

The impact of a Conditional Cash Transfer study (HPTN 068) and a  
Community Mobilization intervention on experiences of Intimate Partner  
Violence: Findings from rural Mpumalanga, South Africa

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AMANDA SELIN MHS

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# Background

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- Young South African women are at risk for Intimate Partner Violence (IPV), particularly in poor settings where they may be economically dependent on partners.
- South African men may experience stress when they are unable to maintain socially expected behaviors in their households and their communities. This stress can lead to IPV perpetration as a way of maintaining power in their relationships.
- HIV prevalence among young South African women is incredibly high and IPV can place them at risk for HIV.
- Schooling has been shown to be protective for HIV infection → Conditional cash transfers are effective at keeping young women in school → Cash transfers have shown promise in reducing HIV risk.
- We hypothesized that providing a conditional cash transfer to keep young women in school would reduce HIV and IPV risk.

# Studies

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- We conducted 2 concurrent randomized studies in rural Mpumalanga, South Africa
  - 1) HPTN 068 - RCT of a cash transfer conditional on schooling to reduce HIV incidence in young women (CCT)
  - 2) Cluster randomized trial of a community mobilizing intervention to reduce negative gender norms and HIV risk among men and women (CM)

# Hypothesis

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- Providing cash to young women to remain in school and mobilizing their communities to change inequitable gender norms will reduce IPV in young women.

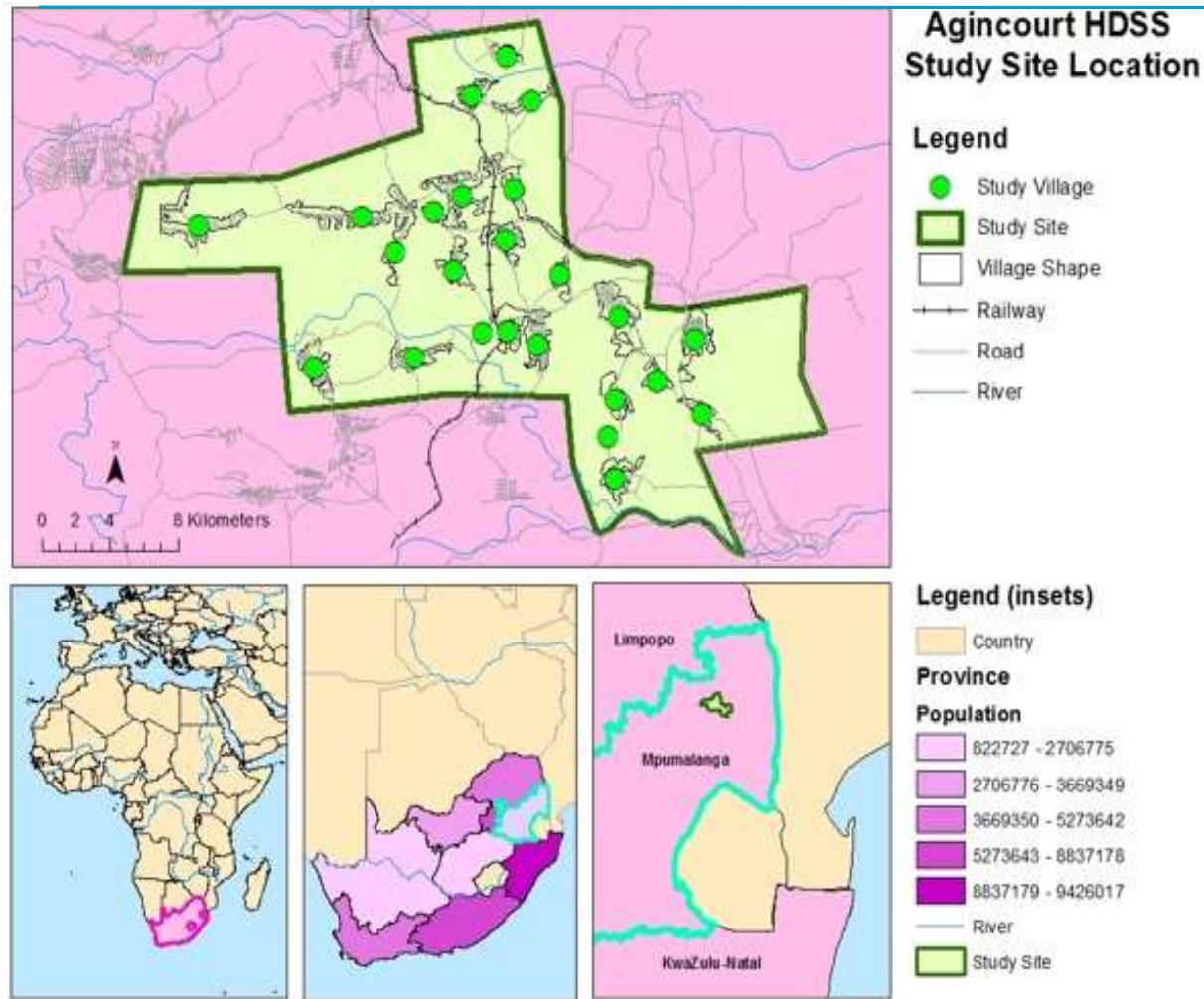


# Questions

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1. What is the effect of the CCT individual intervention on the risk of physical and sexual IPV in young women?
2. What is the effect of the CM village level intervention on the risk of physical and sexual IPV in young women?
3. What is the combined effect of the CCT individual intervention and the CM village level intervention on the risk of physical and sexual IPV in young women?

