a 1-day workshop
- To ascertain preliminary impact:
  - Reduction of HIV risk behaviors and traumatic stress
  - Improvement of psychosocial outcomes



# Formative Research

- 27 women participated in semi-structured in-depth interviews regarding:
  - abusive experiences
  - beliefs and attitudes regarding HIV risk
  - impact of community norms and customs
  - impressions of how violence and HIV risk interact

(Fox et al, in press)



# Qualitative Results

- Participants had experienced myriad forms of abuse from intimate partners
  - Created a climate that sustained abuse and multiplied HIV risk
- Female vulnerability to HIV and abuse was compounded by:
  - Male partners' concurrent sexual relationships
  - Poor relationship communication
- Abuse was enabled to continue by:
  - A social environment of silence
  - Male power
  - Economic constraints
  - Substance use



# Recruitment & Methods

- Recruitment of Sample
  - 97 women seeking services at People Opposing Woman Abuse (POWA), a Johannesburg based NGO.
  - POWA serves women seeking support for domestic violence and rape crisis.
  - 5 sites: 3 drop-in centers & 2 shelters in urban areas and townships
- Methods
  - Eligible women completed a 1-hour assessment conducted by research staff from the University of Pretoria
  - Assessments in Zulu, Sotho or English.





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# Intervention Content

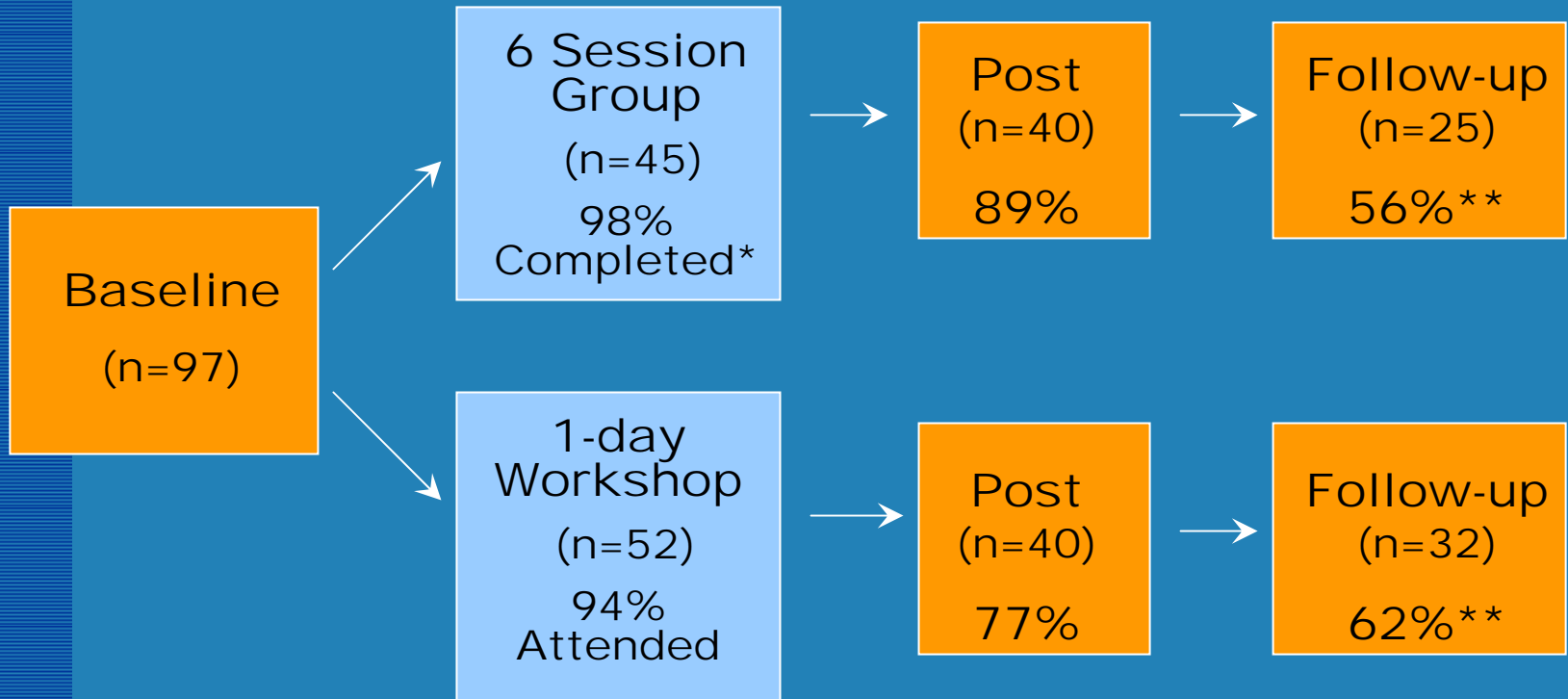
- Abuse, Trauma and HIV/AIDS Information
- Increasing Knowledge about HIV-AIDS and Risk
- Communication, Negotiation and Problem-Solving Skills
- Condom Use and Overcoming Barriers
- Empowerment
- Violence/Abuse, HIV Risk & Coping



