

EFFECTS OF FAITHFULNESS-FOCUSED
CURRICULUM ON COUPLES FROM
THREE COUNTRIES IN AFRICA



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ABSTRACT

Background

Even though a large share of new HIV infections in many African countries occurs within marriages and cohabiting relationships, few prevention programs focus specifically on the couple as the unit of behavior change. Implemented through workshops uniquely centered on the couple, The Faithful House (TFH) is an HIV prevention curriculum focused on fidelity within relationships/marriages. Although short-term outcomes from TFH have been documented, the sustainability of these outcomes in populations deeply rooted in cultural and gender norms was unknown. To bridge this evidence gap, Catholic Relief Services conducted a study in Cameroon, Ethiopia, and Uganda to determine any sustained effects on couples attending TFH workshops.

Methodology

The evaluation population consisted of couples from three countries: the Dioceses of Kumbo and the Archdioceses of Bamenda in Cameroon; the Central, Western, and Northern regions of Uganda; and the Addis Ababa, Oromia, and Tigray regions of Ethiopia. All participants were selected through local partner linkages, and a convenience sampling method was used among couples that volunteered to participate in the evaluation. Next, the couples were randomly distributed between intervention and control groups. The Cameroon cohort, which began in September 2010, served as the pilot study for the evaluation methodology. Uganda and Ethiopia followed with baseline survey collections in January and March 2011. All participants completed baseline and follow-up surveys¹ that asked questions about attitudes, beliefs, and self-reported behaviors. Focus group discussions with couples representing each region were held prior to the baseline survey and after the follow-up surveys. Intervention group couples attended a three-day workshop based upon TFH curriculum. Statistical analysis was completed using Excel and Stata software to compare changes between the control and intervention groups in the baseline and follow-up surveys.

Results

This evaluation used surveys from a total of 1,639 individuals in the three countries. On average, men were older and more educated than women. Type of marriage varied by country, with the majority of couples in religious marriages in Cameroon, traditional marriages in Ethiopia, and cohabiting in Uganda. More participants in Cameroon and Uganda were from rural areas, whereas Ethiopia

1 Follow-up surveys were conducted at 7 months post-workshop in Cameroon, 6 months in Uganda, and 9 months in Ethiopia.

drew predominantly urban participants. Statistically significant positive changes among the intervention group were observed for many factors, particularly in the area of communication; control group participants did not demonstrate these same positive changes. Intervention group couples in Uganda and Ethiopia showed a greater increase in HIV testing and a higher partner disclosure rate. Overall, participants from Uganda and Ethiopia demonstrated a greater degree of positive transformation in their attitudes about behaviors that contribute to HIV risk within couple relationships.

Conclusions and Recommendations

The changes observed in this study indicate that couples receiving TFH intervention retain positive attitudes and behaviors that reduce HIV risk among couples. Continued tracking of these couples to determine long-term impact is warranted. The intervention's positive effect on couple communication and conflict resolution positions TFH as an important couples intervention for HIV prevention. Other recommended applications include: gender development programs, programs aiming to increase male involvement in family well-being that would benefit from this curriculum, and a format adapted for marriage preparation to reach young adult couples.

PROJECT BACKGROUND

There is a tremendous need for culturally aware, locally developed, evidence-based programs that acknowledge and address the context within which most infections of HIV occur: couple relationships. Critical epidemiological trends highlighted in recent national studies in Uganda and Kenya indicate that half of all new HIV infections occur within marriages or stable unions¹¹. Although “concurrency,” which is broadly defined as long-term, overlapping sexual partnerships, has been thought to be the key factor in contributing to Africa’s HIV epidemic, the relationship between concurrency and the epidemiology of HIV is unclear. However, it is abundantly clear that “going outside” the relationship or marriage (i.e., not being faithful or monogamous with your current partner) continues to be a key area of concentration for HIV prevention programming.

This evaluation of The Faithful House (TFH) program by Catholic Relief Services (CRS) aims to build onto the theoretical and methodological foundation for couples-centered, faithfulness-focused HIV prevention. Drawing on faith values, TFH curriculum was created collaboratively by CRS and Maternal Life International/ Uganda, and includes skills building, positive peer mentoring, and creation of a safe environment for couple dialogue around quality-of-relationship issues and the attitudes and behaviors that contribute to sexual risk behavior. Over the course of program implementation, pre- and post-workshop surveys have demonstrated

improvements in communication between partners in areas such as finance, gender roles, power imbalances, sexual intimacy, parenting, and communication with children around sex-related issues. However, the sustainability of these improved outcomes remains undocumented, and rigorous conclusions cannot be made in the absence of a control population. CRS developed this evaluation of TFH program with the aim of bridging that evidence gap.

METHODOLOGY

Quantitative data methods were used to assess the effectiveness of TFH curriculum on the behavioral attitudes and intended practices related to couple relationship satisfaction, partner communication, and HIV risk. Qualitative research, in the form of focus group discussions (FGDs), was conducted in groups of approximately 7–10 women and men both before the baseline surveys and after the follow-up surveys. In addition to topic areas of interest/concerns uncovered during quantitative baseline data analysis, the final FGDs focused on overall feedback regarding TFH key messages, sustained behavior, and attitude change.

The evaluation was conducted in three countries (Cameroon, as the pilot study; Uganda; and Ethiopia) where CRS works with local partner organizations to implement HIV-related programs. The couples involved in the pilot were recruited from a church-based program, whereas couples in Uganda and Ethiopia were sourced from community settings. We used a convenience sampling method to gather interested couples' names from the catchment areas of each respective local partner organization; this list was then randomly distributed between the intervention and control groups. Two workshops were conducted in Cameroon, 12 in Uganda, and 16 in Ethiopia, with a maximum of 20 couples attending each workshop. Written consent was collected from each participant prior to conducting the baseline survey interview or participation in the FGD.

Evaluation Objectives

This evaluation was designed to assess the effectiveness of a couple-focused HIV prevention intervention (i.e., TFH) in improving couple communication, relationship satisfaction and knowledge, and intended behavior change on HIV risk associated with multiple, concurrent partnerships (MCP). Specific objectives in the evaluation included:

1. Assessing the impact of this curriculum on the couple's communication, quality-of-relationship issues, and attitudes and behaviors that contribute to sexual risk behaviors, such as MCP; and
2. Assessing the impact of this curriculum on family strengthening.

Training, Data Collection, and Analysis

An external consultant conducted a daylong training to prepare all enumerators in Uganda and Ethiopia; in Cameroon, CRS in-country staff conducted this training. All enumerators were fluent in the English language, and each held a strong understanding of the English interpretation of each question.

Unique identifiers (IDs) were assigned each participant to maintain the confidentiality of the data reported and paired couples' responses. Baseline survey collection began in September 2010 in Cameroon, January 2011 in Uganda, and March 2011 in Ethiopia.

