

Stepping Stones and Creating Futures

Outcomes of a behavioural and structural pilot intervention to build gender equality and economic power among young people in urban informal settlements in South Africa
Project Brief: 2013

Background

Preventing the heterosexual transmission of HIV amongst young women and men remains a critical global health priority. While globally the HIV epidemic has stabilised and in places declined, in 2009 UNICEF estimated young people aged 15-24 accounted for 41% of all new HIV acquisitions in those over 15, of which 79% were in Sub-Saharan Africa (UNICEF, 2011).

Informal settlements in South Africa and globally remain the epicentre of the HIV epidemic, with sustained high incidence among youth despite HIV prevention efforts and bio-medical interventions (Shisana, Rehle, Simbayi, & Zuma, 2009; Thomas, Vearey, & Mahlangu, 2011; van Renterghem & Jackson, 2009). In South Africa, 29.1% of the total estimated HIV incidence was found in urban informal settlements, even though only 8.7% of South Africans older than two years live here (Rehle et al., 2007). Estimates suggest that HIV prevalence in urban informal settlements is twice the South African national HIV prevalence.

In women, HIV risk is inexorably linked to women's experience of gender subordination including social and economic dependency on men. A cohort study of young South African women showed a significant proportion of HIV in women could be prevented if relationship power inequity were reduced and there was no severe physical or sexual intimate partner violence (IPV) (R. K. Jewkes, Dunkle, Nduna, & Shai, 2010). One of the important causes of dependency among women is financial dependency, which reduces women's ability to resist men's control (R. Jewkes, Dunkle, Nduna, & Jama, 2012).

In research on men, arguments have been advanced

that prevailing constructions of masculinity that link dominance over and control of women to the glorification of sexual risk-taking behaviours, particularly having many partners and not using condoms, are a response for many men to weak economic contexts (Hunter, 2010; R. Jewkes & Morrell, 2010).

Tackling the intersections of gender inequalities and poverty has been a priority for HIV programmes recently, with some success. The Intervention for Microfinance and Gender Equality (IMAGE) project in rural South Africa combined a microfinance and gender equality intervention and saw a 45% reduction in women's experience of IPV after two years (Pronyk et al., 2006). Yet, similar interventions in urban informal settlements and with younger populations have not shown similar positive outcomes. Nor have these approaches explored the potential positive impacts of including men in gender transformative and livelihood strengthening interventions (Gibbs, Willan, Misselhorn, & Mangoma, 2012; Gupta, Ogden, & Warner, 2011; Hunter, 2010).

This brief presents the results of a 12 month follow up of a pilot of the Stepping Stones and Creating Futures intervention, a combined structural and behavioural intervention designed to address gender inequalities and livelihood insecurity simultaneously. The combined intervention was delivered in 2012 to 232 young women and men (average age 21.7 years) in urban informal settlements in Durban, South Africa.

The pilot intervention and its evaluation is a joint initiative of three partners: the Health Economics and HIV and AIDS Research Division (HEARD) at the University of KwaZulu-Natal (UKZN), the Gender and Health Unit of the South African Medical Research

STEPPING STONES

Creating Futures

Stepping Stones and Creating Futures

Stepping Stones – South African Edition (adapted from Stepping Stones (Welbourn, 1995)) is a behavioural intervention that combines HIV prevention with the pursuit of greater gender equity through participatory activities and reflection. A two year evaluation in the Eastern Cape, South Africa showed it was effective in reducing HSV2 incidence by 33% in men and women, and reduced a number of reported risk behaviours in men, with a lower proportion of men reporting perpetration of IPV across two years of follow-up and less transactional sex and problem drinking at 12 months as well as improved mental health for men (R. Jewkes et al., 2008).

Creating Futures is a structural intervention that was jointly created by the three partner organisations. It seeks to encourage reflection and action among young people on their livelihoods through participatory activities, which aimed to strengthen young people's livelihoods and economic power. The combined intervention is 21 sessions of three hours, delivered by trained peer facilitators.

The combined Stepping Stones and Creating Futures intervention was piloted in urban informal settlements in Durban, South Africa with 232 young people (110 men, 122 women). The study design was an interrupted time-series design, with baseline measures at zero and two weeks and follow-ups at six and 12 months post-baseline. Quantitative and qualitative data were collected. The study was approved by UKZN's Human and Social Sciences Ethics Committee and the MRC's Ethics Committee.

Young people's lives

Participants average age was 21.7 years, with 86.4% of men and 79.6% of women being under 25. While the majority reported having a partner, only 14.6% of men and 8.1% of women lived with their partner. Two-thirds of women had given birth to a child, compared to one third of men who had fathered a child.

Young men and women in the sample rarely worked. Only 65.2% of men and 36.1% of women reported working or earning in the past 12 months. Men also reported higher rates of work seeking behaviour than women – such as looking for jobs in a newspaper and developing ideas for making or selling products.

This lack of employment meant that many went hungry; 29% of men and women said they went hungry either every day or every week and 34.7% of men and 44.3%

of women reported they had stolen in the past month because they were hungry. Only 45.4% of men and 23.6% of women had finished high school.

