

Principal Investigators: Dr. Lina Digolo¹, Jordan Kyongo¹, Margaret Kababu¹, Jane Thiomi¹, Mercy Seii¹, Dorothy Njeru¹, Geoffrey Ombui¹, Magdalene Mwanzia¹, Carol Ajema¹, Dr. Carol Ngunu-Gituathi²

Collaborating institutions: ¹ LVCT health; ² Nairobi County
Year: 2016-2018

Background

Intimate Partner Violence (IPV) against women is a major global human rights and public health concern. Population-based studies in East Africa estimate that rates of IPV in the region are among the highest in the world with Kenya having a prevalence of 39%. Research has shown a strong correlation between IPV and HIV. At any given time, the average rate of women who report being in an abusive relationship is 7%, but the percentage increases to 12.6% for women who are HIV positive. Several social, economic and cultural factors have been shown to significantly contribute to IPV including level of education, income, alcohol/drug abuse and younger age. Gender inequalities have also been cited as key drivers of both IPV and HIV, and mediate the relation between abuse and HIV transmission. It has been reported that effective prevention of violence against women requires an understanding of individual, relationship, community and societal factors that influence violence and integration of the factors to address IPV. This study seeks to test the effectiveness of a combined facility and community level IPV/HIV intervention in reducing IPV and HIV risk, and the occurrence and reoccurrence of IPV in urban communities in Kenya.

Objectives

- a) To assess the effects of a facility based intervention on reducing IPV and HIV risk, and the occurrence and reoccurrence of IPV
- b) To assess the effects of a combined facility and community intervention on reducing IPV and HIV risk, and the occurrence and reoccurrence of IPV
- c) To compare the effects of a facility based intervention to a combined facility and community intervention on reducing IPV and HIV risk, and the occurrence and reoccurrence of IPV
- d) To assess the effect of a community intervention on reducing the social acceptability of gender inequality and IPV occurrence in the community.

Methodology

A quasi-experimental study design will be utilized and the study conducted in Nairobi County (Dagoretti, Embakasi and Ruaraka Sub Counties). The study will comprise: 1) An enhanced facility level intervention; 2) A community level intervention (SASA! Activists tool kit for preventing Violence Against women and HIV); and 3) A Combined facility and community intervention as outlined in Table 1 below.

Table 1: Summary of the study intervention

Site: Kayole 2	Site: Mathare North	Site: Riruta
<u>Standard of care</u>	<u>Enhanced facility level intervention</u>	<u>Combined facility and community intervention</u>
<ul style="list-style-type: none"> • HTC • IPV screening • Screening for HIV risk 	<ul style="list-style-type: none"> • HTC • IPV screening • Screening for HIV risk • One-on-one counselling • Support group • Referral 	<ul style="list-style-type: none"> • HTC • IPV screening • Screening for HIV risk • One-on-one counselling • Support group • Referral • Community intervention (SASA!)

The facility intervention will target women accessing HTC services and a minimum of 636 participants will be recruited. A self-administered questionnaire will be utilised at baseline, after six months and after 12 months. The information captured will include sociodemographic, HIV risk behaviours, IPV risk factors, IPV experience, perpetration of IPV, attitudes and perceptions on gender inequality and violence against women and psychosocial wellbeing. At end line, in-depth interviews will be conducted with ten women to explore their experiences following the intervention and recommendations on how to improve the intervention.

At the community level, all adult residents will be eligible for recruitment into the baseline and end line surveys, with a minimum of 775 participants to be recruited. An interviewer-administered questionnaire/survey will be used to capture the communities' attitudes and perceptions on gender inequality and violence against women; IPV experience; perpetration of IPV; HIV risk behaviours and communities' response to gender based violence. This will be done at baseline and 18 months end line. Key informant interviews will be conducted with the community leaders to further elucidate on the community perceptions and practices around IPV, and gender inequitable norms. Focus group discussions will be conducted to establish the community's practices and perceptions on gender norms that facilitate the occurrence of violence against women.

Data will be analysed using SPSS version 22 and NVIVO 11. Ethical approval for the study was obtained from AMREF ERC

Expected outcome

- Reduction in the proportion of women screening positive for IPV risk
- Reduction in the proportion of women reporting on occurrence and reoccurrence
- Reduction in the proportion of women reporting HIV risk behaviours
- Reduction in the proportion of community residents reporting the acceptance of negative gender norms that allow for the perpetration of IPV