



The Faithful House and Uganda's National Campaign: "Go Together, Know Together"

THE FAITHFUL HOUSE



Cover photo: Faithful House participants laugh together. The Faithful House program is a three day workshop where couples are counseled to listen and work with each other, making their life together in faith the most important aspects of their lives so they can better provide for their children and community. *Photo by Karen Kasmauski for CRS.*

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OVERVIEW OF THE EVIDENCE FOR COUPLES-BASED HIV PREVENTION

New evidence is challenging the conventional approach to HIV prevention through individual behavior change. First, epidemiological trends indicate that half of new HIV infections in some sub-Saharan countries are among married and cohabitating couples¹. Secondly, nationally representative studies confirming that fewer lifetime sexual partners and faithfulness to spousal partners strongly associates with reduced risk of HIV infection have been verified at the population level through well-established individual risk from multiple relationships². Third, findings from the large multinational HIV Prevention Trials Network (HPTN) 052 study showed that HIV-infected individuals receiving antiretroviral therapy (ART) had a 96% reduction in risk of transmitting HIV to their uninfected sexual partners³.

These studies underscore the need for a couples-based approach to HIV prevention. In Uganda, the nationally representative survey found that 12.9% of men and 43.9% of women reported lifetime faithfulness to their spouse. The gender gap in marital faithfulness was consistent across four countries, leading to the study conclusion that “HIV prevention programs should focus more on promoting partner reduction and partner faithfulness, especially for men”. While the HPTN 052 study provides significant substantiation of the importance of treatment as prevention, the public health benefits of the findings can be better realized by increasing couples testing and treatment.

OVERVIEW OF CATHOLIC RELIEF SERVICES AND ITS COUPLES-BASED INTERVENTIONS IN UGANDA

Catholic Relief Services (CRS) and Maternal Life International/Uganda collaboratively created The Faithful House program (TFH) as a couples-based approach to HIV prevention. TFH is a faith-based, skills-building curriculum that aims to strengthen the family through enhanced couple communication achieved by skills building, positive peer mentoring, and provision of a safe environment for couples to dialogue around quality-of-relationship issues and other attitudes and behaviors that contribute to sexual risk behavior. Currently, the curriculum is used in 11 countries.

1 UNAIDS, World Health Organization. (2009). AIDS Epidemic Update. Available at: http://data.unaids.org/pub/Report/2009/JC1700_Epi_Update_2009_en.pdf

2 Mishra, V., Hong, R., Bignami-Van Assche, S, & Barrere B. (2009). "The role of partner reduction and faithfulness in HIV prevention in sub-Saharan Africa: Evidence from Cameroon, Rwanda, Uganda, and Zimbabwe." DHS Working Paper 61, Macro International for USAID, 2009. Available at: <http://www.measuredhs.com/pubs/pdf/WP61/WP61.pdf>.

3 HIV Trials Network. (2011). A Randomized Trial to Evaluate the Effectiveness of Antiretroviral Therapy Plus HIV Primary Care versus HIV Primary Care Alone to Prevent the Sexual Transmission of HIV-1 in Serodiscordant Couples. Available at: http://www.hptn.org/research_studies/HPTN052.asp

CRS and AIDSRelief (AR), Uganda, an HIV care and treatment program funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), established a link between antenatal care services and TFH program. TFH core curriculum was adapted specifically to address key implementation challenges identified within AIDSRelief's Preventing Mother-to-Child transmission (PMTCT) program. From 2007 to 2011, 42,829 women in Uganda receiving antenatal and PMTCT services were referred with their partners to participate in AIDSRelief-supported TFH workshops.

In 2011, with the support of the Centers for Disease Control and Prevention (CDC), AR, Uganda and CRS collaborated on a program evaluation of TFH outcomes. This report documents the results of this study, with particular attention to the indicators and study outcomes that support the Ugandan national promotion of couples' HIV counseling and testing.