Because Cameroon was the pilot study, the survey data collection method differed slightly from that used in the two subsequent countries. In Cameroon, baseline surveys were self-administered at respective homes for the control group and on the first day of workshop for the intervention group. Enumerators were present for clarification or further explanation of questions. For collection of the follow-up survey (April 2011), intervention group couples were interviewed at home, whereas those in the control group were contacted and interviewed either at home or before the training, depending on the region.

In both Uganda and Ethiopia, workshop participants completed the baseline survey the day before the workshop began, at the workshop site. The corresponding control group was interviewed the on the first day of the workshop, while the intervention group was attending TFH. Follow-up surveys began in June 2011 in Uganda and December 2011 in Ethiopia. Follow-up surveys were collected from both the control and intervention groups, with all participants congregating at a mutually agreeable location.

Individuals lacking both a baseline and follow-up survey were excluded from the data set for analysis ($N_{\text{Cameroon}}=19$, $N_{\text{Uganda}}=260$ individuals, $N_{\text{Ethiopia}}=205$). All data from the Microsoft Access databases was exported and manipulated in Microsoft Excel for the initial frequency analyses and unique patterns/associations. Statistical analysis using Stata was run on comparisons on baseline results vs. follow-up results between the two groups.

FINDINGS

Sample Characteristics

A total of 1,639 participants from the control and intervention groups completed both a baseline and follow-up survey, and were included in the analysis below (see Table 1).

Table 1: Breakdown of Individuals Sampled for Analysis

TARGET ZONES	CONTROL (#)	INTERVENTION (#)	TOTAL INDIVIDUALS SAMPLED (#)
Cameroon	54	67	121
Ethiopia	435	484	919
Uganda	307	292	599
Total	796	843	1639

Control and intervention groups in each country were homogeneous and, hence, comparable on all demographic characteristics (see Table 2).

Cameroon Demographics: Men were on average older than the women (46.9 vs. 40.3 years). All but one couple was married by a religious institution (church). On average, couples had been married 18 years. The majority (89%) was Catholic, and most participants reported attending religious activities/services weekly. Couples coming from Kumbo were predominantly from rural areas, and couples coming from Bamenda were living in more urban areas. The self-reported rate of having “ever been unfaithful to current partner” was very different between men and women (43% of men vs. 13% of women); participants in rural areas reported higher rates than those from urban residences.

Ethiopia Demographics: On average, men were older than women (average 47.1 vs. 38.2 years) and more educated (76% of men had some formal education vs. 46% of women). The majority (75%) of study participants were married traditionally^{2*} with 12% of individuals cohabiting and 8% married by religious institution. Ninety-one percent reported being Orthodox Christian.

Uganda Demographics: On average, men were older than women (average 38.8 vs. 31.9 years). Thirty-eight percent of couples were cohabiting; 33% were married by religious institution; and 26% were married traditionally. Sixty-five percent were Catholic, 24% Protestant, 5% Muslim, and 6% traditional/other religion. On average, males were more educated than females, with 37% and 28% reporting attainment of secondary level education, respectively.

² *There are three legally accepted types of marriage in Ethiopia: traditional, religious, and civil. The traditional is done by the community; religious marriage is done by religious leaders; and civil marriage is done by local government municipalities. Traditional marriage customs vary by ethnic group in Ethiopia, but there are commonalities. The man’s family sends selected, respected leaders to the woman’s family to make a request for marriage. If the woman’s family accepts the request, the wedding day is decided upon. On or before the wedding day, the husband and wife sign a written contract in the presence of three witnesses. In most cases, religious leaders (whether Christian and Muslim) do not participate traditional marriages ceremonies.

Table 2: Demographics

	CAMEROON				ETHIOPIA				UGANDA			
	Control N = 54		Intervention N = 67		Control N = 435		Intervention N = 484		Control N = 307		Intervention N = 292	
Average Age (years)	43.6		43.5		42.1		43.4		35.8		35	
Average Age Males (years)	46.4		46.8		46		48.2		39.5		38.1	
Average Age Females (years)	40.6		40		37.4		38.9		32.0		31.8	
Employment Status:	M	F	M	F	M	F	M	F	M	F	M	F
Housewife (HW), never employed outside the house	0%	14%	0%	20%	0%	64%	0%	69%	0%	24%	0%	25%
HW, looking for employment/currently employed outside home	0%	58%	0%	34%	0%	10%	0%	12%	0%	7%	0%	9%
Farmer	17%	11%	17%	10%	16%	4%	14%	2%	50%	44%	44%	45%
Employed (government or business)	40%	7%	55%	21%	20%	7%	22%	4%	16%	12%	20%	7%
Self-employed	25%	8%	21%	10%	34%	9%	34%	10%	23%	11%	22%	11%
Unemployed	4%	0%	6%	4%	11%	0%	14%	0%	4%	3%	6%	2%
Type of marriage/union:												
Cohabiting	0%		0%		11%		13%		40%		36%	
Church/religious marriage	100%		100%		3%		8%		33%		33%	
Civil/municipality marriage	0%		0%		8%		8%		1%		1%	
Traditional marriage	0%		0%		78%		71%		23%		28%	
Average # of years married (years)	16.5		18.7		21.1		21.8		11.9		11.9	
Place of residence:												
Urban	27%		38%		86%		87%		11%		11%	
Peri-urban	17%		21%		0%		1%		8%		19%	
Rural	54%		42%		14%		12%		78%		70%	
Highest level of education:	M	F	M	F	M	F	M	F	M	F	M	F
No formal education	–	–	–	–	26%	56%	22%	51%	7%	17%	11%	18%
Uncompleted primary	–	–	–	–	33%	19%	30%	22%	–	–	–	–
Primary	27%	26%	21%	24%	21%	17%	25%	15%	39%	43%	35%	45%
Secondary	26%	36%	21%	33%	16%	6%	13%	10%	12%	7%	10%	4%
Vocational	0%	8%	15%	7%	2%	1%	3%	1%	38%	29%	35%	27%
University, preparatory, or other tertiary level institution	48%	31%	42%	34%	3%	1%	6%	2%	4%	2%	10%	7%
Religion:												
Catholic	79%		95%		2%		2%		63%		67%	
Protestant	21%		2%		4%		4%		28%		21%	
Orthodox	–		–		91%		90%		–		–	
Muslim	0%		0%		2%		3%		5%		5%	
Has children from other than current partner	15%		20%		14%		17%		21%		22%	
Caring for other, nonbiological children (OVC)	61%		68%		25%		30%		50%		48%	
Average # OVC	–		–		1.51		1.75		2.5		2.4	

Enhancing the Quality of the Couple Relationship

The attitudes measured on the quantitative surveys and explored in the FGDs center on factors that affect the couple relationship (see Table 4). These factors were identified through prior assessments, FGDs, and interviews (outside this evaluation) as having an effect on relationship satisfaction, which can lead to detrimental or risky behaviors, such as unfaithfulness.