Relationships between men and women in this group were fraught. Men and women reported high rates of IPV; 29.9% of women had experienced either physical or sexual IPV while 25% of men perpetrated either physical or sexual IPV in the past three months.

Methods

We recruited 232 participants at baseline and reinterviewed 207 participants after two weeks. Participants then received the full 21 sessions over 10-12 weeks. We reinterviewed 222 (95%) at six months and 208 (89%) at 12 months post-baseline. We had good retention in the study despite high mobility. As we had no control group, we averaged the two initial measures to provide a baseline. We did trend tests on the measures comparing the averaged baseline, six months and 12 months measures using STATA.

Qualitative data were collected through focusgroup discussions at baseline and then randomly selecting 10 women and 20 men for indepth interviews. We conducted indepth interviews with the same people at baseline, six and 12 months.

Impact on livelihoods

Livelihoods improved for women and men after the intervention. Mean earnings in the past month increased over the 12 months. For women this increased from R140 (US\$14) at baseline to R484 (US\$49) (a 345% increase ($p < 0.0001$)) at 12 months and for men from R359 (US\$36) at baseline to R1015 (US\$104) (a 283% increase ($p < 0.0001$)) at 12 months. Participants explained they had taken on a range of jobs including cleaning work at factories, domestic and gardening work and construction work. Some also started or improved their small informal businesses, such as selling goods or hairdressing. Furthermore participants expressed how they were better able to negotiate the work environment:

Mandla¹: Before I used to do things recklessly, drink alcohol and come back home around 12am or 1am while I would be going to work that morning, and I would go to work and get warnings, but Project Empower showed me how to do things.

We also saw a decrease in the number of participants who said they would find it difficult to find R200 (US\$20) in an emergency. For men this proportion reduced by 43% ($p < 0.009$) and women by 33% ($p < 0.001$). Our qualitative data suggests that this may

¹ All names are pseudonyms



have been linked to participants saving more money than they did before the intervention:

INTERVIEWER: When did you start contributing on this stokvel [savings group]?

PROMISE: I started this year because last year I couldn't start early enough.

INTERVIEWER: What encouraged you to start saving money in a stokvel? Would you say the information you got at the intervention had an impact?

PROMISE: Yes I was really encouraged because before then, I didn't see the importance of saving money but now I realise it is really important and helpful and I can see the good results.

Easier access to R200 in an emergency may also have been through improved social networks that Stepping Stones and Creating Futures tried to foster.

Material change in livelihoods was also seen with fewer men reporting that they had stolen in the last month due to a lack of food or money, decreasing from 34.7% at baseline to 24.7% at 12 months, a 29% decrease ($p<0.09$).

Men ($p<0.0001$) and women ($p<0.031$) also reported that after the intervention they had improved feelings about their work situation, most likely linked to greater access to jobs and work. Overall, the Stepping Stones and Creating Futures intervention appears to have positively impacted on young people's livelihoods.

Impact on gender relationships

The Stepping Stones and Creating Futures intervention aimed to reduce women's experience and men's perpetration of physical or sexual IPV.

Women reported a statistically significant reduction in their experience of sexual or physical IPV in the past three months from 29.9% at baseline to 18.9% at 12 months (a 37% reduction ($p<0.046$)). Furthermore, women's experience of sexual IPV also declined significantly from 11.1% at baseline to 3.6% at 12 months ($p<0.018$).

Men's perpetration of physical or sexual IPV in the past three months, while declining from 25% to 21.9% (a 23% reduction) was not statistically significant. However, qualitative data suggested that this may improve into the future, with a number of men saying that since the intervention, they had become less violent:

Interviewer: Has the intervention changed the way you think how men should be like in your community?

Bulelani: Yes it has, I only knew that if a woman misbehaves the only thing you need to do is beat her up so she can straighten up her act. So since I

attended I realised that it does not help, but rather to talk to her instead of beating her up.

Men did, however, report more gender equitable attitudes over the 12 months of the study ($p<0.05$) and also more equitable relationships with their partners ($p<0.0001$) over this time, again supported by the qualitative data. Jewkes et al. (2010) have shown that a significant proportion of newly acquired HIV in women could be averted if men become less controlling of their partners. As such, more gender equitable relationships and attitudes seen by men are positive of wider potential changes.

Men and women reported a greater focus on their main partner. There was a higher rate of reports among men in particular that the last person they had sex with was their main partner. At baseline this was 52.9% and at six and 12 months this was up to 62%, although this change was not statistically significant. Qualitative data similarly supported this improved focus on main partners:

Interviewer: Let's talk about relationships with women, so like ever since you were involved with the programme did you change the way you relate with your girlfriend?

Siphamandla: Yes a lot

Interviewer: Can you give me an example of what you applied in your relationship that you learnt from this intervention and was a success?

Siphamandla: I loved her but I never cared that much because I had a lot of girlfriends.

Interviewer: And now how have things changed?