# Study Site: Agincourt Health and Socio-Demographic Surveillance Site (AHDSS)



- Ehlanzeni District, Mpumalanga Province
- 28 villages, 115,000 people, 420 km<sup>2</sup>
- HIV Prevalence 46% and 45% among women and men 35-39 years.

Kahn K, et al. IJE 2012.; Gomez-Olive X, et al AIDS Care 2013.

# CCT: Study Design

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**Design:** Phase III individually randomized controlled trial

**Primary endpoint:** HIV incidence

**Visits:** Young women (ages 13-20 and in grades 8-11) and their parent/guardian seen at baseline and up to 3 follow-up visits annually between March 2011-2015

**Intervention:** Cash transfer provided to young women and parent/guardian conditional on  $\geq 80\%$  school attendance monthly

- Attendance data collected from schools monthly
- R100 (~USD 10) to the girl
- R200 (~USD 20) to the parent/guardian

# CM: Intervention

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- Developed in collaboration with Sonke Gender Justice
- Village level randomization (N =22): 11 villages receive CM and 11 villages do not receive CM
- 2 year intervention (May 2012-2014)
- Workshops, leadership meetings, activities

**Content:** gender, power, and health; gender and violence; alcohol; gender, HIV and AIDS; healthy relationships; human rights; taking action for change

**Target Group:** Men 18-35

**Goal:** Promote gender equitable behavior





# Multi-level randomized design

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	CM Yes	CM No
CCT Yes	CCT+ CM	CCT only
CCT No	CM Only	No intervention

# CCT Baseline Characteristics

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- 2,448 HIV- young women were enrolled March 2011- December 2012
- ACASI based questionnaire of 8 questions originating from the WHO questionnaire on violence – 6 physical violence and 2 sexual violence
- At baseline **19.0%** of young women reported ever experiencing any violence from a partner
- **17.0%** reported ever experiencing physical violence from a partner and **4.4%** reported ever experiencing sexual violence from a partner

# CCT IPV Results

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Endpoint	Control (No CCT)	Intervention (CCT)	RR	CI	p-value
Cumulative reported IPV*	31.2%	22.7%	0.72	0.64 - 0.80	<0.0001

*\*adjusted for age*

# CM IPV results

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Endpoint	Control Villages	Intervention Villages	RR	CI	p-value
Cumulative reported IPV*	28.3%	24.3%	0.88	0.79 - 0.98	0.02

*\*adjusted for age*

# CM and CCT Combination

<b>Groups</b>	<b>Cumulative Reported IPV</b>
<b>Exposed to both interventions</b>	21.3%
<b>Exposed to CCT only</b>	23.4%
<b>Exposed to CM only</b>	27.7%
<b>Both control conditions</b>	33.8%

# Combined CCT and CM IPV results

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Endpoint	No CM and No CCT	CM and CCT	RR	CI	p-value
Cumulative Reported IPV*	33.8%	21.3%	0.64	0.55 - 0.75	<.0001

*\*adjusted for age*

# CCT and CM Summary

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- CCT was associated with a **28% reduction** in risk of IPV
- (RR = .72;  $p < .0001$ )
  
- CM was associated with a **12% reduction** in risk of IPV
- (RR = .88;  $p = .02$ )
  
- Combined, the two interventions were associated with a **36% reduction** in risk of IPV
- (RR = .64;  $p < .0001$ )

# Discussion

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- In rural South Africa a cash transfer conditioned on schooling reduced the risk of IPV among young women receiving the intervention compared to those not getting the cash.
- There was a reduction in IPV among young women in the CCT study living in villages where the CM intervention took place suggesting that the CM intervention provided protection against IPV.
- Further analyses to understand the pathways through which CCT may reduce IPV and the CCT\*CM interactions are key and underway.



# Next Steps in Analysis and Intervention

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- HPTN 068 continues and we are following young women post-intervention. We are currently developing interventions to reduce HIV risk in this population of young women and in the process are considering the results of the IPV analysis.

# Partnerships

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MRC/Wits Rural Public Health and Health Transitions Research Unit

Wits Reproductive Health and HIV Institute

University of North Carolina Chapel Hill

University of California San Francisco

Sonke Gender Justice

HIV Prevention Trials Network

Wellcome Trust



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## **Study Investigators**

Audrey Pettifor (UNC)  
Kathleen Kahn (MRC/Wits Agincourt)  
Catherine MacPhail (WrHI/UNE)  
Sheri Lippman (UCSF)  
Xavier Gomez-Olive (MRC/Wits Agincourt)

## **UNC**

Amanda Selin  
Aimee Julien  
Cheryl Marcus  
Mary Jane Hill  
Lisa Albert  
Chirayath Suchindran  
Harsha Thirumurthy  
Sudhanshu Handa  
Joseph Eron  
Tamu Daniel  
Stephanie DeLong

## **Sonke**

Dean Peacock  
Dumisani Rebombo

## **MRC/Wits- Agincourt**

Ryan Wagner  
Stephen Tollman  
Rhian Twine  
Wonderful Mabuza  
Immitrude Mokoena  
Tsundzukani Siwelane  
Simon Mjoli  
Edwin Maroga  
Senamile Ndlovu  
Audrey Khosa

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Nomhle Khoza  
Sinead Delaney  
Helen Rees

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Susan Eshleman  
Estelle Piwowar-Manning  
Oliver Laeyendecker  
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LeTanya Johnson-Lewis

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Phil Andrew  
Erica Hamilton  
Rhonda White

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Susannah Allison  
Dianne Rausch

## **NIAID**

Sheryl Zwierski  
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Jenese Tucker

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Jim Hughes  
Jing Wang  
Diana Lynn  
Laura McKinstry  
Lynda Emel

## **LSHTM**

James Hargreaves

# **Swa Koteka**

## **It is possible!**