In all three countries, FGD participants unanimously felt that unfaithfulness was a problem in their communities; survey responses revealed that this struggle was also present in their own relationships. The quantitative survey asked participants directly about unfaithfulness in their current relationships. Men reported significantly ($p < 0.001$) higher rates of unfaithfulness than women, but even these numbers likely were underestimated. Results of a self-reported secret ballot method held at workshops in both Cameroon and Uganda showed that unfaithfulness was much higher (an average of 65% of workshop participants in Uganda and 50% in Cameroon reported having ever been unfaithful to their current partner in the past). Table 3 shows the breakdown of results from questions about unfaithfulness in the past six months.

“The workshop was an eye-opener. We were living in ignorance and the workshop opened our minds to see the problems and now we can assess the relationship. The foundation of the house is cracked and you’re living there comfortably and until you know that those cracks can make the house fall or how to correct it, you just continue living.”

— Female, Cameroon

Table 3: Unfaithfulness to Current partner in the Past Six Months (Uganda) or Nine Months (Ethiopia)*

	ETHIOPIA				UGANDA			
	Control		Intervention		Control		Intervention	
	Men N = 220	Women N = 215	Men N = 236	Women N = 248	Men N = 155	Women N = 152	Men N = 144	Women N = 148
Baseline	3.2%	0%	3%	0%	6%	5%	10%	1%
Follow-up	1%	0%	2.5%	1.2%	5%	5%	1%	2%

* Note: On the baseline survey, this question was a “skip” question if the respondent answered the previous question as never having been unfaithful to his/her current partner. Therefore, the percentages reported in the table reflect the number reporting unfaithfulness in the last 6–9 months, divided by the total number of participants surveyed (not the total number that answered the question). This was value was corrected in the follow-up survey and the skip pattern was removed.

Across all three countries, factors indicating the quality of a relationship showed significant improvement among intervention group participants. In contrast, control group participants showed either no improvement or a lesser degree of improvement relative to the intervention group (see Table 4). Annex A includes an analysis by marriage type (intervention group participants for Uganda)

Also, an analysis of these key “quality of relationship” indicators by sex revealed a difference between men and women: While women in all of the intervention groups demonstrated substantial increases from baseline compared to the follow-up collection, women in Uganda and Ethiopia reported lower scores than men at both baseline and follow-up on nearly all “quality of relationship”

indicators. Even among the control group, the women reported lower scores than male counterparts on both baseline and follow-up. However, women in the intervention group showed a greater change than men because the group started with lower reported scores. See Annex B and Annex C for the exact scores.

What changed the most within your relationship because of your attendance at TFH workshop?

MALE PARTICIPANTS:

“We have started to communicate openly with regard to sexual issues.” —Ethiopia

“I do not force her to have sex without her willingness anymore.” —Ethiopia

“Previously, I was the decision maker in all financial issues. Now I have started to share my expenditures with my wife.” —Ethiopia

“Open discussion about love and trust and I have stopped being unfaithful to my wife.” —Uganda

FEMALE PARTICIPANTS:

“We have started to openly discuss, plan and decide on important issues together.” —Ethiopia

“Before the workshop, we were separated, now we live together. Our children were under the care of my grandparents but now we take care of our children and my husband is more responsible.” —Uganda

“I am a nurse. He never wanted me to work away from home but now he is okay with it and he has allowed me to work again.” —Uganda

Table 4: Factors that Affect the Couple Relationship

INDICATOR	CAMEROON				ETHIOPIA				UGANDA			
	Control		Intervention		Control		Intervention		Control		Intervention	
	Baseline	7-Month	Baseline	7-Month	Baseline	9-Month	Baseline	9-Month	Baseline	6-Month	Baseline	6-Month
Participants were asked to rate the following variables:												
Quality of relationship \diamond	7.7 N = 52	7.3 N = 54	7.1* N = 65	8.4 N = 66	7.9 N = 432	8 N = 434	8.0*** N = 482	9.3 N = 483	7.5** N = 302	6.8 N = 307	7.8** N = 292	8.4 N = 292
Quality of communication \diamond	8 N = 52	7.2 N = 54	7.6** N = 64	8.4 N = 66	8 N = 435	7.9 N = 435	8.0*** N = 483	9.2 N = 483	7.5** N = 304	6.7 N = 305	7.6** N = 290	8.4 N = 292
Level of respect received from partner \diamond	7.8 N = 52	7.6 N = 54	7.7** N = 65	8.6 N = 66	8.2 N = 435	8.1 N = 435	8.3*** N = 483	9.3 N = 483	7.6** N = 306	7 N = 306	7.9** N = 292	8.5 N = 292
Level of sharing of personal income and financial assets \diamond	8.4 N = 49	7.7 N = 50	7.2** N = 62	8.5 N = 66	7.9 N = 435	8 N = 400	7.9*** N = 483	9.2 N = 470	6.7** N = 299	7.2 N = 270	6.9** N = 290	8.4 N = 288
Level of adequate knowledge, values, skills to be faithful to partner \diamond	8.8** N = 53	8.1 N = 53	8.0** N = 66	9 N = 67	8.1* N = 433	8.4 N = 435	8.5*** N = 482	9.3 N = 482	7.7 N = 303	7.1 N = 305	7.7** N = 288	8.7 N = 292
Ability to have an open and frank discussion with partner about sex \diamond †	8.4* N = 53	7.2 N = 49	7.9 N = 65	8.1 N = 66	6.8*** N = 317	6 N = 433	6.8*** N = 316	7.9 N = 482	7.7 N = 303	7.3 N = 270	7.7** N = 292	8.6 N = 285
Level of sexual satisfaction \diamond	7.5 N = 52	6.9 N = 53	7.4* N = 65	8.3 N = 67	7.5 N = 413	7.5 N = 435	7.5*** N = 455	8.6 N = 481	7.5 N = 304	7 N = 300	7.8** N = 290	8.3 N = 291
Percentage of participants who:												
Confide in partner for personal problems	76%** N = 52	53% N = 50	77% N = 59	83% N = 62	78%* N = 431	85% N = 434	79%*** N = 480	91% N = 484	55% N = 304	57% N = 307	54% N = 290	62% N = 292
Believe a man can be faithful to one partner his entire lifetime	83% N = 53	72% N = 54	89% N = 64	84% N = 65	71% N = 435	63% N = 434	68%*** N = 483	80% N = 482	70%** N = 305	58% N = 307	74% N = 292	71% N = 292
Believe a woman can be faithful to one partner her entire lifetime	91% N = 53	87% N = 54	91% N = 65	88% N = 65	81%* N = 435	74% N = 434	78%*** N = 484	86% N = 483	83%* N = 304	74% N = 307	84% N = 291	86% N = 292

* = Statistically significant change from baseline to follow-up ($p < 0.05$)

** = Statistically significant change from baseline to follow-up ($p < 0.01$)

*** = Statistically significant change from baseline to follow-up ($p < 0.001$)

\diamond = On a 10-point scale (with 1 the lowest and 10 the highest)

† In Ethiopia, this question was inappropriately marked as a “skip” question on the baseline survey. This was corrected on the follow-up survey and thus, more responses were collected.

