

Gender Violence and HIV Prevention for South African Men

**Collaboration between the University of Connecticut and the
Human Sciences Research Council of South Africa**

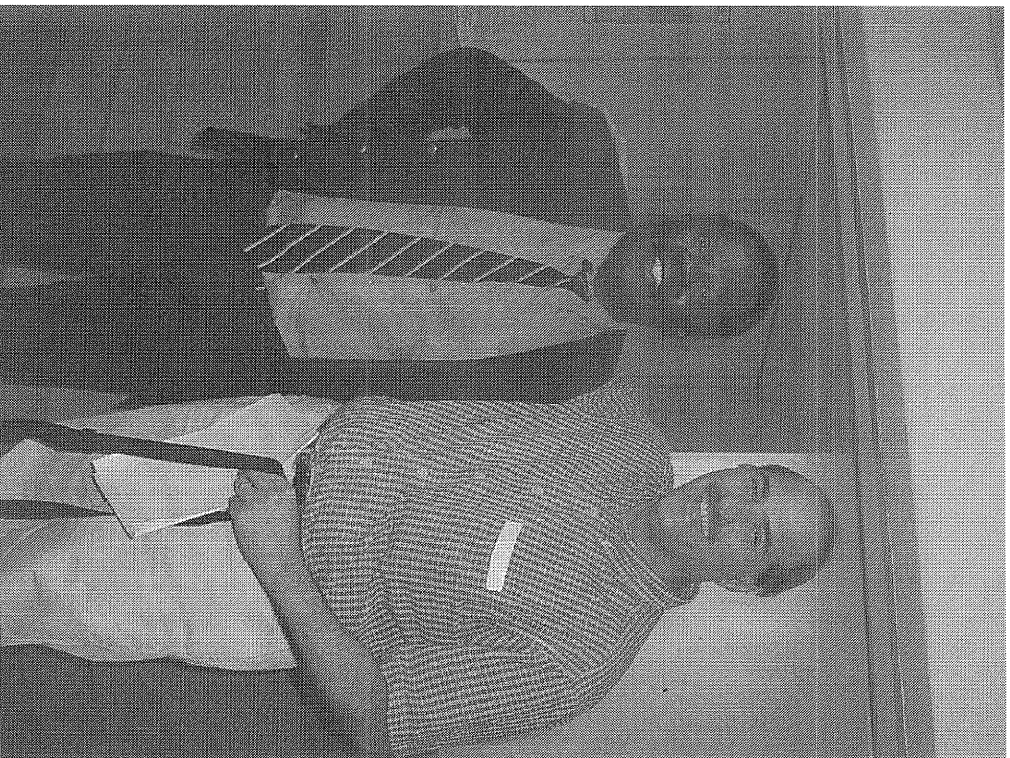
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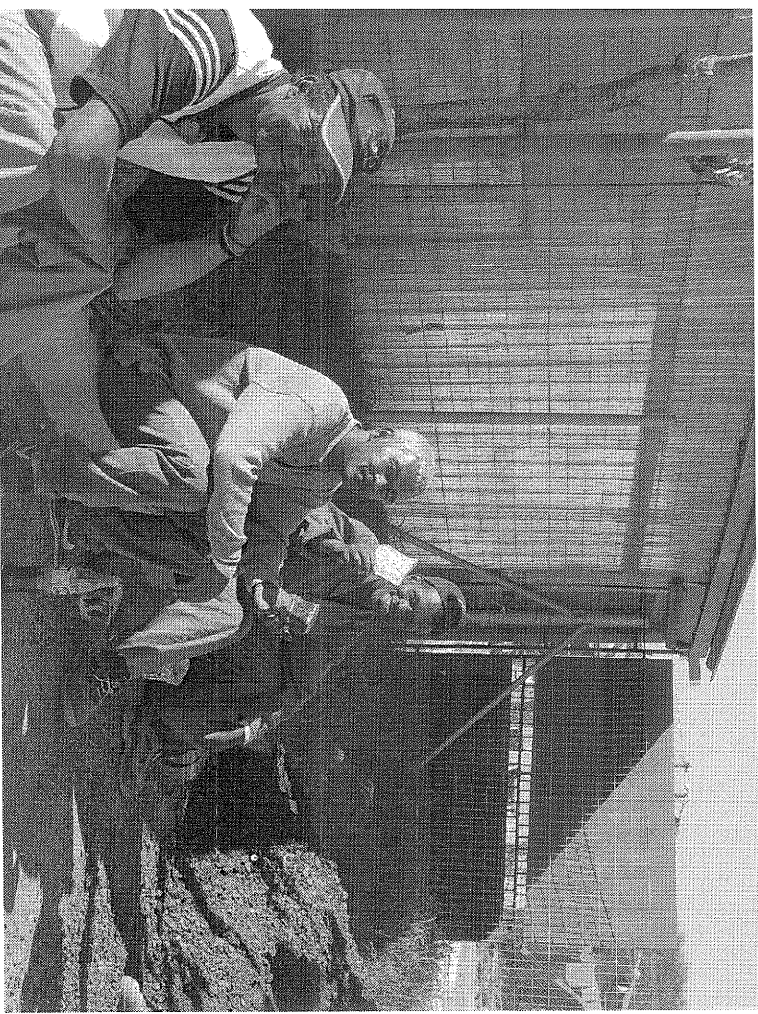
**University of Connecticut and
The Human Sciences Research
Council, Cape Town
South Africa**



