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Lessons from the Broad Street Pump: The importance of addressing structural factors that drive HIV

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STRIVE Research Symposium
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Disease determinants

Factor → Biological

Intervention → Bio-medical

Source: Adapted from Jim Thomas, Measure Evaluation
Structural interventions

(behavioral) High  ← [Personal Volition] → Low (structural)

Individual responsibility

HIV  “Have fewer partners”  Improve livelihoods (to reduce transactional sex)

Obesity  “Exercise more”  Create walkable neighbourhoods

Hazardous drinking  “Drink responsibly”  Regulate alcohol advertising and promotion

Source: Adapted from Jim Thomas, Measure Evaluation
Stemming the tide of cholera
London 1854

John Snow,
Father of modern epidemiology
The historical decline of TB deaths in England and Wales 1848-1961

McKeown T, Record RG, Turner RD Population Studies 1975

Introduction of Chemotherapy

Source: Paul Pronyk
STRIVE: Tackling the factors that create vulnerability and undermine HIV prevention and treatment
Designed around 4 research themes

- **Theme 1:** Deepening fundamental understanding of structural factors and pathways
- **Theme 2:** Evaluating the impact and cost-effectiveness of structural interventions
- **Theme 3:** Advancing methods for evaluating structural interventions; and
- **Theme 4:** Enhancing insights into processes of change
Conceptual framework

MACRO LEVEL

- Criminal Justice
- Laws Rights
- Culture & Religion
- Media
- GDP Economics
- Corporate & Tax policy
- Politics

Structural Drivers

- Criminalization of behaviours
- Stigma
- Gender Norms
- Economic Opportunity
- Mobility
- Alcohol Availability

Proximate Determinants of Risk

- Access to Info & Services
- Partner selection
- Partner change
- Unprotected Sex

Structural Interventions

HIV transmission

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Structural Interventions

HIV transmission
Evidence of Impact: Partner violence

3 prospective studies link IPV with Incident HIV or STI

*Strongest data comes from South Africa: Jewkes et al, The Lancet, 2010;

Cross-sectional data more mixed; methodological limitations
Consistent association found between more severe IPV and HIV risk
Evidence of Impact: Livelihood options, transactional sex & HIV

- 2 longitudinal studies; 1 RCT link transactional sex to incident HIV*
- Cohort study, embedded in intervention trial, enrolled 1077 sexually active, HIV- women 15-26 yrs in rural South Africa
  - HIV incidence:
    - 3 times higher among girls with a once-off partner
    - 2 times higher among girls with on-going concurrent partner
- Effect over and above adjustments for total number of partners, relationship control, violence and other potentially confounding factors
- Not mediated through partner age

* Shaffer et al, JAIDS, 2010
  Baird et al, Health Econ. 2010 & the Lancet, 2012
Cash transfer scheme to keep girls in school – Zomba, Malawi

$10/month provided to HH of in and out-of-school girls (13-22 yrs)

30% went directly to girls

(Baird et al., 2010 & 2012)

Results after 18 months among baseline school girls

35% reduction school drop-out rate

40% reduction early marriages

76% reduction in HSV-2 risk

30% reduction in teen pregnancies

64% reduction in HIV risk
Evidence of impact: alcohol use

Alcohol consumption

Risk taking personality

Drinking norms
Alcohol myopia
Cognitive impairment
Immune function

Drinking venue
Partner violence

Partner selection
Sexual frequency
Partner turnover
Unprotected sex
Access to info & services
Biologic susceptibility

HIV infection
Capturing the multiple benefits of intervening “upstream”

Indicators of Gender Inequality

- Early sexual debut (≤16)
- Partner violence
- Lack of secondary education

SRH Indicators
- HIV
- Teen pregnancy
- High fertility

Maternal & Child Health Indicators
- Unplanned pregnancy
- Home Delivery
- Child diarrhea
- Child fever
Affiliated projects

Phuza Wize
Phuza Wize (or "consume sensibly") is a five-year campaign of STRIVE affiliate, Soul City Health and Development Institute, to reduce alcohol use.

Drivers: Alcohol, Gender inequality and violence
Methods: Changing social norms

Social forces drive the HIV epidemic and block prevention efforts. STRIVE partners investigate how structural factors create vulnerability and what programmes work to tackle them.

Latest

Resources

What Works to Prevent Partner Violence? An Evidence Overview
Lori Heise reviews the empirical evidence of what works in low- and middle-income countries to prevent violence against women by their partners.
### Measuring HIV stigma and discrimination

**AUTHORS:** Anne L. Stangl, Laura Brady and Katherine Fritz from the International Center for Research on Women, Washington, DC

This brief is designed to guide researchers to study HIV stigma, either as the main focus or as an add-on. It outlines the key domains of HIV stigma that need to be measured if we are to understand how stigma works.

#### Table 1: Evidence question and factors of HIV stigma and discrimination

<table>
<thead>
<tr>
<th>Domain</th>
<th>General Population</th>
<th>Health Care Workers</th>
<th>People in HIV/AIDS and Key Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social</td>
<td>Are people living with HIV stigmatized, afraid of getting tested, or afraid of being stigmatized?</td>
<td>Yes</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Structural</td>
<td>Are people who are stigmatized also disadvantaged in their work or education?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Physical</td>
<td>Are people living with HIV treated with respect or discrimination in the workplace?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Psychological</td>
<td>Are people living with HIV discriminated against in terms of access to services or in their interactions with service providers?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### Figure 1. Reducing HIV stigma and discrimination for programme implementation and monitoring

1. **Perceived stigma**: Are people living with HIV stigmatized, afraid of getting tested, or afraid of being stigmatized? How does this affect their access to care and support?
   - **Example**: Reduced access to care, decreased quality of care, increased discrimination.

2. **Experienced stigma**: Have you experienced any discrimination or harassment due to your HIV status?
   - **Example**: Discrimination in the workplace, denial of insurance coverage.

3. **Structural barriers**: Are there any structural barriers that prevent people from accessing HIV-related services?
   - **Example**: Lack of access to transportation, lack of affordable care.

4. **Violence**: Have you experienced any violence related to your HIV status?
   - **Example**: Physical, verbal, or sexual abuse.

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*Note: This is a sample of evidence question and factors of HIV stigma and discrimination. For a comprehensive overview, please refer to the full brief.*