Siphamandla: I have tried to cut down on girlfriends and give her, her place and now it's 50/50 (giggles).

Mental health

As with the Stepping Stones evaluation in the Eastern Cape the intervention improved men's mental health. Men reported a reduction in moderate or severe symptomatology of depression from 70.6% at baseline to 53.4% at 12 months (a 24% reduction ($p<0.009$)). Similarly men reported less suicidal thoughts in the past four weeks, from 21.6% at baseline to 9.5% at 12 months (a 56% decline ($p<0.012$)). Men also felt better about their life circumstances ($p<0.006$) at 12 months compared to baseline. Women, however, saw no changes in their mental health status.



In summary

The findings of the pilot study of the Stepping Stones and Creating Futures intervention are highly promising; women reported a statistically significant decline in experiencing sexual or physical IPV in the past-three months (a 37% reduction ($p < 0.046$)). In particular, this reflects the findings seen in the IMAGE study and emphasise that interventions that seek to challenge women's subordination benefit from combined gender transformation with economic empowerment to tackle the structural drivers of inequality.

Moreover, the Stepping Stones and Creating Futures is one of the first evaluated interventions meaningfully to also include *men* in a gender transformation and livelihoods strengthening intervention. Positive indications of change were seen, including men reporting improved gender attitudes and more gender equitable relationships. Although not statistically significant, men's perpetration of physical violence also declined and this was supported by qualitative data. More widely, the intervention improved men's mental health.

Furthermore, both women and men showed improvements in their mean earnings in the past month over the intervention period, which demonstrates that Creating Futures has potential as a tool to build livelihoods more widely. Finally the pilot evaluation of Stepping Stones and Creating Futures showed that it is possible to intervene and evaluate interventions with relatively hard to reach populations, which few interventions had previously sought to do.

These promising results now require that the Stepping Stones and Creating Futures intervention needs to be implemented and evaluated in a large scale, randomised control trial, to assess fully whether the findings of this pilot can be replicated on a large scale.

The project team

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Download Creating Futures from:
www.heard.org.za/gender/creating-futures-stepping-stones to access the Stepping Stones South Africa Edition contact: mhela@mrc.ac.za

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References

- Gibbs, A., Willan, S., Misselhorn, A., & Mangoma, J. (2012). Combined structural interventions for gender equality and livelihood security: a critical review of the evidence from southern and eastern Africa and the implications for young people. *Journal of the International AIDS Society*, 15(Suppl. 1), 17362.
- Gupta, G. R., Ogden, A. S., & Warner, A. (2011). Moving forward on women's gender-related HIV vulnerability: The good news, the bad news and what to do about it. *Global Public Health*, 6(S3), S370-S382.
- Hunter, M. (2010). Love in the Time of AIDS: Inequality, Gender, and Rights in South Africa. Durban: University of KwaZulu-Natal Press.
- Jewkes, R., Dunkle, K., Nduna, M., & Jama, N. (2012). Transactional sex and HIV incidence in a cohort of young women in the Stepping Stones trial. *AIDS and Clinical Research*, 3(5), 1-8.
- Jewkes, R., & Morrell, R. (2010). Gender and sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *J Int AIDS Soc*, 13, 6. doi: 1758-2652-13-6 [pii] 10.1186/1758-2652-13-6
- Jewkes, R., Nduna, M., Levin, J., Jama, N., Dunkle, K., Puren, A., & Duvvury, N. (2008). Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *British Medical Journal*, 337(7666), -. doi: ARTN a506 DOI 10.1136/bmj.a506
- Jewkes, R. K., Dunkle, K., Nduna, M., & Shai, N. (2010). Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *Lancet*, 376(9734), 41-48. doi: Doi 10.1016/S0140-6736(10)60548-X
- Pronyk, P. M., Hargreaves, J. R., Kim, J. C., Morison, L. A., Phetla, G., Watts, C., . . . Porter, J. D. H. (2006). Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial. *Lancet*, 368(9551), 1973-1983. doi: Doi 10.1016/S0140-6736(06)69744-4
- Rehle, T., Shisana, O., Pillay, V., Zuma, K., Puren, A., & Parker, W. (2007). National HIV incidence measures - new insights into the South African epidemic. *Samj South African Medical Journal*, 97(3), 194-199.
- Shisana, O., Rehle, T., Simbayi, L., & Zuma, K. (2009). South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2008. Cape Town: HSRC.
- Thomas, L., Vearey, J., & Mahlangu, P. (2011). Making a difference to health in slums: an HIV and African perspective. *Lancet*, 377(9777), 1571-1572.
- UNICEF. (2011). Opportunity in crisis: Preventing HIV from early adolescence to young adulthood. Geneva: UNICEF.
- van Renterghem, H., & Jackson, H. (2009). AIDS and the city: intensifying the response to HIV and AIDS in urban areas in sub-Saharan Africa. Durban.
- Welbourn, A. (1995). Stepping Stones: A training package in HIV/AIDS, communication and relationship skills. London: Strategies for Hope.



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