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**Gender power
differentials make
a compelling
case of targeting
men for HIV
prevention.**

**Men often hold
beliefs that foster
gender violence
and facilitate HIV
risks**



Gender violence and supportive attitudes are prevalent among men

Attitude	History of sexual assault		OR
	No history of sexual assault (N = 338)	History of sexual assault (N = 97)	
A woman who talks disrespectfully to a man in public should expect trouble.	68%	85%	2.7**
Hitting a woman is sometimes necessary to keep her in line.	30%	55%	2.9**
It is understandable that a man will hit his women if she is disrespectful of him.	38%	54%	2.2**
There are times when a man should hit his woman because of things she has done	36%	53%	2.2**

(Simbayi et al., 2005, *Am J Health Behavior*)

HIV risks are prevalent and associated with gender violence among men

	No history of sexual assault (N = 338)	History of sexual assault (N = 97)	OR
Number of sex partners			
0	22%	9%	
1	50%	46%	
2	10%	9%	
3+	19%	35%	1.5**
Multiple partners and unprotected intercourse	86%	39%	2.0**
Sex involving alcohol	34%	68%	4.3**
Sex involving drugs	4%	16%	5.0**

(Simbayi et al., 2005, *Am J Health Behavior*)

HIV risks are prevalent and associated with gender violence among men

	No history of sexual assault (N = 338)	History of sexual assault (N = 97)	OR
Lifetime history of STI	13%	32%	3.2**
STI in the past 3 months	3%	14%	5.0**
Exchanged money for sex	2%	27%	15.2**

(Simbayi et al., 2005, *Am J Health Behavior*)

We have developed a community-based gender-violence and HIV prevention intervention for men in their social networks



Phaphama-Men

Social Action Theory as a Framework

Integrates gender violence and HIV prevention within a unified model

Incorporates Friedman et al.'s concept of Invention and advocacy skills training adapted from Kelly et al. 1997 and Latkin et al., 2003