Providing relevant strategies for strengthening the bond between couples, promoting marriage in cohabitating couples and breaking barriers to faithfulness are three key objectives of TFH curriculum. When FGDs explored barriers to faithfulness, lack of love, poor communication, and sexual dissatisfaction emerged as themes throughout all men’s and women’s discussions. Two factors underlying these barriers arose in FGDs in Uganda and Ethiopia: gender norms and women’s age at marriage. From the FGDs, the differences in age and education level (financial-earning ability) between the man and the woman in the relationship seemed to exacerbate the pre-existing inequality derived from traditional gender norms. Even with these differences, however, confidence in ability to maintain a happy and strong union statistically increased among workshop participants (see Table 5).

Table 5: Confidence Levels

INDICATOR	CAMEROON				ETHIOPIA				UGANDA			
	Control		Intervention		Control		Intervention		Control		Intervention	
	Baseline N = 53	7-Month N = 54	Baseline N = 64	7-Month N = 65	Baseline N = 414	9-Month N = 434	Baseline N = 475	9-Month N = 484	Baseline N = 305	6-Month N = 307	Baseline N = 292	6-Month N = 292
Participants were asked to rate the following variable:												
Confidence level in ability to maintain a happy and strong union/relationship with their partner	9.0**	7.9	8.4	8.8	8.2	8.4	8.1***	9.2	8.0***	7.5	8.3***	9

** = Statistically significant change from baseline to follow-up ($p < 0.01$)

*** = Statistically significant change from baseline to follow-up ($p < 0.001$)

◇ = On a 10-point scale (with 1 the lowest and 10 the highest)

Strengthening the Family Unit

Family strengthening and addressing gender norms within the family are important desired outcomes of TFH program, because the curriculum addresses issues that act as stressors between partners and between the couple and their children. Those stressors sometimes derive from social and gender norms in the country context. Guided discussions examine gender roles in the marriage and whether they promote stronger marriages. TFH curriculum also discusses issues such as abstinence before marriage, delaying sexual debut, and struggles that youth are facing. Parents are coached on how to talk to their children about these issues and encouraged to do so. See Table 5 for results from the survey questions regarding factors that affect the family unit. Overall, workshop participants showed greater improvement in factors that indicate a healthy family dynamic compared to control group participants.

Table 6: Factors that Affect the Family Unit

INDICATOR	CAMEROON				ETHIOPIA				UGANDA			
	Control		Intervention		Control		Intervention		Control		Intervention	
	Baseline	7-Month	Baseline	7-Month	Baseline	9-Month	Baseline	9-Month	Baseline	6-Month	Baseline	6-Month
% of participants who reported BOTH partners held:												
Responsibility for looking after the children	75% N = 53	82% N = 51	84%* N = 64	94% N = 65	54%*** N = 434	62% N = 432	54%*** N = 482	76% N = 483	61%* N = 307	70% N = 307	64%*** N = 291	86% N = 292
Decision-making power on important family matters	75%* N = 53	57% N = 53	78% N = 66	88% N = 67	59% N = 435	61% N = 435	52%*** N = 484	83% N = 483	54% N = 307	54% N = 307	62%* N = 292	74% N = 291
Decision-making power on when to have sex	57% N = 53	54% N = 52	60% N = 64	82% N = 65	32%** N = 432	39% N = 433	31%*** N = 484	61% N = 481	63% N = 307	61% N = 307	64%* N = 292	76% N = 292
Decision-making power on accessing HIV services	—	—	—	—	71%** N = 424	76% N = 432	69%*** N = 479	87% N = 484	70% N = 303	68% N = 307	71% N = 290	77% N = 292
% of participants who believe:												
Boys can abstain from sex until marriage	67%** N = 52	37% N = 54	69% N = 63	65% N = 65	34% N = 434	34% N = 434	36%*** N = 484	51% N = 482	50%*** N = 305	32% N = 307	48%* N = 292	41% N = 290
Girls can abstain from sex until marriage	64% N = 53	51% N = 54	67% N = 65	66% N = 65	43% N = 435	43% N = 434	48%*** N = 484	62% N = 482	49%*** N = 305	34% N = 307	50% N = 292	45% N = 292
Comfort level in discussing sexual matters:												
With sons (10–18 years old) ◊	6.5 N = 27	7.1 N = 16	5.9 N = 25	6.9 N = 22	4.2** N = 226	5.1 N = 206	4.4*** N = 226	7 N = 239	6 N = 139	6.6 N = 89	5.2*** N = 106	8.1 N = 94
With daughters (10–18 years old) ◊	6.6 N = 33	7 N = 25	6.3 N = 28	7 N = 28	4.9** N = 210	5.8 N = 196	4.4*** N = 242	7.3 N = 236	6.2* N = 134	7 N = 85	5.4*** N = 116	8.1 N = 97

* = Statistically significant change from baseline to follow-up ($p < 0.05$)

** = Statistically significant change from baseline to follow-up ($p < 0.01$)

*** = Statistically significant change from baseline to follow-up ($p < 0.001$)

◊ = On 10-point scale (with 1 the lowest and 10 the highest)

Since TFH workshop, what have you done differently in your relationship with your partner because of the messages you learned at the workshop?

“I have been faithful to my husband.” — Female, Uganda

“I was a dictator and controller, now we plan and make decisions together.” — Male, Uganda

“My parent’s opinions and decisions were more important, and I always disregarded my marital family’s opinions and needs. Now my spouse comes first.” — Male, Uganda

“With open communication, there is less conflict in our home.” — Female, Uganda

“With less conflict we now meet each other’s sex needs.” — Female, Uganda

“Previously, I used to become angry and insult my wife when I feel that she is wrong in one matter, but now I have started to discuss openly and resolve the conflict.” — Male, Ethiopia

The participants were also asked questions about cultural and gender norms that increase HIV risk and weaken the family unit²². Acknowledging that intimate partner violence remains a pervasive social problem in all three countries, a subset of the quantitative survey posed a series of 18 questions about types and frequency of abuse in the household (i.e., insulting; swearing; threatening to hurt you; pushing, shoving, shaking, throwing something at you; slapping you or twisting your arm; hitting you with fist or something else; threatening you with a knife or other weapon; kicking or choking you; forcing sex). Acceptance of violence against both women and men was then discussed in the focus groups. Men reported violence happening in homes but said it was not common; all the women reported it was “very common.” The women’s FGD mentioned two types of households especially at risk for partner violence: 1) those where the man has recently “come into money,” and 2) working class households where the woman works outside the home. Both FGDs with men and women said that women beating men was not common in their communities, but it did happen. Notably, all men in the pre-workshop and final FGDs felt that when women withhold or deny sex as a punishment, that is considered violence. Table 7 describes the changes in reported violence or threats of violence at baseline and follow-up for all three countries. Reported violence decreased in both groups, but more dramatically in the intervention groups, indicating that the workshop aided nonviolent conflict resolution. Couples participating in the final FGDs in each country reiterated that the workshop was very effective in helping couples resolve conflict that can lead to violence.