“GO TOGETHER, KNOW TOGETHER”: A COUPLES HIV COUNSELING AND TESTING CAMPAIGN IN UGANDA

In September 2009, the Health Communication Partnership-Uganda (HCP) launched the national Couples HIV Counseling and Testing (CHCT) campaign in collaboration with the Ugandan Ministry of Health, the AIDS Information Centre-Uganda, and other partners to address the marked increase of new HIV infections among married couples⁴. The goal of the CHCT campaign is to increase the proportion of couples that know their own and their partner's HIV status and help them make joint decisions to prevent or reduce HIV risk in their relationship. The theoretical model for behavior change is to build self-efficacy by reducing fear of talking to one's partner about HIV and going for joint testing and counseling. In addition, the campaign aims to increase risk perception by married couples and the reality of potential HIV serodiscordance.

THE FAITHFUL HOUSE EVALUATION AND UGANDA'S NATIONAL CAMPAIGN

The national campaign aims to build self-efficacy by reducing fear of talking to one's partner about HIV testing and increase risk perception by focusing on the higher risk of HIV infection in married couples. The goals, objectives and target population of TFH mirror those of the national campaign (see Table 1).

⁴ Uganda Ministry of Health. (2009). *National Couples HIV Counseling & Testing Communication Strategy*. Available at: <http://www.jhuccp.org/sites/all/files/CHCT%20Strategy.pdf>

Table 1: Study Population Demographic

DEMOGRAPHIC	NATIONAL	AIDSRELIEF, UGANDA
HIV seroprevalance target population (couples)	6.3%	6.2%*
HIV seroprevalance target population (singles)	1.6%	1.8%**

*based on population 21,425; ** based on population 45,361

In 2011, AR, Uganda and CRS collaborated on a program evaluation to document outcomes of TFH couple-oriented program. The evaluation indicators that reflected objectives of the national HIV counseling and testing campaign included:

- % of beneficiaries who know their own HIV status,
- % of beneficiaries who know their partner's HIV status,
- % of beneficiaries going for couples' testing,
- % of beneficiaries making a joint decision to prevent or reduce HIV risk in their relationship,
- % of beneficiaries sharing information (interpersonal communication) around the risk to married couples and the importance of couple testing,
- % of beneficiaries reporting an increase in the quality and frequency of couple communication,
- % of beneficiaries reporting dialogue around sexual intimacy, and
- % of beneficiaries who have initiated discussions with their children related to reproductive health.

The "Go Together, Know Together" campaign was specifically designed to address the following realities reported in the 2004–2005 Uganda HIV/AIDS Sero-Behavioural Survey:

- Among men and women aged 15–49 years, 63% currently in union are HIV-positive, compared to 1.6% of those never in union.
- Multiple sexual partnerships are common: Nearly one third (29.8%) of currently married men have had two or more partners in the past 12 months.
- Only 3.3% of married women and 4.3% of married men have been tested for HIV and received results in the last 12 months.
- Among married men and women, ~90% of do not know the HIV status of any of their partners.
- Among cohabiting couples, 5% of are discordant and 3% are HIV-positive concordant.
- Both men and women (75%) incorrectly believe that if one partner is infected with HIV, the other partner is infected as well⁵.

5 Ministry of Health (MOH) [Uganda] and ORC Macro. (2006). *Uganda HIV/AIDS Sero-behavioural Survey 2004-2005*. Calverton, MD: Ministry of Health and ORC Macro. Available at: <http://www.measuredhs.com/pubs/pdf/AIS2/AIS2.pdf>

A control group was incorporated into the study to assess the contribution of TFH toward these objectives, which are distinct from other campaign activities in the country. In addition, a similar analysis was conducted in two other countries (Ethiopia and Zambia) to determine the reliability of these results.

METHODOLOGY

Prior to TFH workshops, workshop participants and control group respondents completed baseline surveys. Voluntary HIV couples testing was offered on the last day of the TFH workshop. After six months, the intervention and control groups completed a follow-up survey. Only individuals who had completed both a baseline and six-month follow-up survey were included in the analysis.