**Men are recruited
using chain /
member driven
sampling**

**Intervention is
intensive: 5 daily 3
hour sessions
conducted by
mixed gender
facilitators in the
community**



Study 1: Test of Concept with Xhosa men

N=99 Xhosa men

93% unemployed

86% married

51% >12 years education

70% drink alcohol

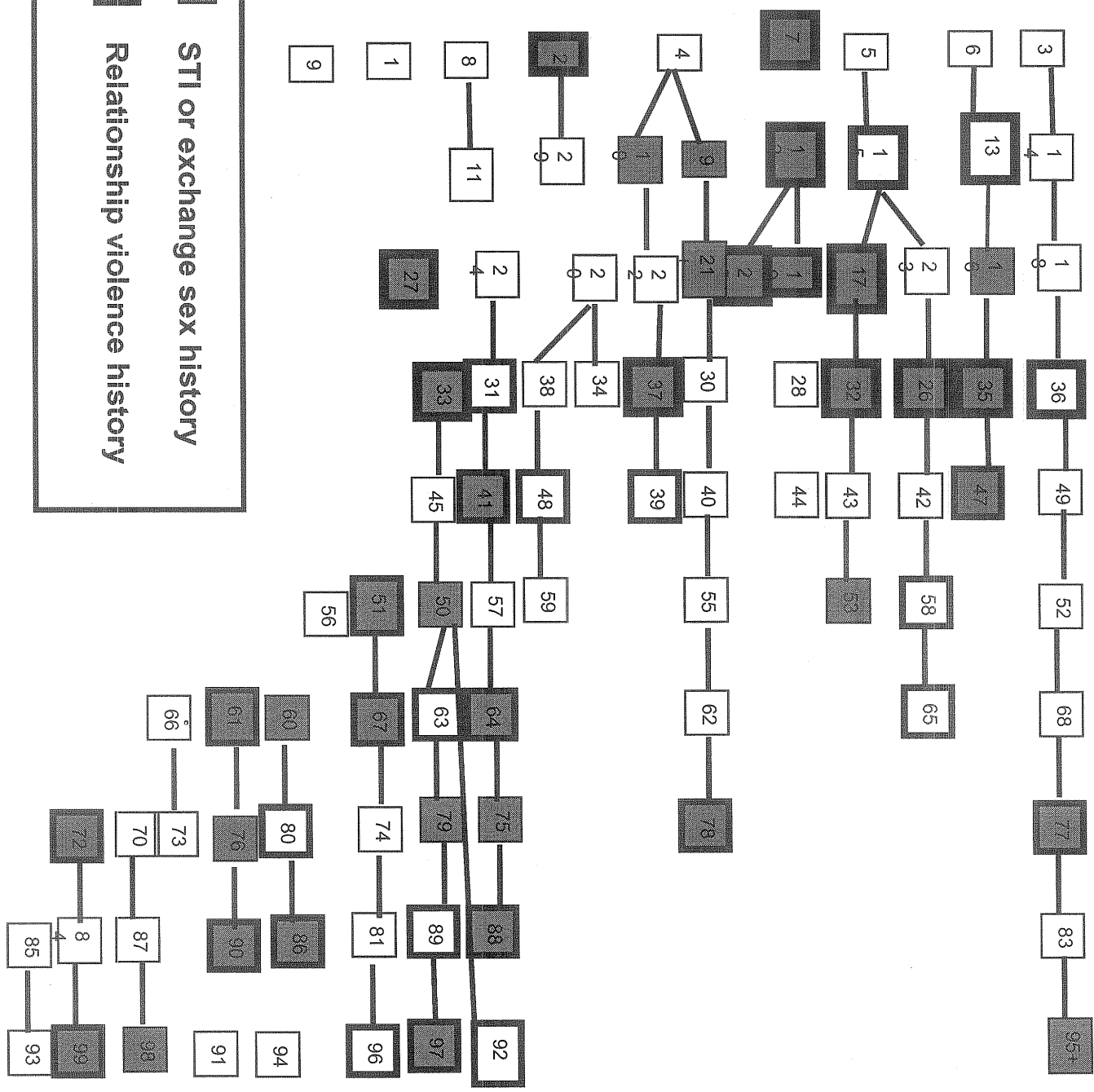
25% go to shebeens to meet sex partners

20% STI history

56% tested for HIV – 2 men HIV+

44% had hit a woman in a relationship

Group A B C D E F G H I J



STI or exchange sex history

Relationship violence history

Phaphama-Men Test of Concept

95% overall group attendance

Session 1, 83% said they came to learn new information

Session 5 69% said the groups had been better than expected

97% said they had felt very comfortable in the groups

100% stated they would recommend the group to a friend



Pre-post-group scores on HIV/AIDS and sexual violence prevention intervention outcomes.