Table 7: Indicators on Partner Violence

INDICATOR	CAMEROON				ETHIOPIA				UGANDA			
	Control N = 54		Intervention N = 67		Control N = 435		Intervention N = 484		Control N = 307		Intervention N = 292	
	Baseline	7-Month	Baseline	7-Month	Baseline	9-Month	Baseline	9-Month	Baseline	6-Month	Baseline	6-Month
% participants who reported any violence or threats of violence by their partner in the last 3 months	54%	61%	60%	39%	32%	31%	34%	16%	53%	50%	50%	33%
% participants reporting to be victims of physical violence by their partner in the last 3 months	9%	17%	21%	9%	7%	4%	8%	3%	23%	18%	23%	14%

Increasing HIV Testing Uptake

Awareness of HIV status is an important first step in reducing HIV transmission: After testing and counseling, those who test positive can reduce risky behavior. Given that half of all new HIV infections occur within married or cohabiting relationships⁵, two take-home points within the TFH curriculum are the importance of 1) knowing your HIV status; and 2) sharing those results with your spouse/partner. Eighty-six percent of all evaluation participants (control and intervention groups in all three countries) reported wanting to be tested for HIV at baseline. The percentage of those who had never tested for HIV varied between countries (see Table 8). In Uganda and Ethiopia, women reported statistically ($p < 0.01$) higher rates of “ever tested” than men. Although the rates of testing were highest in Uganda, other indicators on the survey highlighted areas for further strengthening. Among the 84% of participants in Uganda who reported ever having been tested, 26% reported that their last HIV test was over a year ago. Additionally, 30% of both control and intervention group participants did not know their partner’s HIV status at baseline. At the six-month follow-up survey, 59% of those control group participants still did not know their partner’s status compared to only 21% of intervention group participants who didn’t know the status of their partner.

In Uganda only, couples’ HIV counseling and testing (HCT), through use of the rapid test, was offered on the last day of TFH workshops through partnership with local treatment facilities, as the standard implementation practice³. Ten workshops included in the evaluation for Uganda offered voluntary HIV testing, and 292 workshop participants (79% of those offered testing) followed through with testing after the workshop. Fourteen individuals (4.8% of those tested) were HIV- positive, and eight were in discordant relationships. In comparison, only 61% of the control group had been tested for HIV in the past six months by a non-TFH effort, and 84% went as couples for this testing event. Couples in Cameroon and Ethiopia received HCT on a voluntary basis at the HIV testing site of their choice (see Table 8). HCT information was provided by self-report from these two countries.

“My husband was willing to take an HIV test after the workshop unlike before. We took an HIV test and we are now living peacefully.”
— **Female, Uganda**

³ Two out of twelve workshops did not offer HIV testing due to political instability around the Presidential Elections (January–February 2011).

Table 8: HIV Testing Changes

HIV TESTING INDICATORS	CAMEROON		ETHIOPIA		UGANDA [§]	
	Control N ≈ 54	Intervention N ≈ 65	Control N ≈ 434	Intervention N = 484	Control N ≈ 306	Intervention N ≈ 292
Never tested for HIV	41%	69%	29%	35%	14%	17%
Was tested for HIV between baseline and follow-up surveys	40%	31%	50%	60%	61%	84%
Went for couples testing between baseline and follow-up surveys	19%	9%	36%	46%	51%	79%

[§]Only intervention group participants in Uganda were offered HIV testing at the end of TFH workshop. This was not the case in Cameroon or Ethiopia, where no control group participants were not offered HIV testing from within the TFH evaluation; thus, results presented here from all control groups and intervention groups in Cameroon and Ethiopia were reported only on the survey and were not verified at the numerous clinic sites where testing could have occurred.

In Ethiopia, 2% percent of participants who underwent HIV testing reported ever having received a positive HIV test result. The nine-month follow-up survey indicated that 50% of control group participants in Ethiopia reported being tested since the baseline survey compared to 60% of intervention group participants. During the study period, 72% of the control group and 82% of the intervention group went with their partner for couples' HIV testing.

Increased Incidence of Antenatal Care Services

TFH curriculum also emphasizes the importance of pregnant mothers' access to antenatal care (ANC) services, with specific emphasis on the role of the male partner in these visits. The survey questioned both men and women about pregnancy, and whether they were accessing ANC or prevention of mother-to-child transmission (PMTCT) services or would access services if they became pregnant. In Uganda specifically, intended male involvement in ANC/PMTCT services statistically increased from baseline to six-month follow-up among males in both control ($p < 0.05$) and intervention ($p = 0.01$) groups: 79% (control) and 82% (intervention) originally reported attending ANC/PMTCT visits with their partner or would attend if their partner became pregnant. This increased to 89% (control) and 91% (intervention) at the six-month follow-up collection. Table 9 outlines the small portion of couples in Ethiopia that reported pregnancy and their responses regarding ANC service uptake. Notably, given the time between baseline and follow-up, nearly all pregnancies reported on the two surveys were different.

Table 9: Pregnancies in the Ethiopian Sample and Uptake of ANC Services

DISTINCT PREGNANCIES REPORTED*	CONTROL		INTERVENTION	
	Baseline N = 9	9-Month N = 7	Baseline N = 21	9-Month N = 14
# of females reporting pregnancy*	8	5	18	11
% of pregnant females already accessed ANC services	25%	100%	44%	73%
# of males reporting their partner is pregnant*	1	6	13	9
% of males attended ANC visit with partner	100%	50%	62%	67%

* Distinct numbers of pregnancies reported and the number of males added to the number of females reporting a pregnancy are not equal due to couples reporting differently. Men would report that their partner was pregnant but their female partner would not report the pregnancy. This might highlight a stigma, or the male partner could be reporting another partner's pregnancy (i.e., not the partner interviewed). Also, women would report they were pregnant, but their male partners would report their partner as not pregnant. This could be due to the secretcies around pregnancies mentioned in the women's FGDs: Many women will not tell their partners about a pregnancy until it is physically noticeable because they fear forced termination, anger, or abandonment. This significantly cripples efforts to increase the use of ANC and PMTCT service among women in Ethiopia.

Reducing Risk-Taking, Investing in Support Structures

The survey also included questions regarding attitudes toward concurrency and other cultural practices. These questions asked participants to “strongly agree, agree, strongly disagree, or disagree” with specific statements (see Table 10). In both Ethiopia and Uganda, positive attitude change regarding these practices was observed among the groups that attended TFH more often and to a greater extent than those in the control group.