RESULTS

Surveys from 599 individuals from the control and intervention groups were used in this evaluation. On average, men were older than women (average 38.8 years versus 31.9 years). Thirty-eight percent of couples were cohabiting; 33% were married by religious institution, and 26% were married traditionally. Seventy-four percent of couples resided in rural areas.

The evaluation results showed that the TFH Uganda program addressed six of the seven objectives of the national HIV counseling and testing campaign:

1. Empower couples to initiate and sustain communication around HIV and AIDS

Statistically significant positive changes among the intervention group from baseline to six-month follow-up were observed for many factors that affect the couple relationship (see Table 2). The changes from baseline to six months indicate that TFH participants retain positive attitudes and behavior change related to HIV testing and that statistically significant increases were maintained for many factors that affect the couple relationship, most specifically around communication. Couples reported a significantly improved comfort level with discussions of sexual intimacy between partners and of sexual education between parents and children. Control group participants did not show these same positive changes—particularly in the area of couple communication—over the same period.

Table 2: Factors that Affect the Couple Relationship and Communication

Indicator	CONTROL GROUP		INTERVENTION GROUP	
	Baseline	6-Month	Baseline	6-Month
On a scale from 1–10, with 1 the lowest and 10 the highest:				
Quality of relationship	7.5**	6.8	7.8**	8.4
Quality of communication	7.5**	6.7	7.6**	8.4
Level of respect received from partner	7.6**	7.0	7.9**	8.5
Level of sharing information about personal income and financial assets	6.7**	7.2	6.9**	8.4
Level of adequate knowledge, values, skills to be faithful to partner	7.7	7.1	7.7**	8.7
Ability to have an open and frank discussion with partner about sex	7.7	7.3	7.7**	8.6
Level of sexual satisfaction	7.5	7.0	7.8**	8.3
Comfort level in discussing sexual matters with sons (10–18 years)	6.0	6.6	5.2**	8.1
Comfort level in discussing sexual matters with daughters (10–18 years)	6.2*	7.0	5.4**	8.1
% of participants that:				
Believe a man can be faithful to one partner his entire lifetime	70%**	58%	73%	70%
Believe a woman can be faithful to one partner her entire lifetime	83%*	74%	84%	86%

** = statistically significant change from baseline to 6-month follow-up ($p < 0.01$)

* = statistically significant change from baseline to 6-month follow-up ($p < 0.05$)

2. Encourage couples to seek HIV counseling and testing together

TFH intervention group had a greater increase in HIV testing as well as higher rates of disclosure (see Table 3). Through partnership with local treatment facilities, couples HIV testing (using the rapid test) is usually offered on the last day of TFH workshops. Ten workshops offered voluntary HIV testing, and 292 workshop participants (79% of those offered testing) followed through with testing after the workshop. Fourteen individuals (5% of those tested) were HIV positive, and 8 of them (57%) were in discordant relationships. Through TFH linkage with AR, these couples were referred into care and treatment. In the control group, only 61% had been tested for HIV in the past six months (by a non-TFH effort), and 84% went as a couple for this testing event. However, the high percentage of couples testing even in the control group can probably be attributed to the influence of the national campaign on this population.

Table 3: Reported HIV Testing Activity at Six-Month Follow-up

	CONTROL	BENEFICIARY
Percent testing within last six months	61%	79%
Tested as couple	84%	86%

A separate study, which was conducted to better understand the attributes associated with building self-efficacy for accessing couple testing of pregnant women and their partners, showed that, pre-workshop, some couples had low confidence (5.5) that they would access future testing. This confidence level increased significantly ($p < 0.001$) post-workshop to 9.2. Improved confidence for future couples testing in this group was also accompanied by statistically significant improvements in other communication and relational indicators. These results suggest that as the relationship is strengthened, there is an increased confidence of participants that they will seek testing in the future.

3. Empower HIV status disclosure among sexual partners

Thirty percent of 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, whereas only 21% of the intervention group didn't know the status of their partner.