# 6-Sessions vs. Workshop

- Workshop was 5 hrs; 6 group sessions totaled 9 hrs
- Therefore, 6-session group allowed more time for:
  - Role playing
  - Discussion of gender & power issues
  - Feedback on goals
  - Opportunities to apply knowledge and skills learned
- Workshop was completed on one day, so easier for participants to attend

# Recruitment & Retention



\* Completed = attended 5 or more sessions

\*\* Retention significantly lower at Shelters than Drop-in Centers



# Description of Sample

(Baseline N= 97)

## Demographics

Mean Age	35.35 (SD=10.12)
African Ethnicity	93.8% (90)
Zulu/Sotho Mother Tongue	68.8% (66)
In a Relationship	68.9% (51)

## Socio-Economic Status

Monthly Income <500 Rand (70 USD)	76.9% (70)
Less than High School Diploma	78.9% (75)
No Formal Employment	81.3% (78)



# Abuse Experiences

## Any Sexual Abuse:

Childhood	38% (35)
Adolescent	42.4% (39)
Adult	55.3% (52)

## Abuse by Partner (Conflict Tactics Scale, past 2 months):

Physical Assault	40.9% (36)
Injury	36.4% (32)
Sexual Coercion	44.3% (39)



# Health Status

Lifetime STI	38% (37)
Ever Tested for HIV	48% (46)
HIV test results:	
Positive	15% (7)
Negative	74% (34)
Did not return for result	11% (5)



