

Lessons on community
participation in research on
intimate partner violence
and HIV in an informal
settlement in Kenya

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Presentation outline

- Background
- Introduction
- Methods
- Lessons
- Conclusions

Background

- Prevalence of **recent physical and/or sexual intimate partner violence** (past 12 months) in Kenya [1]: 26% women, 7% men
- **HIV prevalence** in Kenya [2]: 7% women, 4% men
- All rates **higher in informal urban settlements** [3, 4].
- Intimate partner violence and HIV **reinforce each other** [5-10].
- Opportunities for creating linkages between existing intimate partner violence and HIV prevention programmes remain underutilised.

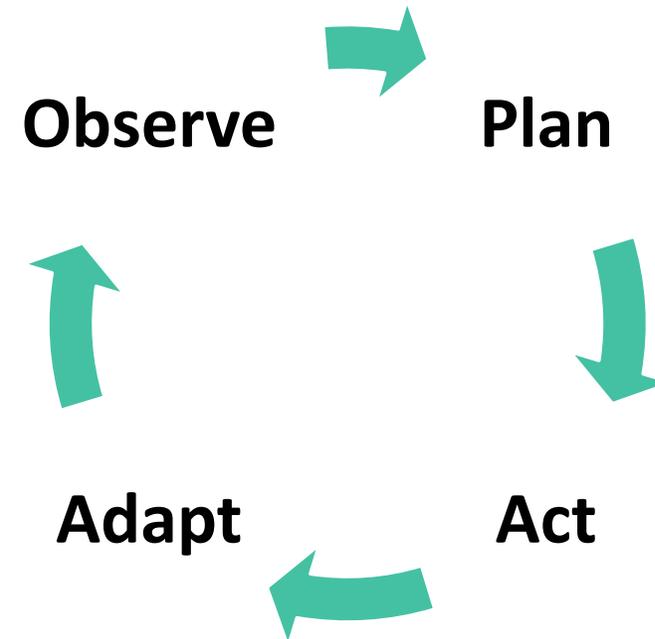
Introduction

Community-based participatory research (CBPR)

