

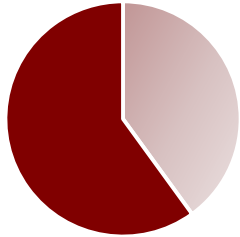
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***Translating Research into Action:
Reducing Health Risk and Ending Violence
against Girls and Young Women in Sub-Saharan
Africa***

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Globally, in 2015 there were an estimated 2.3 million adolescent girls and young women living with HIV, constituting **60%** of all young people (15-24) living with HIV¹

66%

In sub-Saharan Africa, **66 percent** of new HIV infections among young people (15-24) in 2015 were adolescent girls and young women¹



Globally, in 2015 only **3 in every 10** adolescent girls and young women aged 15-24 years had comprehensive and accurate knowledge about HIV²

What can we do to take seriously the health and safety of girls and women?



In the 90's, relation between past childhood abuse and risk of HIV infection shown in the US.

Zierler, S., Feingold, L., Laufer, D., Velentgas, P., Kantrowitz-Gordon, I., & Mayer, K. (1991). **Adult survivors of childhood sexual abuse and subsequent risk of HIV infection.** *American Journal of Public Health, 81, 572-575.*

Wingood, G. M. & DiClemente, R. J. (1997). **Child sexual abuse, HIV sexual risk, and gender relations of African-American women.** *American Journal of Preventive Medicine, 13(5), 380-384.*

Later, when looking at primarily heterosexual epidemic settings, relation between sexual coercion, violence and HIV infection also began to be appreciated...

Sexual Coercion, Physical Violence, and HIV Infection Among Women in Steady Relationships in Kigali, Rwanda⁵

*van der Straten, A., King, R., Grinstead, O., Vittinghoff, E., Serufilira, A., and Allen, S.
AIDS and Behavior, 1998*

- The relationship between sexual coercion, physical violence, and HIV serostatus was examined at 24 months of follow-up in a cohort of 921 women (29% HIV+) with steady partners in Kigali, Rwanda
- 33% of the women reported sexual coercion
- 21% of the women reported physical violence perpetrated by their male partner
- Sexual coercion was associated with women being HIV-positive, and physical violence was associated with their partner testing HIV-positive

Gender-based violence (GBV), relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa⁷

*Dunkle, K. L., Jewkes, R. K., Brown, H. C., Gray, G. E., McIntyre, J. A., Harlow, S. D.
Lancet, 2004*

- Survey of 1366 women at 4 antenatal clinics in Soweto, South Africa
- **Adjusted odds ratios were significant for:**
 - **Intimate partner violence** (OR 1.48, 95% 1.15-1.89)
 - **High levels of male control in a woman's current relationship** (OR 1.52, 95% 1.13-2.04)
- Child sexual assault, forced first intercourse, and adult sexual assault by non-partners were not associated with HIV serostatus



Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study⁶

Jewkes, R. K., Dunkle, K., Nduna, M., Shai, N.
Lancet 2010

- Longitudinal study in Eastern Cape, South Africa
- 1415 HIV-negative women enrolled and followed for 24 months
- Risk of incident HIV infection was greater in women with ***relationship power inequity*** and in women experiencing ***intimate partner violence***



Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study⁶

Jewkes, R. K., Dunkle, K., Nduna, M., Shai, N.
Lancet 2010

	Number of seroconverters	Person-years	Incidence (per 100 person-years)	IRR (95% CI)	HSV2-adjusted IRR (95% CI)*
Relationship power†					
Medium or high equity	73	1334.7	5.5	1.00	1.00
Low equity	51	601.3	8.5	1.55 (1.08-2.23)	1.54 (1.07-2.22)
Physical or sexual intimate partner violence‡					
None or one	83	1607.7	5.2	1.00	1.00
>1 episode	45	469.0	9.6	1.80 (1.24-2.59)	1.69 (1.17-2.46)
Rape by a non-partner					
None	121	1973.3	6.1	1.00	1.00
Rape by a non-partner	7	103.4	6.8	1.11 (0.52-2.38)	0.98 (0.46-2.11)

IRR= incidence rate ratio. HSV2=herpes simplex virus type 2. All Poisson models adjusted for age, treatment, stratum, and person-years of exposure. * Models additionally adjusted for HSV2 infection at baseline. †Data available for 124 women who seroconverted because one had never had a boyfriend, and two had had no recent boyfriend. One had missing data on this scale. ‡Model for ever-partnered women.

Table 3: Incidence and relative incidence of HIV infection, by exposure to forms of violence and inequity

Sexual and Reproductive Health Needs of HIV Positive Women in Botswana – A Study of Health Care Worker's Views³

*Schaan, M. M., Taylor, M., Puvimanasinghe, P., Busang, L., Keapoletswe, K., Marlink, R.
AIDS Care, 2012*

- Possible lack of information, misinformation, and discrimination when seeking Sexual and Reproductive Health services in ANC or ART clinics
- Sexual and Reproductive Health counseling needs to be strengthened as task sharing occurs from nurses to lay counselors and health educators



Personal Views about Womanhood amongst Women Living with HIV in Botswana⁴

Schaan, M. S., Taylor, M., Gungqisa, N., Marlink, R.
Culture, Health & Sexuality, 2016



- Sexual autonomy rarely mentioned in focus groups discussing sexual and pregnancy desires
- Mismatch between what is desired and what is done by both the women living with HIV and their caregivers

HIV Prevention

- Promotion of male condom use
- HIV testing and ART
- Male circumcision



These interventions may provide little help for vulnerable women.

