Gender-based violence and HIV: What don't we know?

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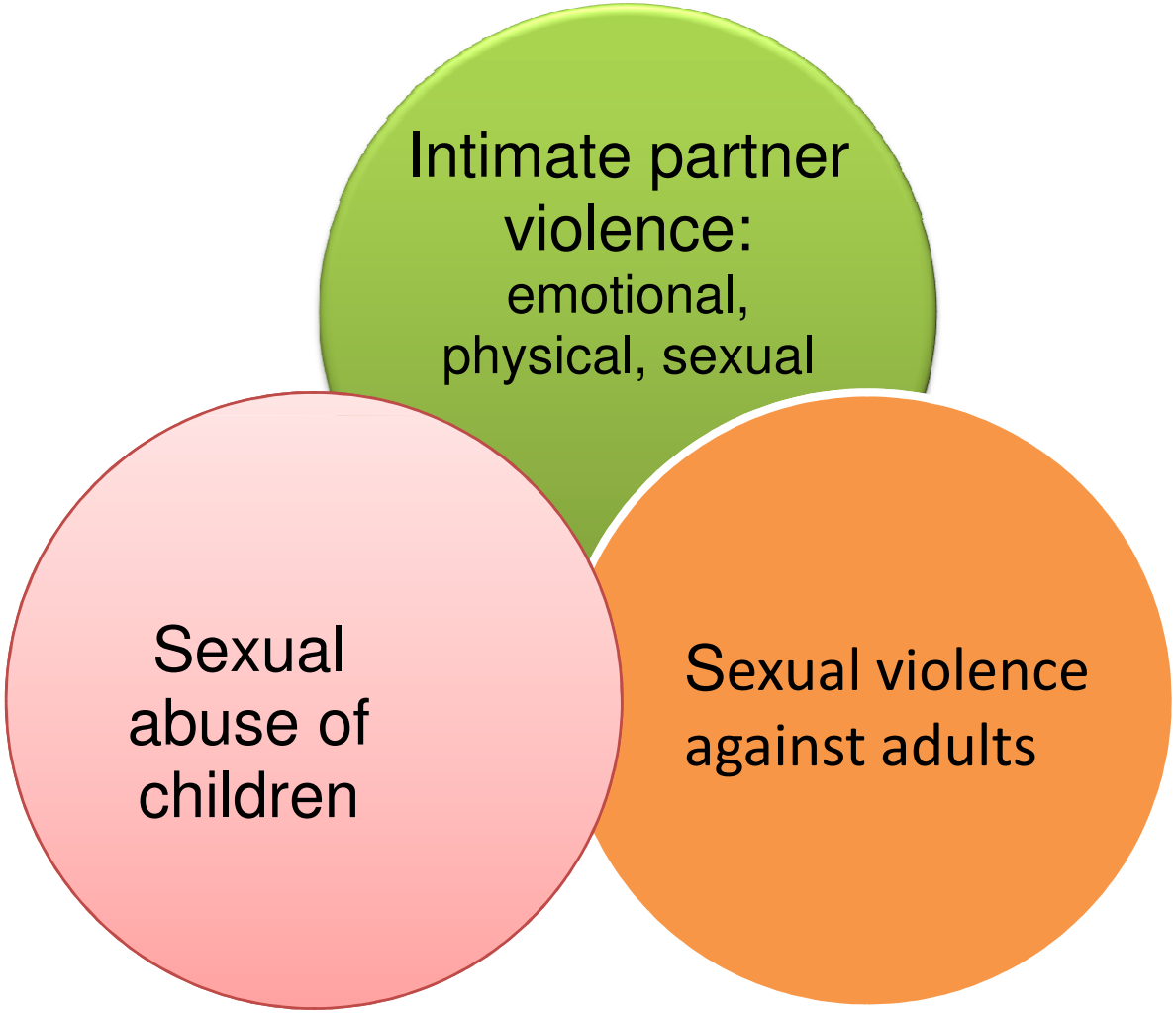
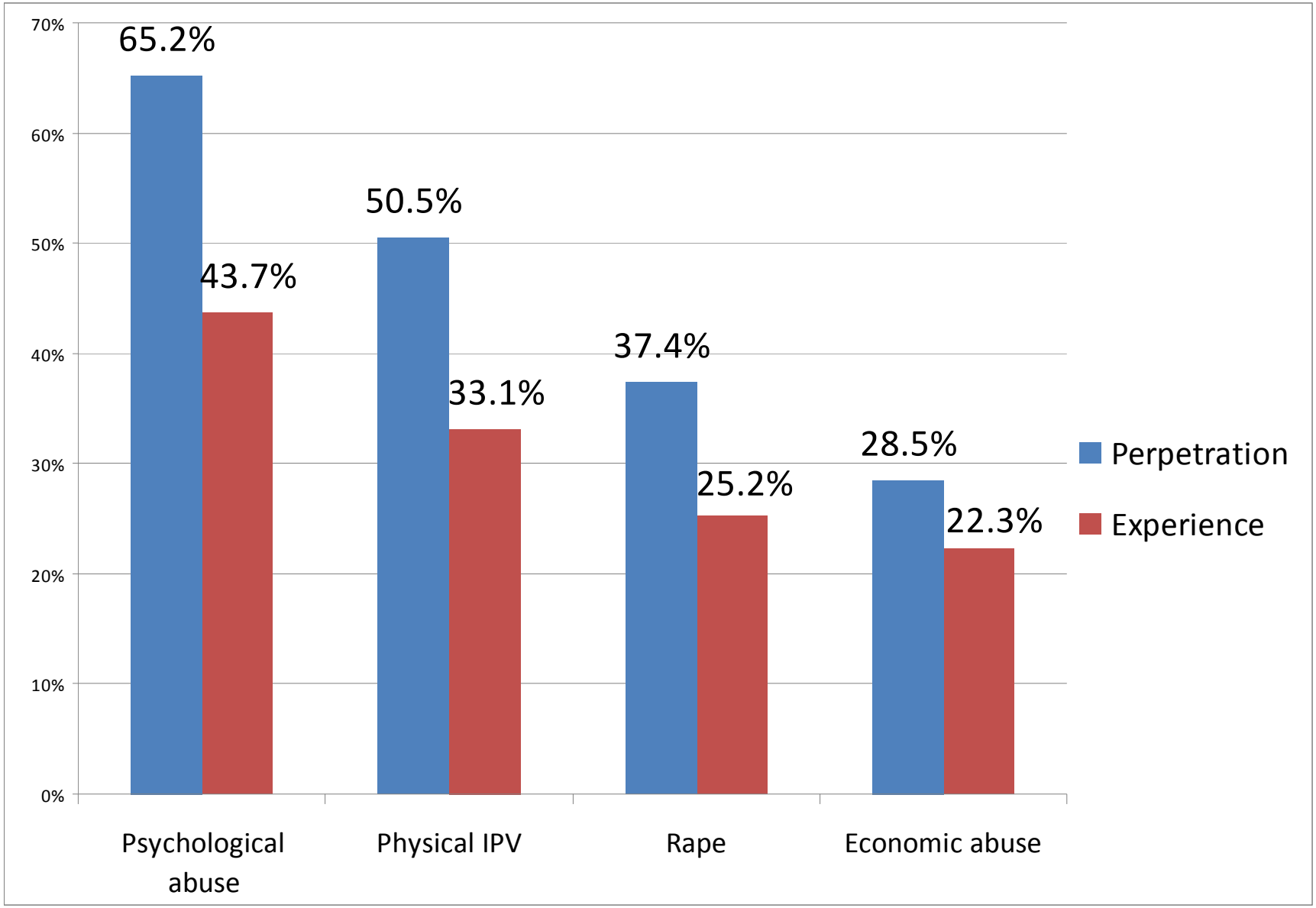
What does gender-based violence mostly encompass in SA?