Table 10: Statements on Cultural Norms and Views on HIV Risk

% OF PARTICIPANTS WHO AGREED WITH THESE STATEMENTS	ETHIOPIA				UGANDA			
	Control		Intervention		Control		Intervention	
	Baseline N ≈ 434	9-Month N ≈ 433	Baseline N ≈ 483	9-Month N ≈ 483	Baseline N ≈ 304	6-Month N = 307	Baseline N ≈ 291	6-Month N = 292
Woman is justified in refusing sex with partner if she knows he has had sex with someone else.	78%*	83%	76%***	87%	68%	75%	68%*	80%
A married man having concurrent partners is not harmful as long as he is discrete/provides for family.	12%	9%	12%*	8%	23%	20%	24%***	9%
There are exceptional cases where a man should be allowed to have sex with another woman.	26%	28%	25%*	20%	28%*	39%	35%	26%
There are exceptional cases where a woman should be allowed to have sex with another man.	19%	22%	18%*	16%	11%***	25%	20%	13%
A man should be allowed to produce children with another partner if his wife is infertile.	44%	45%	43%***	33%	60%	54%	63%*	48%
A woman should be allowed to produce children with another partner if her husband is infertile.	27%*	22%	24%***	16%	31%	22%	37%***	20%

* = Statistically significant change from baseline to follow-up ($p < 0.05$)

*** = Statistically significant change from baseline to follow-up ($p < 0.001$)

TFH curriculum also discusses the need for accountability, support, encouragement, and guidance to help navigate the relationship journey. In many settings, this need is manifested through the formation of support groups. Cameroon’s pilot program did not include the support group component because it focused on curriculum feasibility/acceptance. In Ethiopia, the support group mechanism was built into the pre-existing coffee ceremonies, where topics from TFH curriculum became informal discussion starters. In Uganda, however, where TFH has been active for many years, the program and its messages have been sustained through the formation of TFH-specific support groups; each workshop forms new support groups. In the evaluation in Uganda, 48% of intervention group participants reported involvement in some kind of support group at baseline (e.g., Mothers/Fathers clubs, HIV support groups, etc.). This involvement increased significantly ($p < 0.001$) at the six-month follow-up survey, when 65% of intervention group participants reported affiliation with a support group of some

kind. Over this same period, control group participants also exhibited increased involvement, from 55% to 59%, but the change was not significant.

DISCUSSION

The changes from baseline to follow-up in each of the countries evaluated indicate that attending TFH workshop has resulted in attitude and behavior retention. Our study observed statistically significant increases in the intervention group for many factors that affect the couple relationship and the family unit, most specifically around improved communication. Women showed a greater change between baseline and follow-up compared to men, due to reporting lower scores at baseline. Although Uganda and Ethiopia remain heavily patriarchal societies, both men and women report relatively similar relationship satisfaction after workshop attendance, and women's reported satisfaction was substantially lower than men at baseline. Additionally, despite reports indicating decreased violence and threats of violence in households, continued follow-up on these indicators would be helpful in establishing whether TFH attendance has a sustained effect.

Couples in the each of the intervention groups reported significant improvements in their comfort level with discussions of sexual intimacy, both between partners and between parents and children. Additionally, both men and women reported that improved communication and openness resulted in diminished conflict around sex. Given the traditional barriers between men and women and the cultural taboo around discussing sexual issues, this finding is critical. For many participants, TFH workshop presented the first opportunity to talk openly about their marital issues and opened the doors to candid discussions about other family issues.

We observed positive changes in attitudes toward HIV testing and cultural norms that contribute to HIV risk and MCP in the intervention group in Ethiopia

Do you feel that your attendance in TFH workshop is still affecting your relationship with your spouse/partner today?

"Yes, my husband has become more responsible and realized the need to take care of his home—he even got a job!" — Female, Uganda

"One night my wife asked if I notice that she is no longer rude to me and that I no longer ignore her. True, I was planning to look for another partner to comfort me but after the workshop, we talked about our weaknesses and I realized I do not need another partner." — Male, Uganda

"My husband used to come home late in the night drinking alcohol and did not care for his children. He quit drinking and started to come home early and ask whether the children have had their dinner." — Female, Ethiopia

and Uganda; such changes were not observed to the same extent in the control groups. The workshop in Uganda provided a convenient opportunity for couples testing, resulting in an increased testing rate for intervention group participants. Although individuals in the control group reported increased HIV testing uptake, this study revealed a weaker increase in *couples* testing in the control group. This was also the case in Ethiopia, where more individuals in the intervention group were tested for HIV between survey collections, and a larger percentage of those individuals reported going for couples' testing. Additionally, the increase in intended male attendance to ANC visits with their pregnant partners was statistically significant in both countries. Despite a very small sample size, we saw indications of positive changes in Ethiopia, where these intentions resulted in actual behaviors. Finally, given the problem of secret pregnancies among women in Ethiopia, the follow-up survey demonstrated that TFH was influential among couples that attended the workshop, with a greater percentage of pregnant women reporting having already accessed ANC services. A higher percentage of men knew about their partner's pregnancies, and more men reported having accompanied their pregnant partners to ANC visits, in comparison with the baseline survey information.

Evaluation Limitations

The criterion for inclusion into these analyses required participants to have completed both a baseline and follow-up survey. Nineteen participants in Cameroon, 260 in Uganda and 205 in Ethiopia were excluded on this basis. Although we anticipated a decreased number of respondents at the follow-up collection, a potential for bias remained because these "loss-to-follow-up" participants could differ from participants who were able to complete the follow-up survey. In both Uganda and Ethiopia, the excluded participants were younger than those included in the analysis and a higher percentage lived in rural areas.

In Uganda, some indicators for the control group exhibited positive effects, possibly showing a type of measurement bias called "attention bias," whereby the survey informs participants about what indicators the program wishes to improve. Thus, the respondent will report improvements accordingly. However, these increases among the control group were not found in the Cameroon pilot or the Ethiopia evaluation. Another explanation could be the national energy in Uganda to focus interventions on "couples testing" rather than individual testing. Given that all couples in Uganda might have been exposed to campaigns for strengthening their relationship with their partner, the improvements observed in the intervention group in comparison to the control, should reflect the true benefit of TFH.

Other Considerations

Note the convenience sampling methodology for the evaluation. All couple participants were self-selecting and only eligible if both partners could attend. Thus, the results in this study may not be representative of the total populations in any of the three countries because the couple participants in these evaluations could differ from those who would not attend a “couples” intervention. This would introduce a voluntary response bias (also known as volunteer or referral bias) into the results that requires consideration when applying these findings to the whole of Cameroon, Uganda, or Ethiopia. In both Uganda and Ethiopia, the main reason for refusing the invitation to participate was inability to attend all three days of the workshop, predominantly due to work commitments. This required time commitment resulted in the exclusion of many teachers, field workers, government employees, and drivers.

Because the 15–49 year age range covers the most sexually active years, older, more mature couples may not be at much risk of HIV. Over one third of the evaluation participants was 45 years or older. This demographic characteristic may be a limitation because the ultimate purpose of TFH program was to reduce the transmission of HIV occurring within couple relationships. In Ethiopia, however, we observed no major differences between the two age groups (see Annex D). In Annex E, which looks at key indicators in Uganda by age group, participants who were 45 years and older exhibited the smallest (positive) change from baseline scores to 6-month follow-up (note in Annex E that the group’s baseline scores were either similar to or higher than the other age groups). Anecdotal comments from FGDs also mentioned “difficulties of changing patterns of behavior the older people are.” While this is not sufficient evidence to exclude persons over 45 years of age from attending TFH, CRS might consider conducting more tailored analysis to determine whether there is an age at which the value added of TFH significantly decreases.