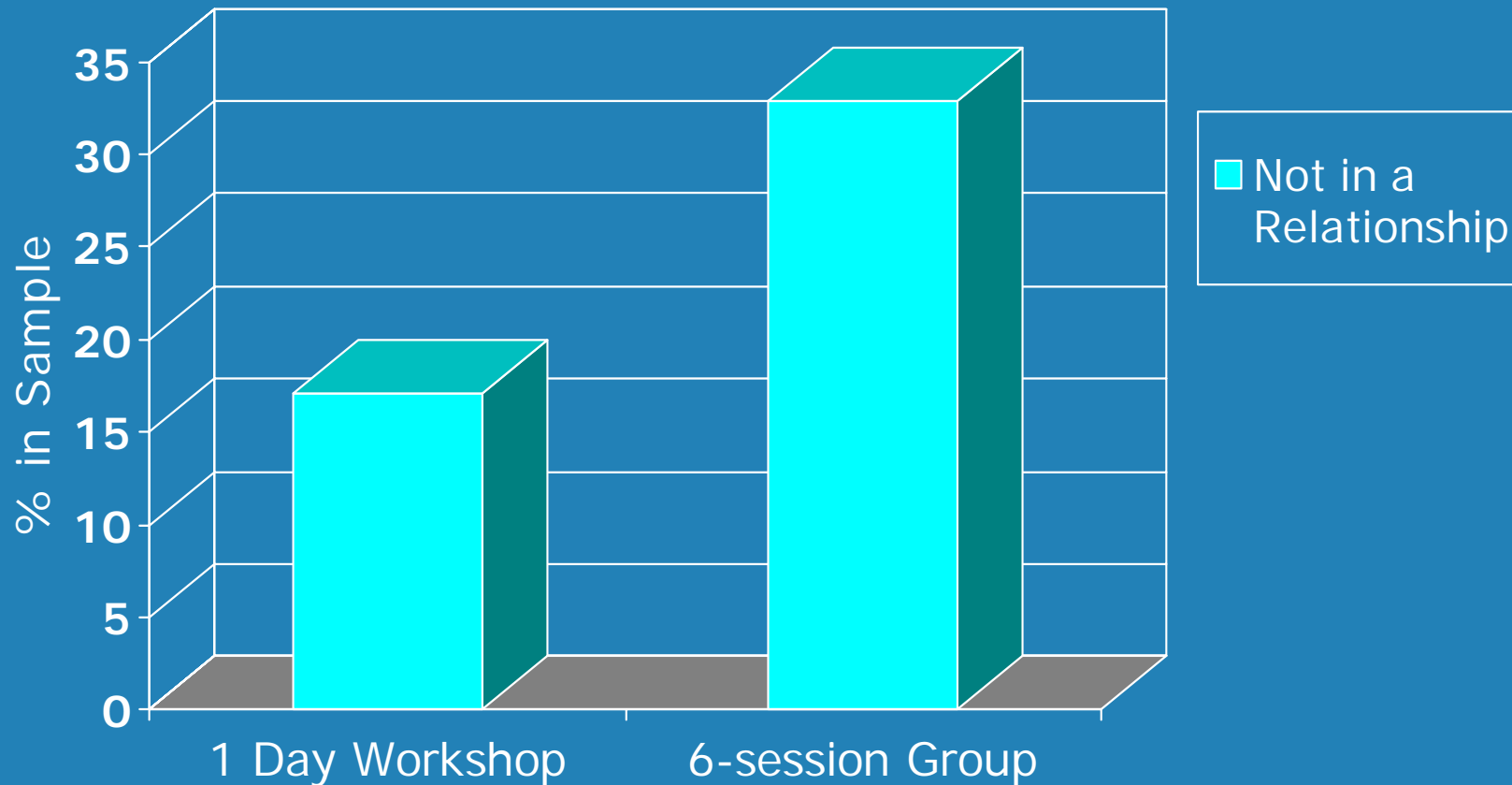
# Intervention Outcomes: Psychosocial

- Post and FU: 6-session and workshop
  - Increase in risk reduction intentions
  - Increase in condom self efficacy
  - Increase in perceptions of positive partner attitudes regarding condoms
- Post: 6-session > workshop
  - Increase in knowledge
  - Decrease in misperceptions