- Involving those affected by the topic of the study
- Reflection & action cycle

Community involvement

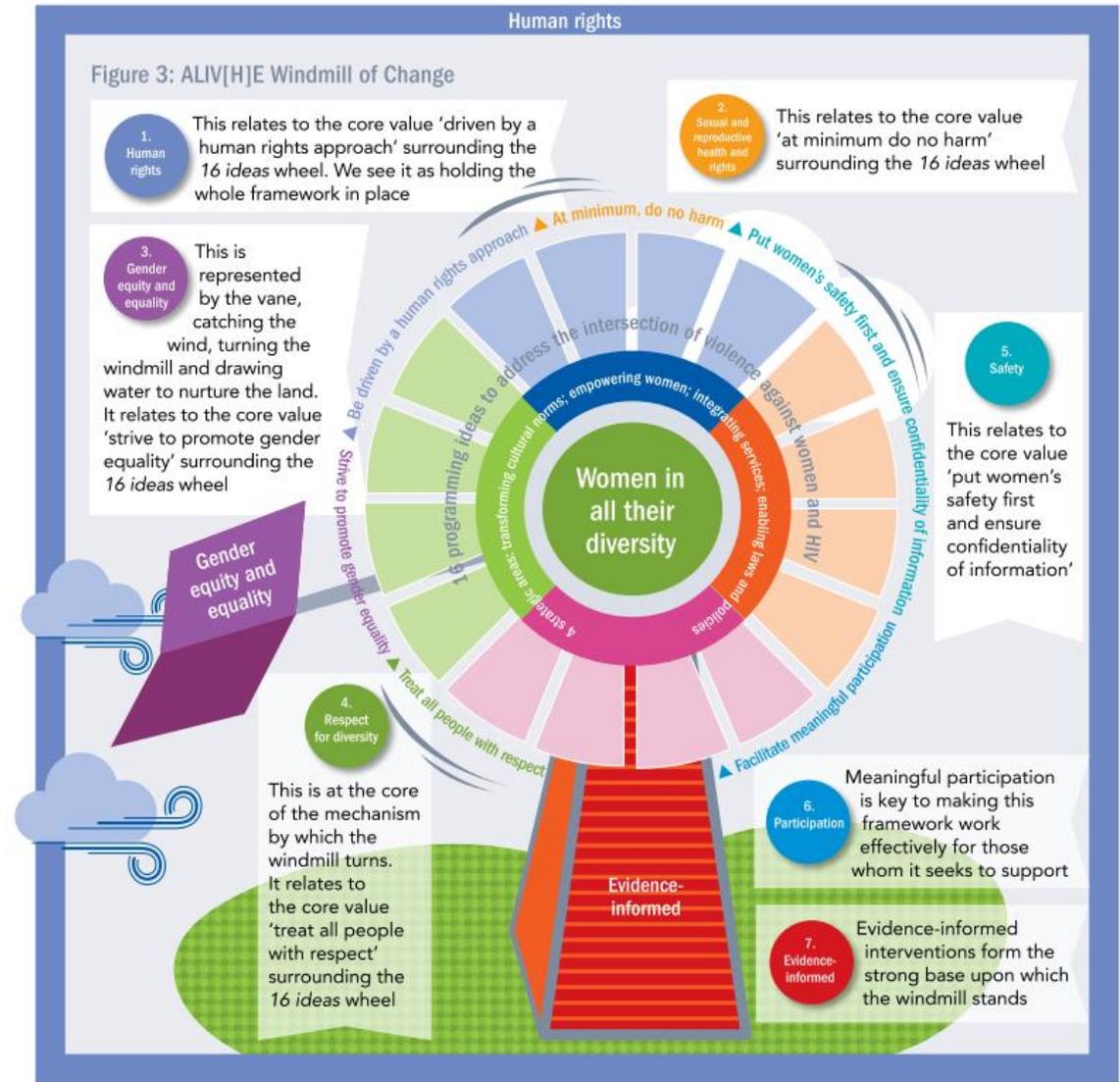
- Recommended in policy & programming



Adapted from Loewenson et al, 2014 [12]

Aim of presentation

To describe lessons from community involvement in research on intimate partner violence and HIV in an informal settlement in Nairobi, Kenya using the ALIV[H]E framework.



Action Linking Initiatives on Violence Against Women and HIV Everywhere – ALIV[H]E

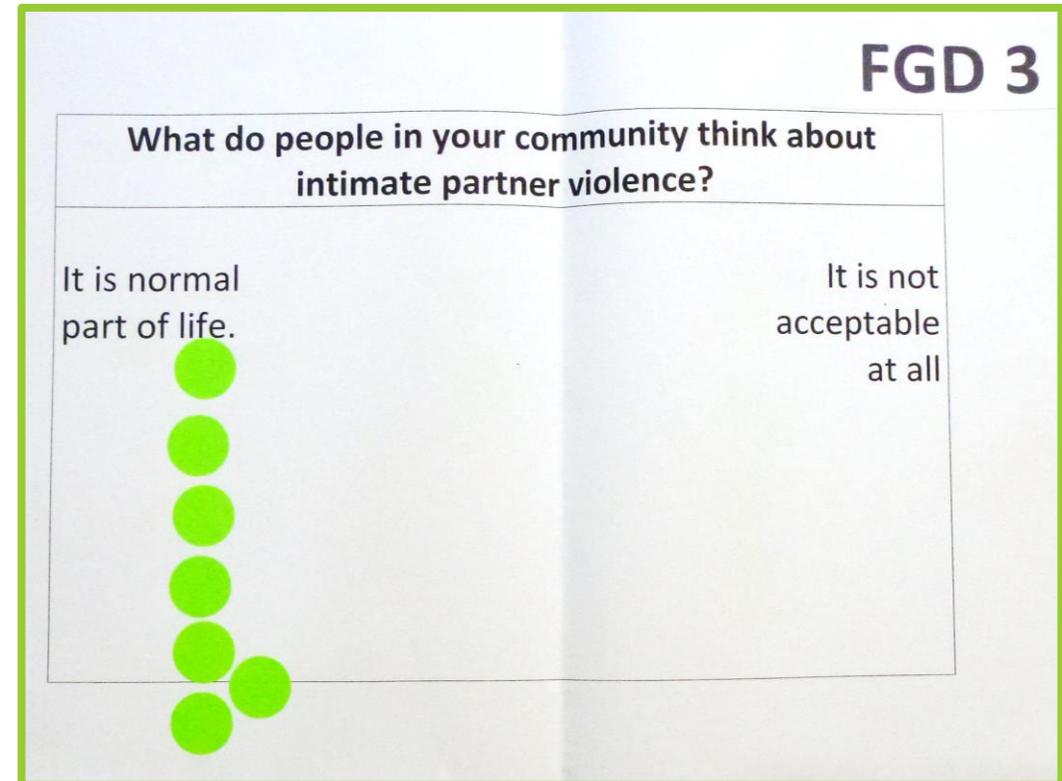
Methods

Research team

- 2 Kenyan researchers
- 11 community co-researchers, incl. 4 community volunteers & 7 community members.