Finally, all results from the evaluation are self-reported and were not verified or validated through other sources.

Conclusions

From both the quantitative surveys and the FGDs, cultural norms emerge strongly as affecting relationships. These norms provide an enabling environment for gender inequality, harmful traditional practices (e.g., concurrency and early marriage), intimate partner violence, and secret sexual relationships. The significant age and education differences between men and women at marriage or within relationships pose potential challenges for establishing healthy, gender-balanced relationships. Even so, TFH workshops improved overall attitudes towards equality in marriage and increased communication between partners

“If I knew then what I know now, my marriage would have been different”. — **Male TFH participant, Cameroon**

on many different gender-accommodating issues by providing a safe platform for discussion. A particular strength of TFH, compared to other prevention curricula, is the level of male participation. By drawing on faith values as its foundation, TFH curriculum generated positive steps towards overcoming the culturally related enablers of HIV transmission within couples; these results were sustained at the 6-month follow-up collection. It is important to continue tracking these couples' over the next two years for additional follow-up analysis.

RECOMMENDATIONS FOR THE FAITHFUL HOUSE

Six recommendations have emerged from this study. First, TFH would benefit from a more intentional focus on **married or “long-term” couples** as a type of marriage retreat to re-establish and reinforce good marriage qualities/practices. Because TFH is designed to decrease HIV risk by strengthening the couple relationship, CRS could more narrowly target those populations most at risk of HIV. The majority of people living with HIV in sub-Saharan Africa are between 15 and 24 years of age, and while risk of HIV infection obviously continues beyond the age of 50 years, the vast majority of those who engage in risk behaviors are likely to be infected by this age. Thus, TFH might be more beneficial to younger couple populations either already married or in long-term relationships.

Second, the current Faithful House (FH) curriculum can also be adapted into a premarital curriculum that **targets unmarried individuals**. Participants in this study suggested that counseling young people before marriage and providing guidance to young couples interested in getting married might produce better matches and help men and women understand the expectations of married life. Note that, in Ethiopia for instance, only 20% of participants' faith communities offer premarital counseling. Strengthening this area within faith communities could have substantial impact on the future trends within marriage and related unfaithfulness. We recommend that CRS encourage local faith communities to adopt or incorporate TFH into premarital activities, regardless of where the marriage ceremony is held. HIV couples testing should be an integral component of premarital counseling programs.

Third, given its initial success in strengthening the family unit, TFH curriculum should be promoted as an adjunct to other development programs that aim to build a strong family foundation. One example might be PMTCT programs. For example, data from Uganda on changes on male's *intended* involvement in ANC/PMTCT visits, and from Ethiopia on improved ANC uptake, although the sample size is small, are promising. TFH might be a good adjunct to PMTCT programs aiming to increase male support for HIV-positive women to improve adherence to PMTCT protocols. Additionally, a subset evaluation of the couples

that reported a pregnancy would provide vital documentation of TFH's added benefits to these programs.

The fourth recommendation draws on TFH curriculum's skill-building techniques in the areas of conflict resolution and improved couple communication. The workshop should be considered as complementing gender development programs or other activities that aim to reduce gender-based or intimate partner violence. Given the number of couples in each country who care for non-biological children, integration could occur with OVC programs.

Finally, further study of support group formation following TFH workshop might illuminate how support group affiliation influences sustainability of a couple's attitude and behavior change. TFH workshop takes less than one week, but support groups offer much longer-term support, accountability, and continued relationship growth. Intentional support for the formation of post-workshop support groups could be key to the sustainability of those desired changes.

ANNEXES: ADDITIONAL ANALYSES

Annex A: Analysis by Marriage Type (Intervention Group Participants Only, Uganda)

INDICATORS	TYPES OF MARRIAGE								
	Cohabiting			Religious Marriage			Traditional Marriage		
	Baseline N = 107	6-Month N = 107	Δ	Baseline N = 105	6-Month N = 105	Δ	Baseline N = 73	6-Month N = 73	Δ
Participants rated the following variables:									
Quality of relationship ◇	7.9	8.4	0.5	7.9	8.4	0.5	7.4	8.2	0.8
Quality of communication ◇	7.6	8.4	0.8	8.0	8.4	0.4	7.2	8.4	1.2
Level of respect received from partner ◇	8.0	8.6	0.6	8.2	8.5	0.4	7.7	8.4	0.8
Level of sharing of personal income and finances with partner ◇	6.8	8.7	1.9	7.2	8.4	1.2	6.8	8.3	1.5
Level of adequate knowledge, values, and skills to be faithful to partner ◇	7.4	8.8	1.4	7.9	8.7	0.8	7.9	8.6	0.7
Ability to have an open and frank discussion about sexual matters with partner ◇	7.8	8.6	0.8	7.8	8.5	0.7	7.7	8.7	1.0
Level of sexual satisfaction ◇	7.8	8.4	0.6	8.0	8.5	0.5	7.6	8.1	0.6
Confidence level in your ability to maintain a happy and strong union with partner ◇	8.4	8.9	0.5	8.3	8.7	0.4	8.3	8.6	0.4
% of participants who have:									
Ever been unfaithful to current partner	22%	–		13%	–		15%	–	
Been unfaithful to current partner in last 6 months	7%	3%		2%	1%		7%	1%	

◇ = On a 10-point scale (with 1 the lowest and 10 the highest)

Annex B: Analysis of Key Indicators by Sex (Females Only)

INDICATOR	CAMEROON				ETHIOPIA				UGANDA			
	Control		Intervention		Control		Intervention		Control		Intervention	
	Baseline N ≈ 27	7-Month N ≈ 27	Baseline N ≈ 31	7-Month N ≈ 31	Baseline N ≈ 211	9-Month N ≈ 211	Baseline N ≈ 244	9-Month N ≈ 244	Baseline N ≈ 152	6-Month N ≈ 152	Baseline N ≈ 148	6-Month N ≈ 148
Participants were asked to rate the following variables:												
Quality of relationship ◊	7.7	7.3	6.9*	8.1	7.6*	8.0	7.8***	9.2	7.2*	6.7	7.5***	8.3
Quality of communication ◊	7.5	7.3	7.3	8.1	7.8	7.9	7.7***	9.2	7.3**	6.6	7.3***	8.2
Level of respect received from partner ◊	7.5	7.7	7.7	8.3	7.9	8.0	8.0***	9.2	7.3	6.8	7.7**	8.4
Level of sharing personal income and financial assets ◊	8.7*	7.8	7.2**	8.6	7.4*	7.9	7.5***	9.0	6.5*	7.1	6.8***	8.4
Level of adequate knowledge, values, skills to be faithful to partner ◊	9.1***	8.0	8.5*	9.1	8.0*	8.3	8.2***	9.3	7.7**	7.0	7.6***	8.7
Level of sexual satisfaction ◊	7.5	6.8	7.0	8.0	6.9	7.1	7.0***	8.3	7.4*	6.7	7.7*	8.2
Confidence level in ability to maintain a happy and strong union ◊	9.1*	8.1	8.4	8.5	8.1	8.3	7.9***	9.1	7.9**	7.3	8.2*	8.6

