GENDER-TRANSFORMATIONAL PROGRAMMING AND MEASUREMENT FOR HIV AND IPV REDUCTION

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Overview

- Gender-related dynamics place both women and men at risk of negative health outcomes such as HIV/STI and violence
  - E.g., norms promoting multiple sexual partnerships, difficulty with negotiating condom use

- Increasingly SRH, HIV, violence prevention and other programs seek to alter gender dynamics

- Evidence of programmatic success is growing
Our research questions (2000–16)

1. What is the relationship between gender (in)equity and health outcomes (e.g., HIV risk, GBV)?

2. How can we measure key aspects of gender inequity, and changes in them?

3. Can we document evidence of positive effects from programs that promote gender-equitable norms and behaviors? How easily can we adapt these strategies in different cultural contexts?

4. What lessons have we learned about successful programmatic strategies? What are next steps?
Conceptual framework

• Theory of Gender and Power (Connell 1987)
  – Gender-based power inequities pervade society

• Social constructionist perspective of gender identity (e.g., Connell 1995; Kimmel 2000)
  – any given cultural setting provides a version, or multiple versions, of appropriate behaviors for men and women
Gender equity continuum

Inspired by remarks by Geeta Rao Gupta, Ph.D., Director, International Center for Research on Women (ICRW) during her plenary address at the XIlth International AIDS Conference, Durban, South Africa, July 12, 2000:

“To effectively address the intersection between HIV/AIDS and gender and sexuality requires that interactions should, at the very least, not reinforce damaging gender and sexual stereotypes.”

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THE SEXUAL RELATIONSHIP POWER SCALE (SRPS): OVERVIEW
• SRPS developed to measure gender-based power imbalances (Pulerwitz et al. 2000)
• Scale has been associated with sexual and physical violence, HIV incidence, condom use, education
Evolution of SRPS

- Qualitative formative work
- Initial items administered to 388 women in US
- Factor analyses, reliability tests (alpha > .80)
  - Final scale with 23 items
- Used in a variety of settings in SSA, Asia, and LAC
  - E.g., Kenya, Zimbabwe, South Africa, Thailand, China, Jamaica
- Applied/referenced >400 times
SRPS: 2 domains

1. **Relationship Control**
   - My partner always wants to know where I am.
   - My partner does what he wants, even if I don’t want him to.
   - My partner would get angry if I suggested condom use.

2. **Decision-making Dominance**
   - Who usually has more say about whether you have sex?
   - Who usually has more say about important decisions?
Predicting consistent condom use

<table>
<thead>
<tr>
<th>Sexual Relationship Power Scale</th>
<th>OR</th>
<th>95% CI</th>
</tr>
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<tbody>
<tr>
<td>High</td>
<td>4.95*</td>
<td>(1.20, 20.42)</td>
</tr>
<tr>
<td>Moderate</td>
<td>4.12*</td>
<td>(1.02, 16.96)</td>
</tr>
<tr>
<td>Low</td>
<td>1.00</td>
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*p<0.05; Logistic regression, controlling for socio-demographic and psycho-social variables. Pulerwitz et al 2002.
SRPS findings

• ANC clients in South Africa (Dunkle et al. 2004)
  – Low sexual relationship power among women associated with partner violence and HIV seropositivity

• Young women (15 – 26 yrs.) in South Africa (Jewkes et al. 2010)
  – Low sexual relationship power associated with HIV incidence (based on longitudinal analysis from randomized controlled trial)

• Clinic-based HIV/GBV reduction intervention in Kenya led to improved relationship power (PI Haberland; 2016)
Lessons learned about the scale

• Useful measure for relationship power
  – Good predictive validity and internal consistency
  – Applied for both diagnostic and intervention studies

• Tested among adults and youth, women and men, variety of ethnicities, cultures and countries
  – Adaptation to specific context encouraged

• Can shorten to Relationship Control subscale
  – More reliable

• Application among men with mixed results
Selected SRPS references


THE GEM SCALE: OVERVIEW
• GEM Scale developed to measure views toward gender norms (Pulerwitz & Barker 2008)
• Variety of studies show associations with physical and sexual violence, contraception use, STI symptoms, condom use, education
Evolution of GEM Scale

• Qualitative formative work
• Initial items tested with 749 men aged 15–60 in Rio de Janeiro, Brazil
  – Oversampled 15–24 yr olds
  – Final list of 24 items; used for program evaluation
• Factor analysis; reliability tests (alpha = .81)
• Used across SSA, Asia, LAC
• Applied/referenced > 150 times
1. **Home & child-care:** Cooking & cleaning are the wife’s responsibility.