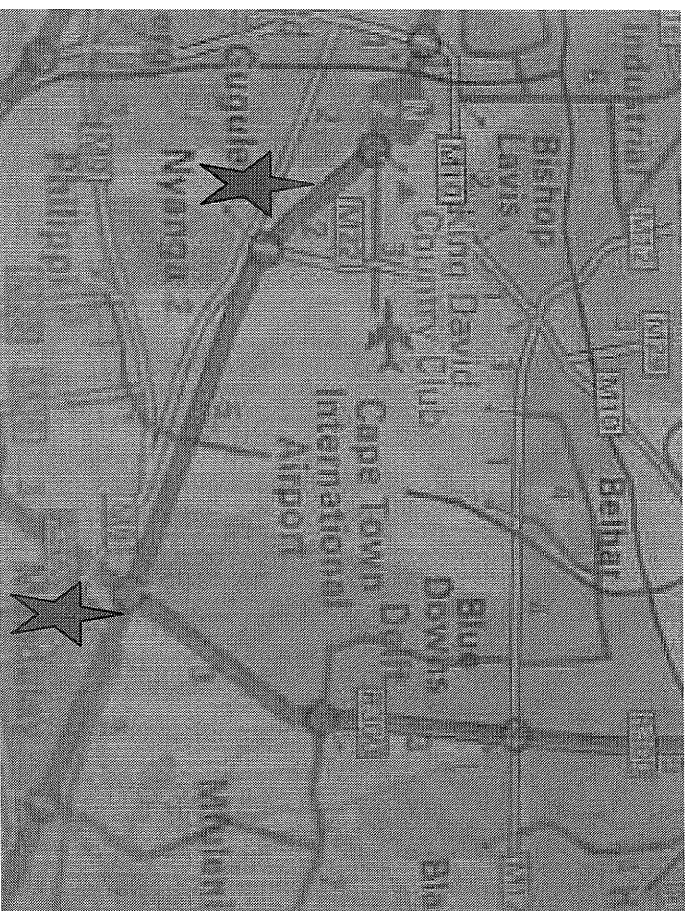
Variable	Pre-Group		Post-Group		t
	M	SD	M	SD	
AIDS Knowledge	90.2	14.0	93.8	10.9	2.9**
AIDS-Related Stigma	1.5	0.4	1.3	0.4	2.1*
Risk Reduction					
Self-Efficacy	3.7	0.4	3.9	0.4	2.7**
Acceptance of violence against women	2.2	0.6	1.9	0.6	5.0**

Pre-post-group scores on HIV/AIDS and sexual violence prevention intervention outcomes.