* = Statistically significant change from baseline to follow-up ($p < 0.05$)

** = Statistically significant change from baseline to follow-up ($p < 0.01$)

*** = Statistically significant change from baseline to follow-up ($p < 0.001$)

◊ = On a 10-point scale (with 1 the lowest and 10 the highest)

Annex C: Analysis of Key Indicators by Sex (Males Only)

Indicator	CAMEROON				ETHIOPIA				UGANDA			
	Control		Intervention		Control		Intervention		Control		Intervention	
	Baseline N ≈ 27	7-Month N ≈ 27	Baseline N ≈ 31	7-Month N ≈ 31	Baseline N ≈ 220	9-Month N ≈ 220	Baseline N ≈ 232	9-Month N ≈ 232	Baseline N ≈ 153	6-Month N ≈ 153	Baseline N ≈ 144	6-Month N ≈ 144
Participants were asked to rate the following variables:												
Quality of relationship ◇	7.6	7.1	7.4*	8.5	8.1	8.0	8.3***	9.3	7.8***	6.9	8.1*	8.5
Quality of communication ◇	8.2**	7.0	8.0	8.6	8.1	8.0	8.3***	9.2	7.7***	6.9	7.9***	8.6
Level of respect received from partner ◇	7.8	7.5	7.7*	8.7	8.4	8.2	8.6***	9.4	7.9***	7.2	8.3*	8.6
Level of sharing of personal income and financial assets ◇	7.9	7.5	7.0*	8.3	8.3	8.1	8.4***	9.4	6.8*	7.3	7.0***	8.6
Level of adequate knowledge, values, skills to be faithful to partner ◇	8.2	8.1	7.5**	8.7	8.2	8.5	8.5***	9.4	7.7**	7.0	7.7***	8.8
Level of sexual satisfaction ◇	7.4	6.9	7.7	8.4	8.1	7.8	8.0***	9.0	7.6	7.2	7.9**	8.5
Confidence level in ability to maintain a happy and strong union ◇	8.8**	7.7	8.3	8.8	8.3	8.5	8.4***	9.4	8.2**	7.6	8.4**	8.9

* = Statistically significant change from baseline to follow-up ($p < 0.05$)

** = Statistically significant change from baseline to follow-up ($p < 0.01$)

*** = Statistically significant change from baseline to follow-up ($p < 0.001$)

◇ = On 10-point scale (with 1 the lowest and 10 the highest)

**Annex D: Analysis of Key Indicators by Age
(Intervention Group Participants Only, Ethiopia)**

INDICATORS	AGE RANGES (YEARS)					
	18-44 (≈ 34) N = 259*			45+ (≈ 54) N = 225		
	Baseline	9-Month	Δ	Baseline	9-Month	Δ
Participants rated the following variables:						
Quality of relationship ◇	8.0	9.2	+1.2	8.1	9.3	+1.2
Quality of communication ◇	8.0	9.2	+1.2	8.0	9.2	+1.2
Level of respect received from partner ◇	8.3	9.3	+1.0	8.3	9.3	+1.0
Level of sharing of personal income and finances with partner ◇	7.9	9.1	+1.2	8.0	9.3	+1.3
Level of adequate knowledge, values, and skills to be faithful to partner ◇	8.4	9.3	+0.9	8.7	9.4	+0.7
Ability to have an open and frank discussion about sexual matters with partner ◇	6.9	8.3	+1.4	6.5	7.5	+1.0
Level of sexual satisfaction ◇	7.8	8.7	+0.9	7.2	8.6	+1.4
Confidence level in your ability to maintain a happy and strong union with partner ◇	8.2	9.2	+1.0	8.0	9.3	+1.3
% of participants who have:						
Ever been unfaithful to current partner	6%	—	—	13%	—	—
Been unfaithful to current partner in last 6 months	1.9%	2.7%	—	0.9%	0.9%	—

◇ = On a 10-point scale (with 1 the lowest and 10 the highest)

* Thirty-four people reported their age very differently on the two surveys. The baseline survey held precedence.

Annex E: Analysis of Key Indicators by Age (Intervention Group Participants Only, Uganda)

INDICATORS	AGE RANGES (YEARS)											
	18–24 N = 56			25–34 N = 99			35–44 N = 78			45+ N = 59		
	Baseline N = 56	6-Month N = 45	Δ	Baseline N = 99	6-Month N = 108	Δ	Baseline N = 78	6-Month N = 76	Δ	Baseline N = 59	6-Month N = 63	Δ
Participants rated the following variables:												
Quality of relationship ◇	8.0	8.7	0.7	7.5	8.4	0.9	7.9	8.2	0.3	7.9	8.4	0.5
Quality of communication ◇	7.6	8.5	0.9	7.5	8.4	0.9	7.4	8.2	0.8	7.9	8.5	0.6
Level of respect received from partner ◇	8.3	8.2	-0.1	7.8	8.7	0.9	7.7	8.2	0.5	8.2	8.7	0.5
Level of sharing of personal income and finances with partner ◇	6.1	8.4	2.3	6.9	8.5	1.6	7.1	8.5	1.4	7.5	8.4	0.9
Level of adequate knowledge, values, and skills to be faithful to partner ◇	7.1	8.6	1.5	7.6	8.9	1.3	7.8	8.6	0.8	8.1	8.7	0.6
Ability to have an open and frank discussion about sexual matters with partner ◇	7.7	8.5	0.8	7.8	8.7	1.0	7.5	8.4	0.9	8.0	8.6	0.6
Level of sexual satisfaction ◇	8.3	8.3	0.0	7.6	8.4	0.8	7.7	8.4	0.7	7.8	8.2	0.4
Confidence level in your ability to maintain a happy and strong union with partner ◇	8.4	8.6	0.3	8.2	9.0	0.8	8.2	8.6	0.4	8.4	8.5	0.1
% of participants who have:												
Ever been unfaithful to current partner	13%	—		17%	—		13%	—		29%	—	
Been unfaithful to current partner in last 6 months	2%	4%		9%	2%		4%	1%		3%	0%	

◇ = On a 10-point scale (with 1 the lowest and 10 the highest)

REFERENCES

- 1 2009 AIDS Epidemic Update. UNAIDS, World Health Organization. (2009). Available at: http://data.unaids.org/pub/Report/2009/JC1700_Epi_Update_2009_en.pdf
- 2 Jewkes RK, Dunkle K, Nduna M, Shai N. (2010) Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *The Lancet*, 376(9734):41–48. Available at: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)60548-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60548-X/fulltext)
- 3 UNAIDS 2011 Global Report, Sub-Saharan Africa: Factsheet. Available at: http://www.unaids.org/documents/20101123_FS_SSA_em_en.pdf

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