

## Rakai Project Uganda

The Rakai Project represents a collaboration between the Ugandan Ministry of Health through Uganda Virus Research Institute, researchers from Makerere University (Kampala), Johns Hopkins Bloomberg School of Public Health (Baltimore, USA), Columbia University Mailman School of Public Health (New York, USA), and the Walter Reed Army Institute of Research (WRAIR). The Rakai Project was initiated in 1988, with a focus on population-based reproductive health research. The Project conducts extensive epidemiological and behavioural studies to document the HIV/STD epidemics and risk factors, implements HIV/STD preventive services, and undertakes large community randomized intervention trials for AIDS prevention, STD control and prevention of adverse outcomes of pregnancy.

Rakai Project has an ongoing longitudinal study with a cohort established in 1994/5. Data collection is done annually and takes 10-14 months to complete. With an interest in assessing the prevalence of domestic violence and its potential contributory role to HIV transmission in the Rakai Project study population, a special module of questions was fielded in 2000-2001.

During the data collection round conducted between March 2000 and February 2001, research respondents were asked a series of detailed questions concerning experience with domestic violence including experience of abuse within their lifetime as well as within the 12 months preceding the survey, the specific acts of violence experienced, the precipitating factors for such violence, as well as the nature of any resulting injuries. Both male and female respondents were asked their views on the circumstances under which a man would be justified in beating his wife or female partner.

### Select Findings

Analysis of data from the 2000-01 data indicate that domestic violence is a significant public health issue in this study population. Findings from survey data collected from 5109 reproductive-aged women in the Rakai District of Uganda indicate that 30 percent of women in the study had experienced physical threats or physical abuse by the current partner, 20 percent during the year preceding the survey. Among women reporting recent physical threats or abuse, three in five reported three or more specific acts of violence during the preceding year, and just under one-half reported resulting injuries. An analysis of risk factors highlights the pivotal roles of alcohol consumption and perceived HIV risk by the male partner in increasing the risks of male-to-female domestic violence. A majority of respondents – 70 percent of men and 90 percent of women -- view wife/partner beating as justifiable in one or more circumstances, posing a central challenge to violence prevention efforts in settings such as Uganda.

Of the same 5,109 women (interviewed during the 2000-01 survey), 97.8 percent were in a consensual union or marriage and 2.2 percent had at least one current sexual relationship. Women reporting physical threats and/or violence in the past 12 months with a current partner were significantly more likely to have received HIV test results during the same interval. Of those who received their results in the past year, 47.5 percent discussed their HIV status with their partners. Of the 1,016 women who reported any physical threats or violence in the past year, 57 percent had received their HIV results in the past year among whom, 28 percent discussed their HIV status with their partners, 23 percent did not discuss their HIV status with their partners and 53

did not disclose information about couple communication. Of the women who decided to get tested for HIV and receive results, physical violence in the past 12 months was significantly associated with less discussion about the women's HIV status with her male partner.

## Conclusions from Rakai Project

- Women who perceive their current partner to be at higher risk of HIV infection are more susceptible to physical and sexual violence.
- Although women try to protect themselves from HIV, such efforts might be negated by violence.
- Women who reported experiences of physical violence in the past 12 months are more likely to have received their HIV results but less likely to have discussed their HIV status with their current male partner.
- Fear of domestic violence might prevent women from using VCT services and/or discussing VCT results with their partners.

## Objectives

As a result of the data linking domestic violence and HIV, the Rakai project is establishing a new project to respond.

The project objectives are:

1. To develop interventions that incorporate the issues of domestic violence, including physical abuse and sexual coercion, into HIV prevention programmes.
2. To encourage community members to change the community norms and cultural attitudes that perpetuate domestic violence.
3. To sensitise HIV testing and counseling procedures to the possibility of physical domestic violence and the ways that such circumstances may influence a woman's decision to discuss VCT results with partner.
4. To incorporate services and referral for cases of domestic violence into VCT procedures.

## Programme Description

**Capacity Building.** Train basic health and social protection service providers to understand the impact of DV and motivate them to initiate change within their own environments; Train Rakai Project's HIV/AIDS counselors to understand the link between DV and VCT and equip them to handle cases in their daily work and make referrals; Train community opinion leaders to spread DV prevention messages.

**Establishing a local support network for domestic violence victims.** Develop system of referral between RP and local health and social protection service providers; Establish relationship between and system of referral among community-based service providers, NGOs, and other related organizations in Rakai.

**Raising Awareness.** Among men about the importance of preventing DV; Among women about their rights; Among youth about healthy male-female relationships and delayed sexual initiation; Among couples about improving partner communication; In the community by addressing cultural norms and practices condoning violence and violating women's rights.

**Economic Empowerment of Women.** Through training on business skills.