Prevalence of gender-based violence in South Africa

- Rape of women
  - *Victimisation:* 25% of women (18-49 yrs) in Gauteng Province have been raped
  - *Perpetration:* 28 - 37% of men (18-49 yrs) in population-based research
- Physical intimate partner violence:
  - *Victimisation:* in lifetime, disclosed by 33% of women in Gauteng Province, and in last 12 months, by 13%
  - *Perpetration:* in lifetime disclosed by 43-51% of men, and in last 12 months by 10%
- Sexual abuse of children: 39.1% of adolescent from rural E Cape women has experienced sexual abuse in childhood (contact and non-contact)

Ever experienced or perpetrated GBV, adults in Gauteng, 2008



Population attributable fractions using incidence rates from the Poisson model (IRR 1.51 for both i.e. 51% elevation in incidence) (Jewkes et al 2010)

	% cases with the exposure	PAF	95%CI	
Relationship power scale: mid/high equity	58.9			
low equity	41.1	13.9	2.0	22.2
Physical or sexual IPV				
none or 1	64.8			
>1 episode	35.2	11.9	1.4	19.3

Incident HIV and child abuse: Stepping Stones women, (Jewkes et al Child Abuse & Neglect, 2010)

		IRR (95%CI)	p value
Physical punishment: none		1.00	
	some	1.51 (0.65, 3.54)	0.34
	often	2.13 (1.04, 4.37)	0.04
Sexual abuse: none		1.00	
	some	1.32 (0.88, 2.00)	0.18
	often	1.66 (1.04, 2.63)	0.03
Emotional abuse: none		1.00	
	some	1.70 (1.12, 2.57)	0.01
	often	1.96 (1.25, 3.06)	0.003

Men, violence & HIV

Association between age, IPV perpetration and HIV from logistic regresssion model				
	OR	95% CI		p value
Age<25 & no IPV	1.00			
Age<25 & P IPV	2.08	1.07	4.06	0.031
Age>25 & no IPV	8.29	5.03	13.65	<0.0001
Age >25 & P IPV	10.03	5.74	17.52	<0.0001

Frequencies of sexual risk taking behaviours in EC/KZN men who have perpetrated >1 episode of physical IPV and those who have not