# Intervention Outcomes: Behavioral

## Relationship Status Post-Intervention



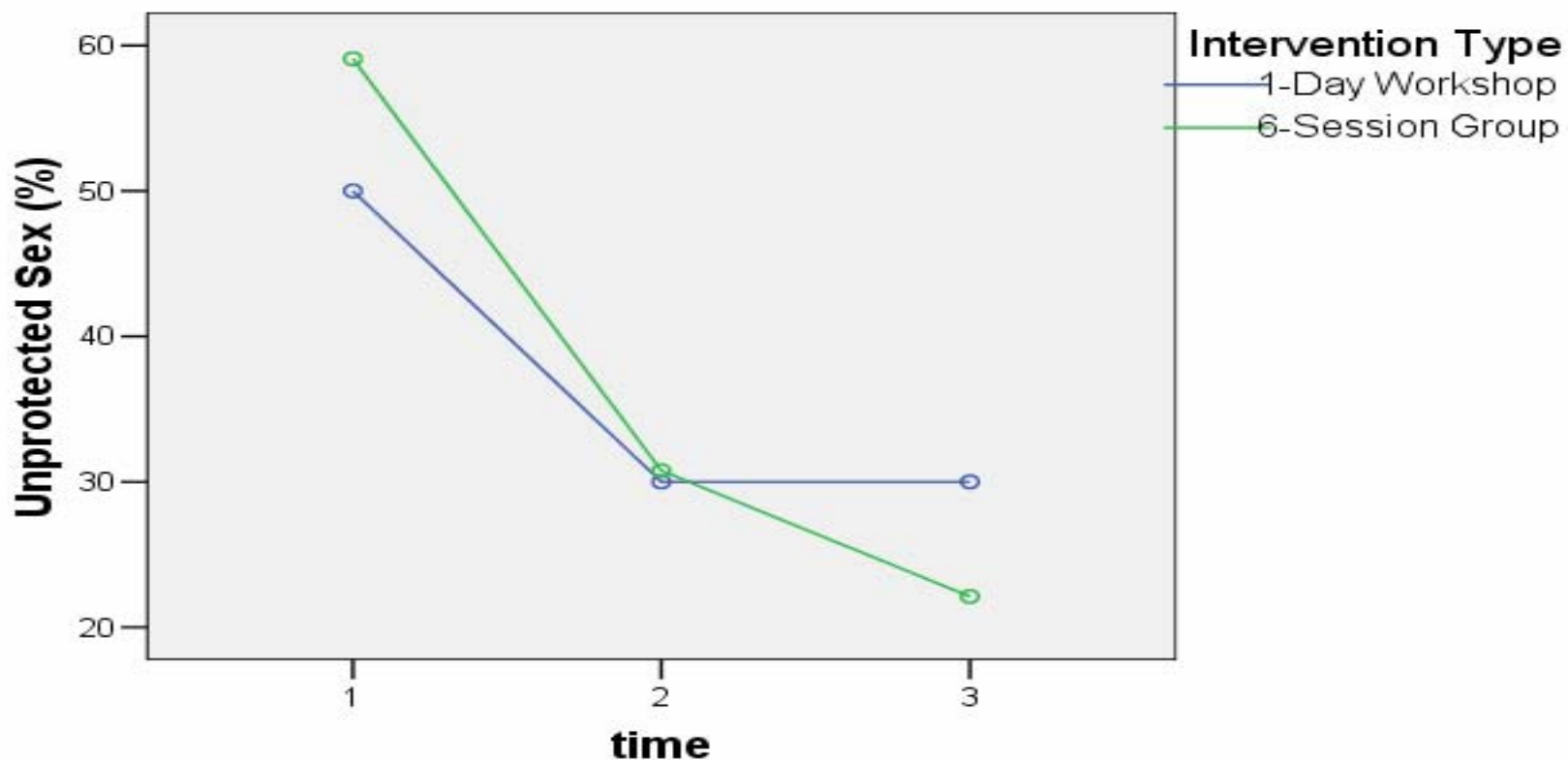
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# Intervention Outcomes: Behavioral

