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

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References