Data collection

- 11 focus groups, involving 32 men & 56 women
- 10 key informants.



Participatory visual method – Spectrum line

Lessons: Gender equity & equality



What we did

- Working with female & male co-researchers and participants
- Gender-specific and gender-mixed discussions.

What we learned

- Women and men lack of opportunities to talk about issues with each other
- Benefits of gender-mixed focus groups.

Lessons: Respect for diversity



What we did

- Agreed, visualised & reviewed ground rules
- Diversified team by recruiting additional co-researchers.

What we learned

- We created inclusive & safe spaces
- Co-researchers taught us as outsiders how to involve marginalised groups.



Lessons: Human Rights

What we did

- Discussing and ensuring confidentiality
- Assessing risks

What we learned

- Distinguish confidential and public information
- Confidentiality - most important rule.

Lessons: Sexual & Reproductive Health

What we did

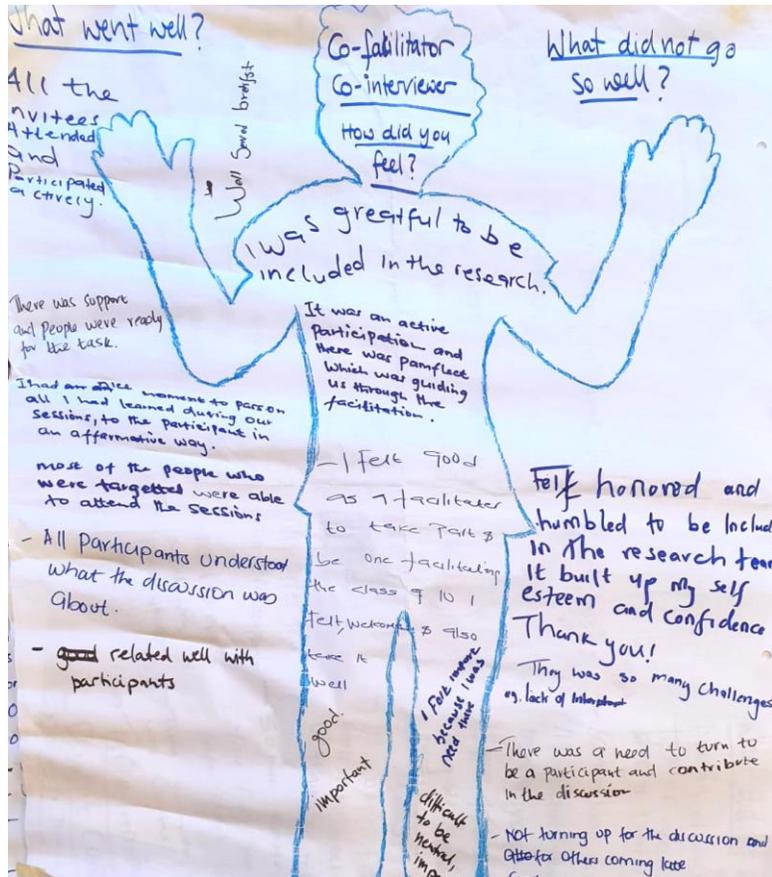
- Joint development of a working definition of intimate partner violence

What we learned

- Understanding social & economic context
- Group counselling recommended



Lessons: Participation



What we did

- Co-researchers involved in decision making & research activities
- Swahili language & visual methods

What we learned

- Co-researchers enthusiastic & committed
- Time intensive
- Balancing focus on level of participation and research outputs



Lessons: Safety

What we did

- Regularly assessing and mitigating risks
- Follow-up of participants

What we learned

- Co-researchers help find solutions
- Contingency plans useful to stay focussed

Lessons: Evidence-informed



What we did

- Regular group reflections
- Translating ALIV[H]E principles and steps into methods and actions

What we learned

- Adjusting study
- Openness to learn and unlearn

Conclusions

Community-based participatory research facilitated **meaningful involvement and mutual learning** among researchers and co-researchers.

ALIV[H]E offers a **robust framework** for **creating safe spaces for women and men** to discuss sexual and reproductive health issues.

Community-based participatory research has the potential for identifying interventions that **meet the needs of marginalised people** when involved as co-researchers.

Thank you



I thank my **research partners, co-researchers, and participants** for their time and commitment.

I thank my **supervisors, LVCT Health, the DREAMS team in Korogocho, our counsellor, the ARISE Hub, the Gender and Health group, and the Community Health Systems group** for their support.

I also **thank you for listening** and look forward to your questions.

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