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## Percent Unprotected Sex

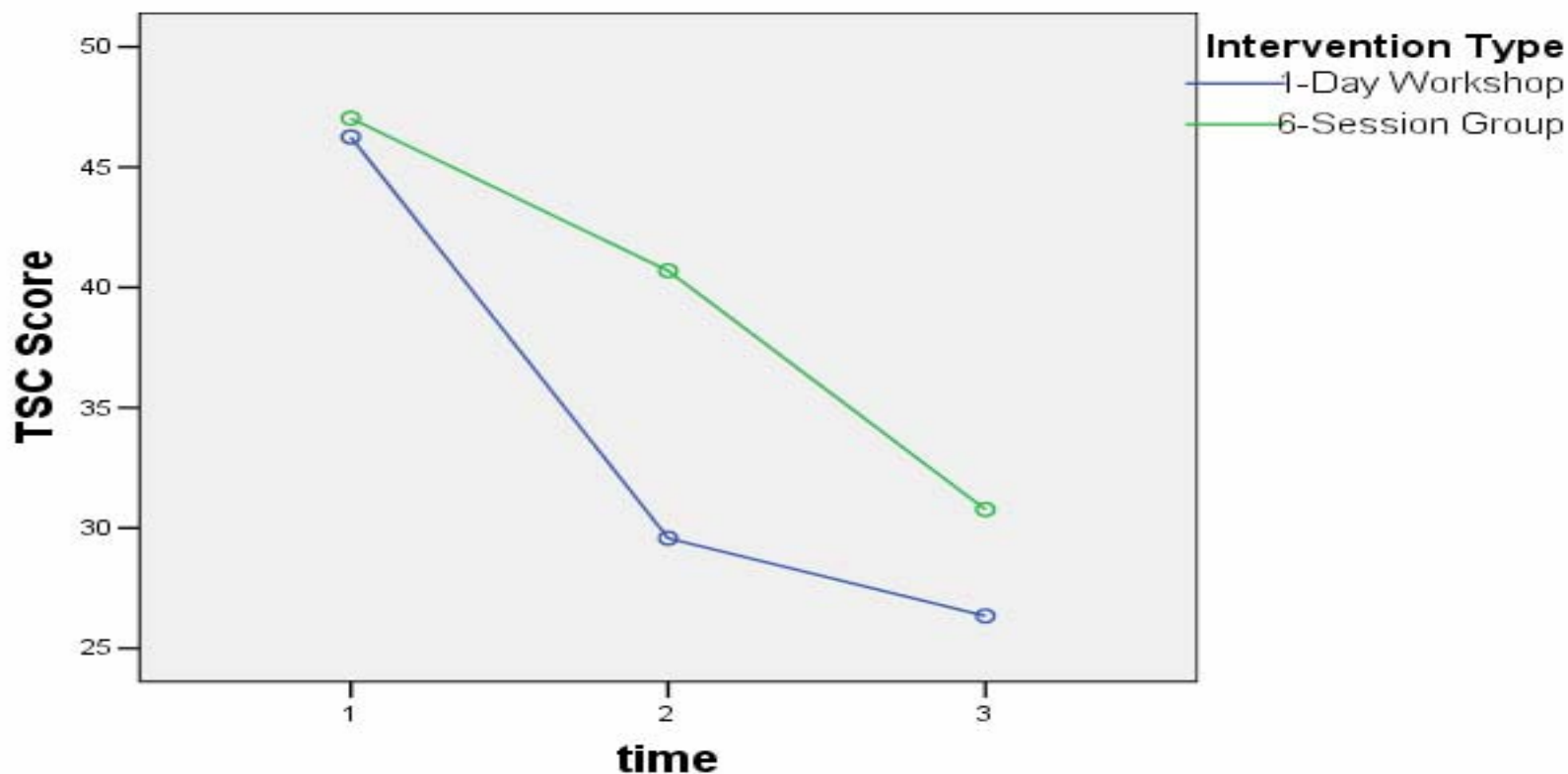




# Intervention Outcomes: Mental Health

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## Traumatic Symptoms





# Implications

- Integration of HIV prevention within services for domestic violence is feasible
- Group interventions are of interest to clients and have potential for impact
- Full scale intervention trials are needed to evaluate innovative approaches to reduce the intersection between violence and HIV



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# Collaborators

- University of Pretoria
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- People Opposing Woman Abuse (POWA) - Johannesburg
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  - Madre Jan Van Rensburg



- Yale University
- Ashley Fox
  - Nathan Hansen
  - Sarah Littlefield
  - Sharon Neufeld
  - Gina Poole



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# Collaborative Team at POWA