Pathways through which gender-based violence and gender and relationship power inequity might place women at risk of HIV infection⁶

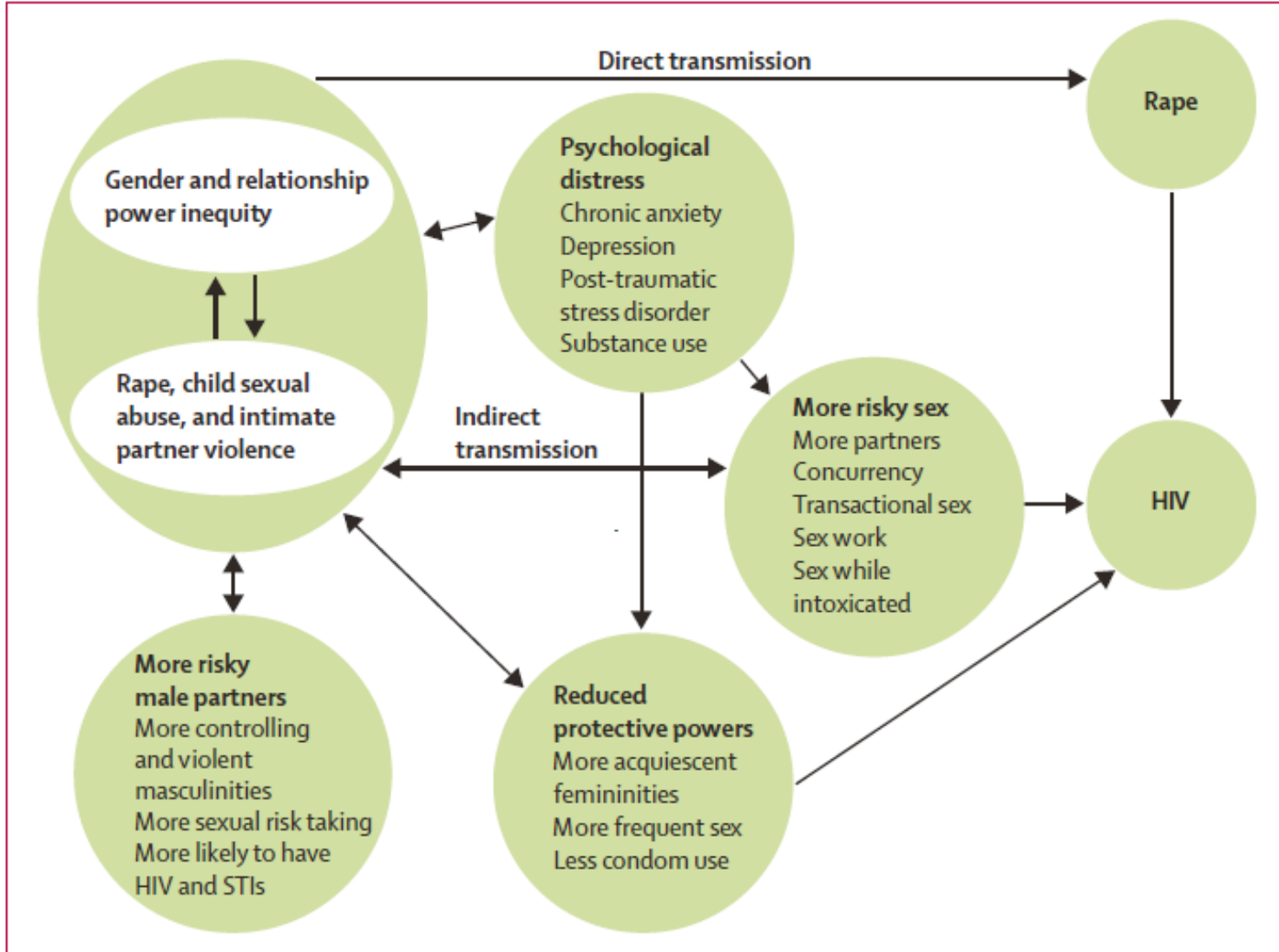


Figure: Pathways through which gender-based violence and gender and relationship power inequity might place women at risk of HIV infection

Gender-based violence and HIV: relevance for HIV prevention in hyperendemic countries of southern Africa⁸

Andersson, N., Cockcroft, A., Shea, B.
AIDS, 2008

- GBV and HIV infection goes beyond the physical dimension
- Domestic violence and intimate partner violence are often used as umbrella terms that cover sexual as well as non-sexual violence and other forms of abuse
- GBV is a “complex phenomenon” inclusive of physical, sexual, and emotional violence, as well as deprivation and neglect

Where is the data on this “complex phenomenon”, so we can affect the conditions creating this climate of risk for women and girls?

What can we do to take seriously the health and safety of girls and women?



References

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2. UNAIDS (2015) World AIDS Day 2015 report On the Fast-Track to end AIDS by 2030: Focus on Location and Population, p. 75.
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