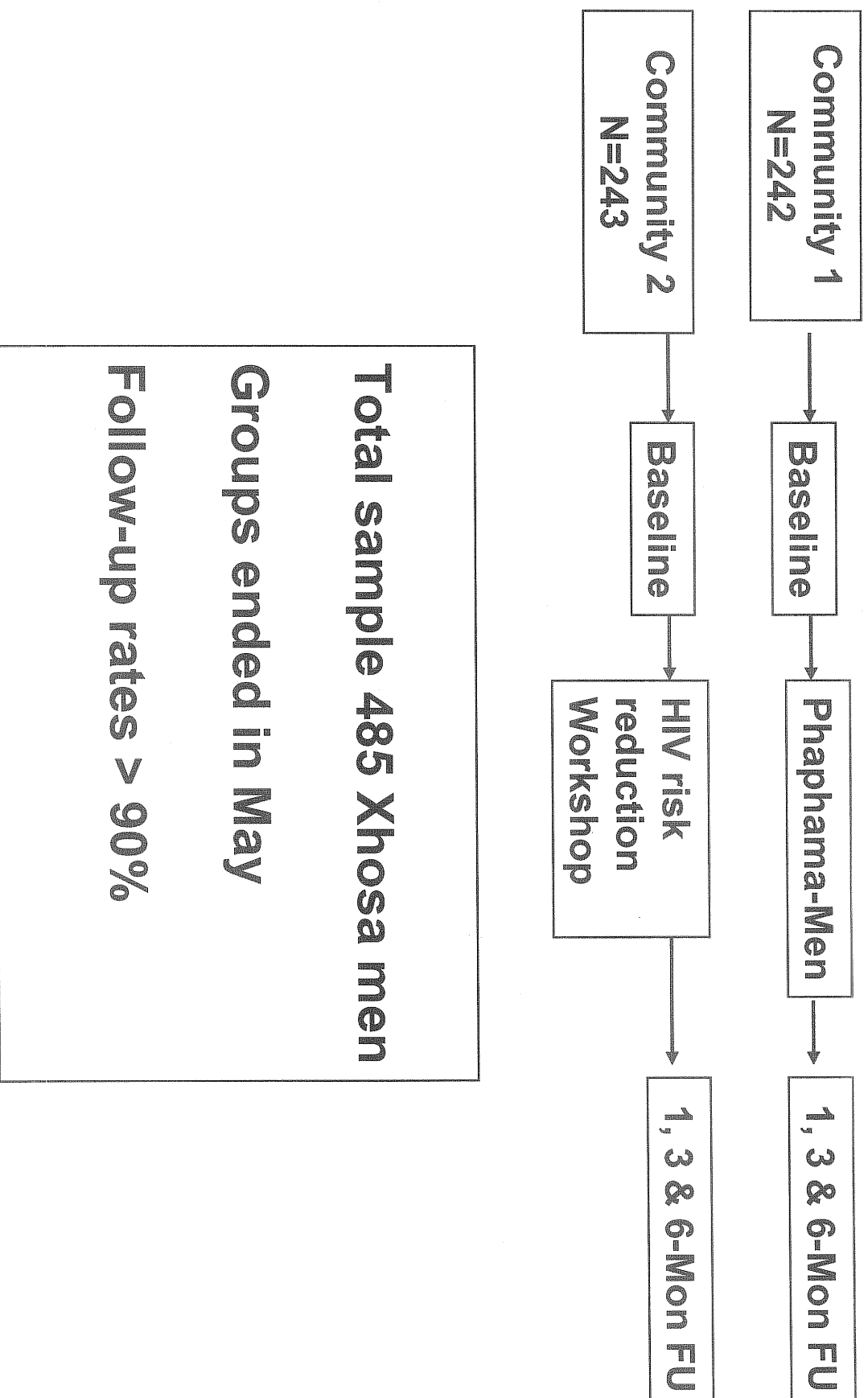
Intentions	Pre-Group		Post-Group		t
	M	SD	M	SD	
Will tell my sex partner that we will use a condom	3.7	0.6	3.9	0.7	2.2*
Will use a condom	3.7	0.6	3.9	0.4	3.1**
Will talk with my partner about condoms	3.7	0.5	3.9	0.4	3.0**

Study 2: Pilot Study

2-matched communities assigned to either Phaphama-Men or a single 3-hour intervention workshop that has demonstrated positive effects in an independent trial