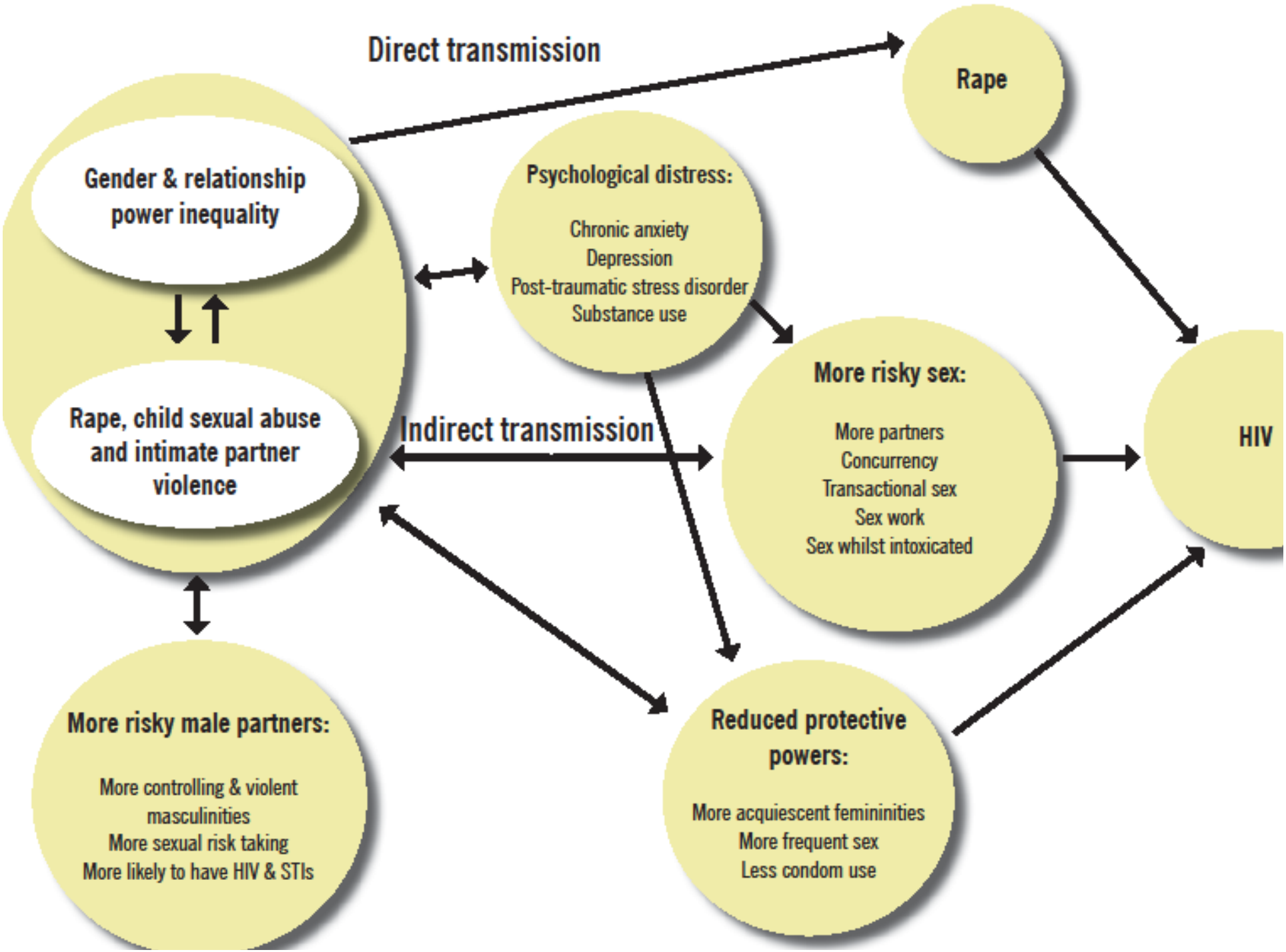
	Physical IPV	No physical IPV	**p value**
20+ partners ever	51.5%	26.0%	0.0000
Any transactional sex	81.0%	59.7%	0.0000
Sex with a prostitute	31.6%	14.6%	0.0000
High levels of alcohol in past year	39.3%	19.2%	0.0000
Rape of woman	49.6%	18.8%	0.0000
Rape of a man	6.6%	1.1%	0.0000
Consistent condom use in past year	30.7%	41.0%	0.0002

Men, masculinity and HIV

- Observed co-tracking of men's violent and anti-social practices
- In Stepping Stones study the following variables cluster into 3 groups:
  - Alcohol abuse, any drug use,
  - Emotional, physical and sexual abuse,
  - Gang membership, non-partner rape
  - Transactional sex, having 8+ life time partners
- 3 groups: very violent & risky men, pretty violent & risky, and more moderate men

Relationship of class to HIV new infections (over 2 years)

	very violent & risky	pretty violent	moderate
% sero-converting	3.48	2.78	2.55


Direct transmission
Rape
Gender & relationship power inequality
Psychological distress:
Chronic anxiety
Depression
Post-traumatic stress disorder
Substance use
Rape, child sexual abuse and intimate partner violence
Indirect transmission
More risky sex:
More partners
Concurrency
Transactional sex
Sex work
Sex whilst intoxicated
HIV
More risky male partners:
More controlling & violent masculinities
More sexual risk taking
More likely to have HIV & STIs
Reduced protective powers:
More acquiescent femininities
More frequent sex
Less condom use

Is addressing GBV central to a national HIV response?

