



Community-based Support Groups Engagement In HIV Prevention And Economic Empowerment In Rural Kenya

Jennifer Kibicho, PhD¹ - Penninah M Kako, PhD, RN¹ - Patricia E Stevens, PhD, RN - Steven D. Pinkerton, PhD² - Florine Ndakuya, RN¹

(1) College of Nursing, University of Wisconsin-Milwaukee (2) Center for AIDS Intervention Research, Medical College of Wisconsin

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INTRODUCTION

Kenya, has generalized HIV epidemic with a prevalence rate of 5.6%, and ranks 4th highest number of persons living with HIV/AIDS (PLWHA) worldwide. Women, account for half the population but constitute 59% of PLWHA. Support groups' important role in destigmatizing HIV/AIDS and addressing social-psychological needs of PLWHA is well documented. However, the impact of support groups in economic activities is less studied. The purpose of our study is to compare HIV-related and non-HIV-related support groups in providing social-psychological and economic empowerment for PLWH or at-risk groups in rural Kenya. We used a mixed methods qualitative and quantitative study design.

METHODS

QUALITATIVE FOCUS GROUPS:

- Conducted 12 focus group qualitative interviews: 6 Group A (HIV-related) and 6 Group B (non-HIV-related) focus groups with 72 participants (42 women, 30 men) and 8 gatekeepers (N=80)
- Asked open-ended questions about the benefits and challenges of support groups
- Focus group interviews took between 1:19 and 4:26 hours
- Thematic coding informed by grounded theory principals was used to develop themes in MAXQDA qualitative software

QUANTITATIVE SURVEYS:

- Completed brief focus group surveys (N=80) and a computer assisted personal interview (CAPI) survey (N=72)
- The brief survey asked participants to rate—using a Likert scale (1=not at all to 3 = helped a lot)—whether support groups were helpful: overall, financially, socially and psychologically, and to indicate yes or no if being part of a support group was a good thing.

RESULTS

- Monthly support group costs ranged between Kshs50 (\$0.50) and Kshs7,400 (\$74), average Kshs1,182 (\$11.82)
- Support groups are an important financial resource for emergency funding and to access start-up capital for 73% of participants who had ever received a loan from the group
- Even though almost most participants were informally employed, 94% reported a monthly contribution requirement
- 41% had ever borrowed from a relative or friend to meet their monthly contribution, suggesting that group membership placed undue financial burden

HIV Status and Testing

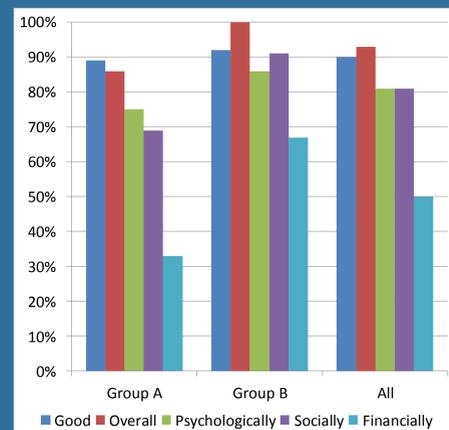
- A majority (92%) had been tested for HIV
- 63% reported partners had been tested for HIV
- 37% were unaware of main partners' HIV-status either because their partners had never been tested (24%) or not disclosed their HIV status (13%)
- 58% (n=42) were in seroconcordant partnerships (22 HIV-; 20 HIV+ partnerships)

Is support groups membership beneficial?

- Most participants found support groups helpful overall (93%), socially (81%) and psychologically (81%)
- Group A (HIV+) members found support groups less helpful compared to Group B (non-HIV) members
- Overall, only half found support groups financially beneficial: Fewer Group A members (33%) compared to Group B (67%) benefited a lot financially from group membership

Study Participants Characteristics

		Focus group participants N=72	
Gender	Women	42	58%
	Men	30	42%
Group	HIV+ group	37	51%
	Kiama	35	49%
Education	Primary school or less	50	69%
	Secondary school or less	15	21%
	Post secondary school	7	10%
Marital status	Currently married	58	81%
Children	Have children	68	94%
Occupation	Agriculture	50	69%
	Non-agriculture employment	15	21%
	Casual and unemployed	7	10%
Support group participation	Merry-go-round	62	86%
	Table banking	58	81%
	Clan	61	85%
	Both Merry-go-round & table banking	56	78%
	Neither Merry-go-round or table banking	8	11%
	Number of groups (range)	[1-7; average 1.5]	
Support group financial impact	Borrowed to meet monthly contribution	30	42%
	Received loan to meet a finance challenge	52	72%
Support group monthly cost	Lowest	Kshs 50 (\$0.50)	
	Highest	Kshs 7,400 (\$74)	
	Average	Kshs 1,182 (\$11.82)	



CONCLUSION

- Participants from both groups derived socio-psychological benefits from support group membership
- Both groups reported financial challenges:
 - HIV-related groups—mostly donor-financed—had challenges related to financial mismanagement and lack of transparency of disbursements
 - Non-HIV-related groups reported low commitment to sustain merry-go round groups, and high interest rates and problems repaying table-banking group loans
- Before engaging in micro-finance activities, groups should receive leadership and financial training to ensure their long-term sustainability and increase group effectiveness
- Non-HIV groups—both merry-go-round and table banking—offered financial assistance (e.g., school fees, hospital expenses), start-up capital for business projects, and improved the standard of living for members
- More research is needed to examine how HIV+ support groups can generate economic and financial benefits to their membership
- HIV groups engaged in community-based HIV testing promotion, and empowered members to fight HIV-stigma and to disclose their HIV-status
- Non-HIV groups are underutilized as venues for community-based HIV prevention efforts
- Opportunities for HIV prevention, testing and education should be increased among non-HIV support groups engaging in social and economic activities in rural Kenya

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Study participants including key informants, gatekeepers

The Start Up Project Team

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Socio-psychological benefits

"Groups are very good because stress disappears when you attend their meetings. Because of the way we speak and the fun that we get when we meet, especially if it is a support group where you freely disclose your feelings and the stress disappears." (Group A, Women Focus Group 1)

"Before we formed the groups many of us were unable to educate our children through secondary school. But the groups changed all that because when a financial need arises one runs to her group and gets a loan at very attractive terms and the stress is alleviated." (Group B, Women Focus Group 1)

Both Groups: Financial challenges but different dimensions

Group A: HIV - related groups - mostly donor-financed - had challenges with financial mismanagement and lack of transparency

"When a group has been formed and we join, our experience is that when money is shared it does not reach all the members. It only benefits the officials. Only those at the top benefit from the money." (Group A, Women Focus Group 1)

Group A: HIV groups a very active in HIV testing, disclosure and prevention efforts

"It is satisfying to note that many people have accepted their status and to speak publicly... We are many in this County. We have mounted an exerted war on HIV because it requires knowledge."

(Group A, Men Focus Group 6)

Group B: Non-HIV- related groups had low commitment to sustain merry-go-round groups and high interest rates and problems repaying table-banking group loans

"They [Groups] are composed of members of different levels of commitment... If I default [in contribution] she will get less than she expected and deserved."

(Group B, Women Focus Group 4)

Group B: Non-HIV groups have limited contact with HIV+ people, thus restricted access to designated HIV funds

"We had started by writing a proposal on AIDS funding and it was necessary then to know people in [this area] who were infected. But those ones died and we abandoned the project."

(Group B, Women Focus Group 1)