

Baseline findings from the SASA! Study: a cluster randomised controlled trial of a community violence & HIV prevention intervention in Uganda

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What is the SASA! intervention?

The SASA! intervention, developed by Raising Voices, uses a community mobilization approach to change community norms, attitudes and behaviours that support both HIV risk behaviours and the perpetration of violence against women. The main emphasis of the programme is on addressing the imbalance of power between women and men that underpins both epidemics.

SASA! is an acronym for a four-phase process of community-level change:

- Start (knowledge)
- Awareness (knowledge & attitudes)
- Support (skills)
- Action (behaviour)

The Centre for Domestic Violence Prevention (CEDOVIP) started the intervention implementation in February 2008. They select and train community activists, and work with community leaders, professionals and institutional leaders to mobilise entire communities to initiate and institutionalise social change.

The SASA! Study

The SASA! Study will assess the impact of the SASA! intervention on:

- Past year experiences of physical and/or sexual intimate partner violence (IPV) among ever partnered women
- HIV-related behaviours
- Gender roles and norms
- Community responses to violence against women

Trial design

- Pair-matched cluster randomised trial involving 8 sites in Kampala
- Four pairs, one from each pair, randomised to receive intervention at the start of the study and the other after study completion.
- Randomisation took place in September 2007.

Methods

- Baseline survey of men and women conducted in intervention and control communities prior to intervention implementation (between December 2007 and April 2008)
- Follow-up survey scheduled for 2011
- Multi-stage stratified random sampling used to select households in proximity to SASA! community activists
- Data will be used to compare intervention and control communities at follow-up

High levels of intimate partner violence (IPV) reported at baseline

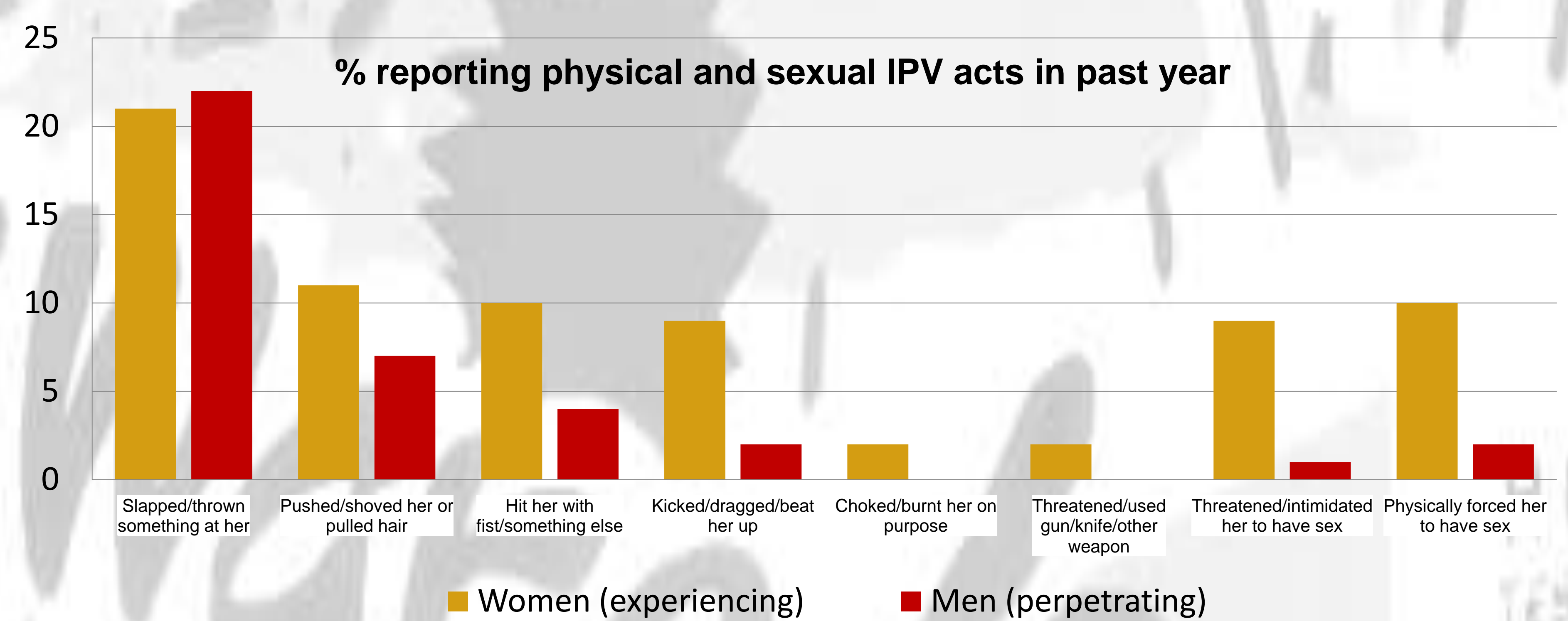
- Almost a half of women report having ever experienced at least one act of physical and/or sexual partner violence
- A quarter of women have experienced IPV in past year
- IPV levels comparable between intervention and control communities

Experience of IPV among ever-partnered women

	Intervention	Control
	Women n=350 (experienced) N (%)	Women n=317 (experienced) N (%)
Life-time		
Physical IPV	138 (40%)	122 (39%)
Sexual IPV	66 (19%)	72 (23%)
Physical and/or sexual	155 (44%)	140 (44%)
Past-year		
Physical IPV	75 (25%)	57 (21%)
Sexual IPV	38 (13%)	31 (11%)
Physical and/or sexual	88 (29%)	67 (25%)

Men less likely to disclose perpetration of severe acts of violence

- Women's reports of experience and men's reports of perpetration similar for less severe physical acts (slapping, throwing things and pushing)
- Large discrepancies in men's reporting of perpetration and women's reports of violence experiences



Associations between IPV and HIV risk behaviours

- IPV associated with extra-marital partners for both women and men
- Male perpetrators of IPV less likely to have used a condom in last 12 months and at last sex
- Women experiencing IPV were less likely to have used condom in their last sex act

Percentage respondents reporting sexual risk behaviours in past 12 months (of current/most recent relationship) among sexually active men and women according to past year perpetration (men) / experience (women) of IPV

	Women		Men	
	Experienced IPV n=295 N (%)	No IPV n=370 N (%)	Perpetrated IPV n=228 N (%)	No IPV n=451 N (%)
>=2 sexual partners	12 (8%)	15 (3%)	81 (53%)	204 (41%)
Used condom with partner	43 (28%)	135 (27%)	69 (44%)	481 (52%)
Used condom at last sex	12 (8%)	80 (16%)	31 (20%)	175 (34%)
Extra-marital partner	17 (11%)	22 (4%)	86 (55%)	214 (42%)
Engaged in transactional sex	5 (3%)	9 (2%)	21 (13%)	31 (6%)
HIV testing	249 (49%)	85 (55%)	54 (34%)	206 (40%)
HIV testing with partner	18 (12%)	92 (18%)	24 (15%)	111 (22%)

*Significantly different at 5% level

**Significantly different at 10% level

Conclusions

- The baseline findings confirm the high prevalence of intimate partner violence, and the comparability of the study samples
- Research that asks men about their use of violence needs to recognise the potential for response bias – with an under-reporting of less socially sanctioned acts of violence
- The clustering of IPV and HIV risk behaviours has important implications for prevention programmes
- For men the same notions of masculinity that condone infidelity also support IPV and/or control over women
- Women's risk of HIV relates both to their partner's violence and also their risk behaviours
- The findings highlight the need to address gender inequality and violence in HIV programming, and the importance of SASA!, which focuses on both issues