- UNAIDS has relegated addressing gender inequity and violence to the status of a 'situational factor' in the epidemic
- This ignores a very substantial body of evidence linking both gendered behaviour and GBV exposure to elevated HIV prevalence/incidence and all the supporting qualitative research

Limitations to our understanding:

- Systematic review done recently for the Global Burden of Disease Study (Devries et al) found just one other longitudinal paper and its analysis was limited as it presented only sexual IPV and stratified by alcohol use
- So knowledge is mainly drawn from one longitudinal study – the Stepping Stones Study dataset
- The pieces are all confirmed by cross-sectional research from Sub-Saharan Africa and India…
- There is a need for more longitudinal research

Preventing HIV acquisition from rape

- Prevention here is critical
- PEP coverage is now good in the country among these presenting
- But… rape is highly under-reported 1 in 13 women with a lifetime experience of non-partner rape have reported it
- So few women come forward & among those who do, PEP adherence is low
- Key barriers to PEP include rape and HIV stigma, as well as side-effects
- It is not policy in South Africa to use tenofovir for PEP, despite being used widely in the US etc and recommended by the WHO
- ….how do we change this?

HIV+ women in treatment and care

- Key question: what is the impact of HIV on linkage to and retention in care for women?
- What about children: PMTCT? Infant feeding?
- Does maternal IPV exposure impact on linkage and retention in care for HIV exposed children?
- What is the impact on disease progression in women?

Concern here is related to mental health:

- Among adolescent women in Stepping Stones without mental health problems, but who had been exposed to physical or sexual IPV, there was a significantly higher incidence of depression, alcohol abuse or suicidal thoughts over two years of observation
- Emotional abuse increased the risk of depression among all women and in those with physical or sexual IPV exposure
- Mental health problems have been identified as one of the key barriers to retention in HIV care

Impact of GBV on cellular immunity

- There is some evidence that HIV- women who experience violence have impaired humoural and cellular immunity, possibly mediated by PTSD
- It isn't known whether IPV thus may impacts on disease progression in HIV+ women or whether IPV exposed women are at risk of faster progression

Multivariable model of factors associated with CD4 decline (n=97 women), adjusted for age, HIV+ at baseline and person yrs of follow up				
	CD4 decline			
	Coefficient	**95% CI**		**P value**
Emotional abuse from current partner	58.50	14.96	102.03	0.008
Any drug use	82.84	10.20	155.49	0.025

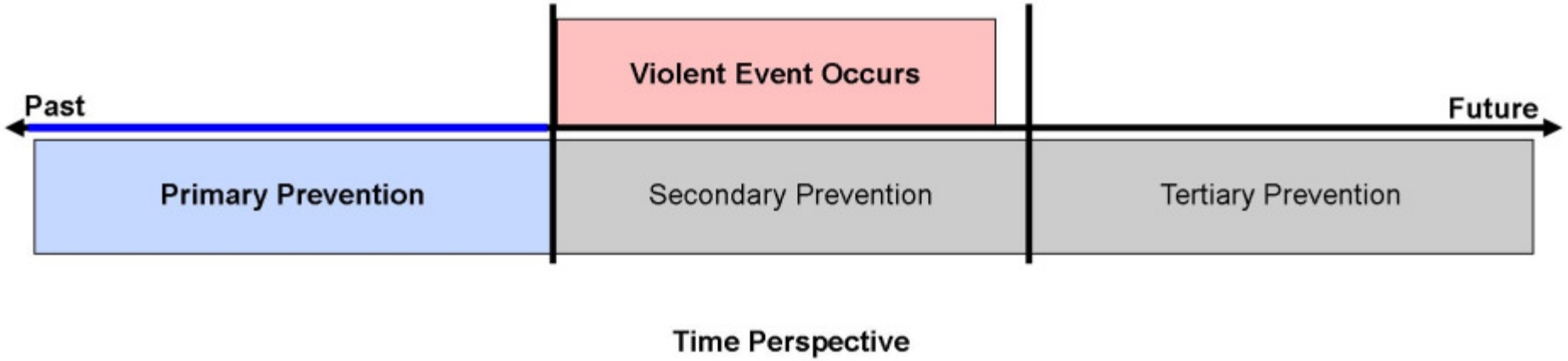
What about HIV+ men?

