

IMPACT

It is clear that IPV harms women and their relationships and families. It is associated with increased risk of HIV and many other health problems. The costs of IPV are very high for governments as well as for individuals and families. What has not been clear is what to do about it – how best to reduce and prevent IPV. That is the value of studies such as IMAGE and Maisha: they show the impact and cost-effectiveness of specific interventions to reduce IPV.

As a result of IMAGE, microfinance and the empowerment of women are formally included in the South African government's Strategic Plan for HIV/AIDS. It is hoped that learning from the Maisha study will also guide policies, programming and funding to reduce IPV and produce many benefits for people's relationships, health, wellbeing and livelihoods.



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Maisha is a collaborative project of the Gender Violence and Health Centre at the London School of Hygiene & Tropical Medicine (LSHTM) and the National Institute for Medical Research (NIMR)/Mwanza Intervention Trials Unit (MITU). These institutions bring complementary experience and expertise, including in the conduct of large evaluation studies of social interventions such as microfinance programmes and violence prevention programmes.

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REFERENCES

World Health Organization/London School of Hygiene & Tropical Medicine. Preventing intimate partner and sexual violence against women: Taking action and generating evidence. Geneva; 2010

Pronyk PM, Hargreaves JR, Kim JC, Morison LA, Phetla G, Watts C, et al. Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial. *The Lancet*. 2006; 368(9551): 1973-83

Kim J, Ferrari G, Abramsky T, Watts C, Hargreaves J, Morison L, et al. Assessing the incremental effects of combining economic and health interventions: the IMAGE study in South Africa. *Bull World Health Organ*. 2009; 87(11): 824-32

Pronyk PM, Kim JC, Abramsky T, Phetla G, Hargreaves JR, Morison LA, et al. A combined microfinance and training intervention can reduce HIV risk behaviour in young female participants. *AIDS*. 2008; 22(13): 1659-65

Jewkes R, Nduna M, Levin J, Jama N, Dunkle K, Puren A, et al. Impact of stepping stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *BMJ*. 2008; 337: a506

Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts CH, Health WHOM-cSoWs, et al. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *The Lancet*. 2006; 368(9543): 1260-9

Heise, L. What works to prevent partner violence: An evidence overview. STRIVE. London. 2011.



Maisha: Microfinance and gender training to reduce violence against women

Now recognised as a major problem for public health and development all over the world, intimate partner violence causes suffering, disempowers women, promotes male dominance, breaks national laws and is associated with increased HIV risk. More evidence is needed on the best ways to prevent and reduce this violence.

WHAT IS MAISHA?

The Maisha study is evaluating interventions to help build healthy relationships, free from intimate partner violence (IPV). It does this by empowering women economically and socially through microfinance and gender training. The Maisha study assesses whether these elements work to reduce women's experiences of IPV, a structural driver of HIV.

Can gender training, either alone or in combination with access to microfinance, reduce levels of IPV against women? The Maisha study is designed to find out.

The Mwanza Intervention Trials Unit (MITU) works with branches of the microfinance non-governmental organisation (NGO) Bangladesh Rural Advancement Committee (BRAC) to implement the Maisha study in Mwanza, northern Tanzania.

The project runs from 2014 to 2019. MITU and the London School of Hygiene & Tropical Medicine (LSHTM) are coordinating the study within the DFID-funded STRIVE research consortium. MAISHA comprises two cluster randomised controlled trials with complimentary qualitative studies and integrated process evaluations and full economic costings.

EVALUATION

The Maisha study seeks the answers to a series of questions:

- * Is a combined microfinance and gender training intervention effective in reducing IPV in Tanzania?
- * Can a similar reduction in IPV be achieved by delivering gender training to women not receiving microfinance?
- * What are possible pathways to reduce IPV and how do the interventions feed into them?
- * Are the interventions cost-effective?

FOUNDATION

The Maisha study builds on the findings of the Intervention with Microfinance for AIDS & Gender Equity (IMAGE) study in rural South Africa. IMAGE combined group-based microfinance with a participatory gender and HIV training curriculum for loan participants.

A cluster randomised controlled trial found that, over a two-year period, IMAGE reduced participants' past-year experience of physical and/or sexual IPV by 55%.

The trial also found that IMAGE:

- * significantly reduced household poverty
- * empowered participants (as shown by greater self-confidence, autonomy in decision-making, and increased ability to challenge gender norms)
- * increased household communication about HIV and AIDS
- * increased the reported use of condoms by younger participant in non-spousal relationships
- * increased the likelihood that younger participants would opt to be HIV tested.

Questions remained after IMAGE and Maisha is designed to answer them:

- * Was the impact due to the microfinance component or the gender training?
- * Will this approach work in other parts of sub-Saharan Africa?



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The two components of the Maisha study

COMPONENT A (TRIAL 1)

66 EXISTING MICROFINANCE GROUPS

Each group is made up of around 15 women. These groups already receive small loans from the microfinance NGO, BRAC. A process of randomisation determines which groups will continue to receive gender training in addition to microfinance and which will continue with microfinance alone. Representatives of the groups participate in this process of randomisation.

A1

33 groups get microfinance only

A1 is the control group. The women in these groups continue to borrow money and participate in weekly BRAC activities, just as they did before. They do not receive gender training during the period of the Maisha study.

A2

33 groups get microfinance and gender training

The women in these groups continue to borrow money and participate in weekly BRAC activities, just as they did before. In addition, they participate in a 10-session gender training programme. The sessions have been developed by EngenderHealth and are based on a number of existing curricula, including Sisters for Life which is part of IMAGE. The sessions are held every two weeks during a group's weekly loan repayment meeting. Two gender training facilitators lead each session.

The study compares the levels of IPV in A1 and in A2 at two years.
Is violence reduced in the relationships of those women who receive gender training in addition to microfinance?

COMPONENT B (TRIAL 2)

66 NEW GROUPS

Each group is made up of around 15 women. These groups are newly formed by the Maisha team. A process of randomisation determines which groups will get no intervention at all, and which will get gender training. Representatives of the groups participate in this process of randomisation.

B1

33 groups get no intervention at all

B1 is the control group. The Maisha team will keep in contact with the women in these groups but there will be no other intervention.

B2

33 groups get gender training for women without microfinance

The women in these groups participate in the same 10-session gender training programme as those in A2. The sessions are held every two weeks. Two gender trainer facilitators lead each session.

The study compares the levels of IPV in B1 and in B2 at two years.
Does gender training delivered to women not receiving microfinance reduce violence in partnerships?

Impact on women and their families

The Maisha study measures:

- * women's reported past year experience of physical and/or sexual IPV two years after the delivery of the interventions
- * productivity of the loan groups (for the microfinance intervention arm)
- * household asset ownership
- * patterns of household communication and conflict resolution
- * sexual and reproductive health, including reported sexual behaviour and use of services
- * common mental disorders
- * ability to resist social pressure and challenge of injunctive gender norms.

Which interventions have the most impact on levels of intimate partner violence:

A1: microfinance alone?

A2: microfinance with gender training?

B2: gender training alone?



Impact on male partners

A survey of the male partners of women taking part in Component A (Trial 1) investigates men's attitudes to IPV and if gender training delivered to women has any impact on men's:

- * reported perpetration of IPV
- * attitudes to IPV
- * ability to resist social pressure and challenge of injunctive gender norms.