2. **Sexual relationship:** Men are always ready to have sex.

3. **Health & disease prevention:** Women who carry condoms on them on ‘easy.’

4. **Violence:** There are times when a woman deserves to be beaten.

5. **Homophobia:** I would never have a gay friend.
GEM Scale findings I

- **Adults in South Sudan** (Scott et al. 2013)
  - Inequitable views expressed by both women and men

- **Young men—15–24 yr olds** (Pulerwitz et al. 2010; Verma et al., 2006)
  - In Brazil, associated with STI symptoms, partner violence, contraceptive use
  - In India, associated with multiple partners and IPV
  - In Ethiopia, associated with discussing and using contraceptives/condoms, and waiting for consensual sex

- **High school athletes in California** (McCauley et al. 2013)
  - Associated with partner violence
GEM Scale findings II

- International Men and Gender Equality Survey - IMAGES (ICRW and Promundo 2011)
  - Household-based samples of urban men and women (age 16+) in Brazil, Chile, Mexico, India, Bosnia, Croatia, Democratic Republic of Congo, and Rwanda
  - GEM Scale applied within larger survey
  - Overall, associated with education, income, equitable childhood experiences, and more participation in the home, partner violence, sexual satisfaction
Examples of adaptations

INDIA
- Formative research and testing with young men
  - both original and new, context specific items
- After testing, 15 items (alpha=.75)
  - 11 original items
  - 4 new items
- Example of new item
  - A married woman should not need to ask her husband for permission to visit her parents/family

ETHIOPIA
- Formative research; testing with 522 married men
- After testing, 24 items remain
  - 18 original and 6 new (alpha=.88)
- Example of new item
  - A woman who has sex before she marries does not deserve respect
Validation with 10–14 yr olds

• Applied to n=960 10–24 yr olds in Uganda
  – Included n=297 10–14 yr olds
• Preliminary results:
  – Factor analysis confirms 1 factor
  – Internal consistency reliability (ordinal theta)=0.85
  – Similar results for girls and boys
• 16 items kept and 8 dropped
  – E.g., of dropped items: A man should be angered if his wife asks him to use a condom; a woman should not initiate sex.
Lessons learned about the scale

- Findings suggest GEM Scale a sensitive and cross-culturally relevant tool, with good predictive validity.
  - Applied in both diagnostic and intervention studies.
- Works for boys/men and girls/women.
- ‘Inequitable’ subscale more consistently reliable.
- Adaptations in multiple contexts have worked well.
- Homophobia-related items removed in some settings.
Selected GEM Scale references


GENDER-TRANSFORMATIONAL PROGRAMS FOR YOUNG MEN

Evaluation Results
Evaluation of ‘Program H’ in Brazil

- Three rounds of surveys (pre and post) with young men aged 15–24 (n= 780 at baseline; over 75% response rate)
  - Arm 1: Interactive group education sessions + community-based “lifestyle” social marketing campaign
  - Arm 2: Interactive group education sessions
  - Arm 3: Comparison group/delayed intervention
Increase in support for gender equity

- In both intervention arms, young men significantly less likely to support inequitable gender norms (GEM Scale) at the 6- and 12-month follow-up. No change in comparison group.
- Men who decreased their support for inequitable norms significantly less likely to report STI symptoms and more likely to report condom use with primary partners over time.*

*GEE, controlling for age, family income, & education
Evaluation of ‘Yari-dosti’ in India

• Quasi-experimental design:
  – 3 arms
  – Community campaign + group education, group education alone, comparison

• Data collection:
  – Pre/post survey
  – In-depth interviews

• Study population:
  – Cohort of young men aged
  – 16-29 years
Increase* in % reporting high equity