- Increasingly recognised that HIV+ men do less well than women (Cornell et al 2012)
- Men present at a lower CD4 and are move likely to be WHO stage III/IV
- Man have a higher mortality (8.5 versus 5.7 deaths/100 person-years p,0.001)

- Associating ill-health with ‘unmanliness’ is a critical barrier to access to care that needs to be addressed

- Zero new infections requires a concerted effort to prevent GBV and to recognise it and manage the consequences in women on treatment (and reciprocal problems in men)

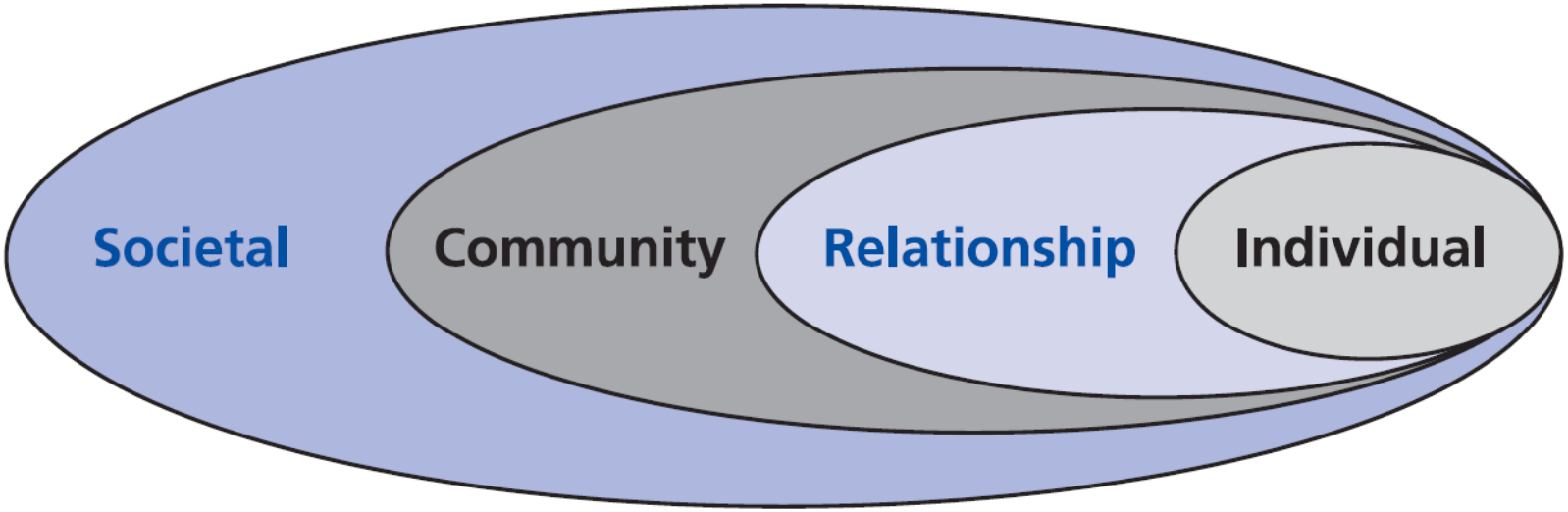
Challenge : is to deepen understanding on how to prevent gender-based violence



Theory-based prevention

- 40 years of research on effectiveness of prevention interventions shows that theory-based approaches are essential for effectiveness
- Interventions need to be theory-based at different level:
  - Level 1: of risk factors or drivers of the problem
  - Level 2: of what we seek to change (e.g masculinities)
  - Level 3: of behaviour change
    - What drives the behaviour
    - What enables change
  - Level 4: of how to secure change (methods or approaches – their strengths and limitations)

The Ecological Model



Source: *World report on violence and health* edited by Krug, E. et al. Geneva, World Health Organization, 2002.

Key points of entry for prevention

- Building gender equity: at all levels
  - Critically changing constructions of masculinity and acquiescent femininity
- Reducing childhood exposure to GBV and sexual, physical and emotional abuse at home
- Improve relationship skills: communication and conflict
- Reduce substance abuse, improve access to care for mental health problems
- Enhance women's economic independence

- These need to happen together

Concluding thoughts

- Addressing the GBV nexus is critical for achieving zero new infections
- If we do not do this we will be limited to the ‘easy to reach’ for treatment as we have been for condom use promotion
- Unless we address the underlying issues we will not be able to move from the infection decline model to real life in the field