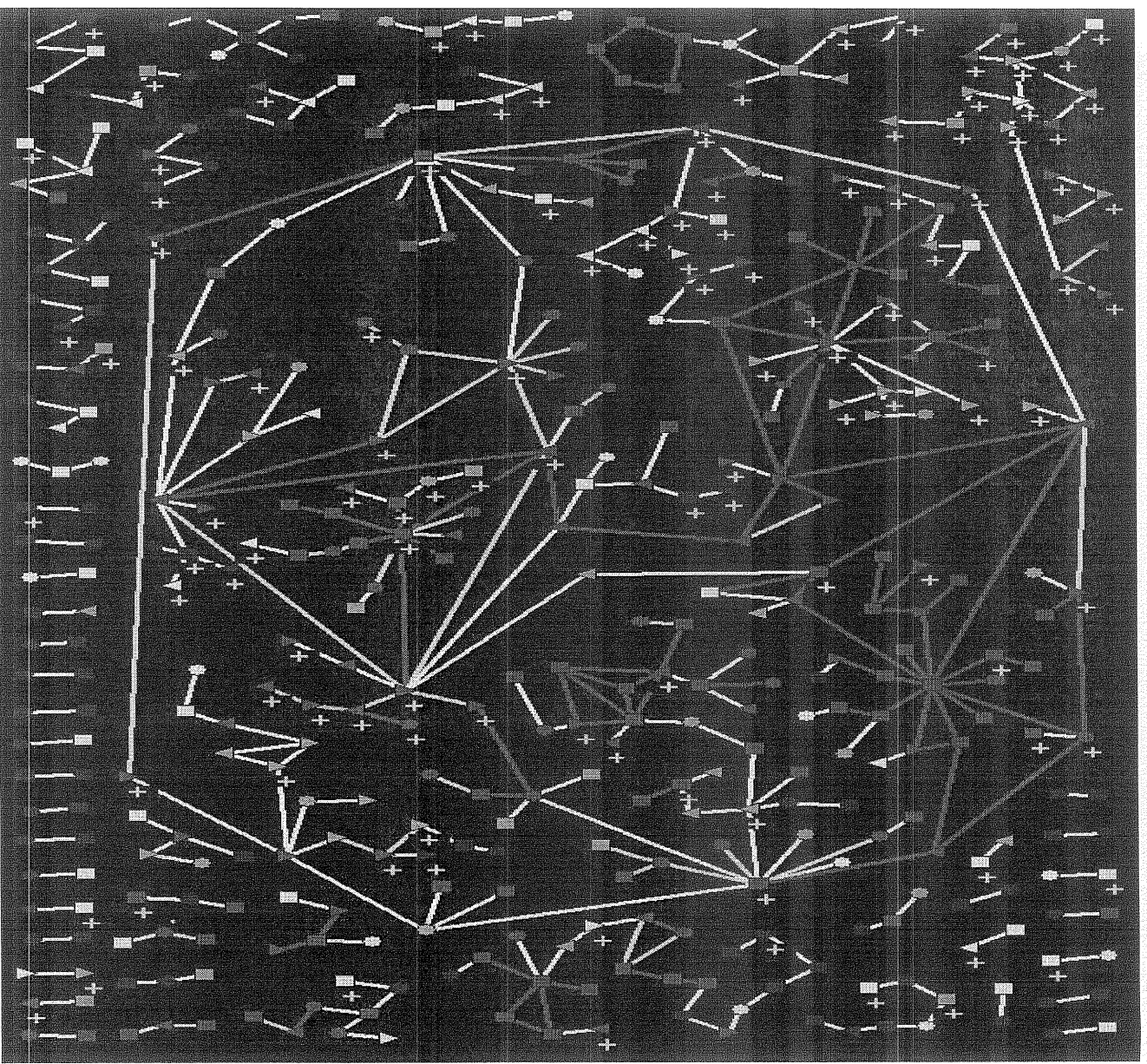
Pilot Study Design



Next steps...

**Depending on pilot
study outcomes...**

**May plan a
multilevel RCT of
Phaphama-Men in
Xhosa
communities**



(Friedman et al., 2007, *AIDS & Behavior*.)