- **Group Ed + Campaign** (n=197)
  - Pre test: 26
  - Post test: 42

- **Group Ed Only** (n=175)
  - Pre test: 26
  - Post test: 36

- **Comparison** (n=165)
  - Pre test: 32
  - Post test: 19

*p < 0.05, Chi Square test
Decrease in violence

Reported violence against any partner over last 3 months

- Group ed + Campaign: 45
- Group ed Only: 46
- Comparison: 61

*P < 0.001 - Chi square test
Evaluation of ‘Male Norms Initiative’ in Ethiopia

- Quasi-experimental intervention study with young men aged 15–24 years (n = 729 at baseline) in youth clubs
- Adaptation of Men as Partners and Program H
- 3 arms: Community mobilization (e.g., theater, marches) + group education, community mobilization alone, comparison group/delayed intervention
Increase in support for gender equity

- In both intervention arms, young men less likely to support inequitable gender norms (GEM Scale) at the 6 month follow-up. No change in comparison group.
- When controlling for key variables (e.g., age, education), only combined intervention significant.
Reduction in violence

% of reported physical violence against partner over past 6 months

<table>
<thead>
<tr>
<th></th>
<th>Group Ed + Community</th>
<th>Community Mobilization Only</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>36</td>
<td>36</td>
<td>7</td>
</tr>
<tr>
<td>Post-test</td>
<td>16*</td>
<td>18*</td>
<td>14</td>
</tr>
</tbody>
</table>

*p < 0.05
Evaluation of ‘Breaking Gender Barriers’ in China

- Pre and post intervention study with young men working in factories (n = 549 at baseline), and students in vocational school (n = 606 at baseline)
- Adaptation of Male Norms Initiative and PATH life skills curriculum
- Two components: Group education, with award for completion; BCC reinforcement
Increase in support for gender equity

- For workers and students, young men significantly less likely to support inequitable gender norms at end line
  - E.g., Agreement with statement women should get paid less than men for doing the same work
    - Workers: 69% at baseline to 49% at endline
    - Students: 37% at baseline to 17% at endline
- Female workers and students corroborated shifts
Common elements of successful interventions

- Ecological model—viewing young men in social and structural context
- Focus on critical reflection of gender norms in relationships, and ‘costs’ of inequity
- Integrated components: interpersonal group education, BCC campaign to reinforce messages, community engagement/mobilization
- Participation of target audience in design
- Well prepared facilitators, including refresher training
Gender-focused program cites I

- Verma, Pulerwitz, Mahendra et al. (2006) Challenging and Changing Gender Attitudes Among Young Men in India, Reproductive Health Matters, 14(28); 1-10
Gender-focused program cites II


Next steps/Ongoing work...

• How to scale-up
  – Limited rigorous evidence of community-wide change

• Links with service utilization unclear, esp. for men
  – To date, most gender-focused work for young men based in the community

• Bringing lessons from Global South to Global North
Community-level shifts

- RCT in Mpumalanga, South Africa
  - co-PIs: Lippman/UCSF, Pettifor/UNC, Kahn/Wits U.
  - NIMH funding

- Overall goal to examine effects of community mobilization intervention on HIV testing and TasP outcomes (care/treatment)
  - 16 villages (8 intervention, 8 control)
  - Cross-sectional surveys with n = 1,200

- Nested study to enhance gender intervention focus, and test mediating role of key gender norms (e.g., norms around male testing, IPV, disclosure)
  - co-PIs: Pulerwitz (PC), Haberland (PC), Pettifor (UNC)
  - Project SOAR / PEPFAR funding
Linking men to services

• DREAMS Initiative: focus on reducing HIV risk for AGYW in SSA
  – 10 countries where HIV incidence high
  – Multi-component package for AGYW
  – Characterization of male partners, linking partners to HIV services (e.g., HCT, VMMC)

• Global implementation science portfolio led by the Council (funding through BMGF)
  – In addition to research with AGYW, several studies focused on male partners
    • Uganda, South Africa, Swaziland
Bringing lessons to global North

• 1st rigorous test of a “gender transformative” sexual violence prevention program among adolescent males in the US
  – PI: Miller/U of Pittsburgh
  – CDC funded
• Implemented in a community-based setting in Pittsburgh
• 2-arm pragmatic, cluster-randomized trial in youth-serving agencies (10 clusters, N=960)
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