4. Encourage couples to adopt and maintain positive health practices, including risk reduction strategies and health-seeking behaviors

A definite strength of AR is its ability to work at both the clinic and community levels with the referral network between AR, Uganda, and TFH program, an outstanding example of the complementary nature of wraparound services. This cooperation facilitated the ability of beneficiaries to apply lessons learned around couple communication to other health-seeking behavior such as PMTCT. Table 4 demonstrates that the intervention group had an increase in the percentage of participants who reported that decision making around accessing HIV services such as ART and PMTCT should be made as a couple, whereas the control group showed no change.

Table 4: Decision Making around HIV Health-seeking Behaviors

Indicator	CONTROL		INTERVENTION	
	Baseline	6-Month	Baseline	6-Month
% of participants that reported BOTH partners:				
Decision-making power on accessing HIV services	70%	68%	71%	77%

5. Increase interpersonal communication

The surveys asked questions regarding support group attendance to gauge involvement in any safety net structure and interpersonal communication. At baseline, 48% of participants in the intervention group attended some kind of support group, such as mothers/fathers clubs, HIV support groups, etc. This increased significantly ($p < 0.001$) at the six-month follow-up survey, with 65% of intervention group participants reporting that they were attending a support group of some kind. Over this same period, control group participants also exhibited an increase (from 55% to 59%) in affiliation with a support group, but the change was not significant.

Between baseline and the six-month follow-up survey, couples in both the control and intervention groups reported increases in their frequency of sharing information on how to strengthen the couple relationship and also on the HIV risk associated with multiple partners. Respondents saying that they shared information on how to strengthen relationships “at least once a month” increased from 30% to 38% in the control group and from 32% to 47% in the intervention.

6. Increased perception of risk

Perceived risk was measured based on the respondent’s attitudes toward behaviors that place individuals at increased risk of contracting HIV. Significantly positive changes in perceptions and attitudes toward HIV partner testing and cultural norms that contribute to HIV risk and multiple concurrent partnerships (MCP) were seen from baseline to six-month follow-up among the intervention group; this was not observed to the same extent in the control groups (Table 5).

Table 5: Statements on Cultural Norms and Views on HIV Risk and Multiple Concurrent Partnerships

% OF PARTICIPANTS THAT AGREED WITH THE STATEMENTS	CONTROL GROUP		INTERVENTION GROUP	
	Baseline	6-Month	Baseline	6-Month
Woman is justified in refusing sex with partner if she knows he has had sex with someone else.	69%	75%	67%*	80%
A married man having concurrent partners is not harmful as long as he is discrete/provides for family.	24%	19%	24%**	8%
There are exceptional cases where a man should be allowed to have sex with another woman.	29%*	39%	33%	25%
There are exceptional cases where a woman should be allowed to have sex with another man.	12%**	25%	18%	13%
A man should be allowed to produce children with another partner if his wife is infertile.	60%	54%	61%*	46%
A woman should be allowed to produce children with another partner if her husband is infertile.	31%	22%	37%**	19%
Once infected, the chances of a person living with HIV transmitting it to someone else are always the same.	81%	79%	80%*	76%

* = statistically significant change from baseline to 6-month follow-up ($p < 0.05$)

** = statistically significant change from baseline to 6-month follow-up ($p < 0.001$)

NATIONAL CAMPAIGN CHALLENGES TO INCREASE MALE INVOLVEMENT

One of the challenges identified early in the national campaign was low male involvement: “Men are difficult. However much you try to convince, they don’t want to come”. TFH program is strong in increasing couple communication around issues of reproductive health and health-seeking behavior. An operations research study completed in March 2011 by CRS found that half of the couples in Uganda who participated in TFH went on to be tested, resulting in 6.2% HIV seroprevalance in this population. Those who tested positive were referred into the AIDSRelief program for care, treatment, and PMTCT services. The linkage between AIDSRelief Uganda and TFH program ensures male participation in both the testing activities and in the continuum of care for the family, including treatment and PMTCT services.

CONCLUSIONS AND RECOMMENDATIONS

TFH contributed to six of seven national campaign objectives for increasing couples counseling. At the six-month follow-up, indicators for couple communication and equity within the relationship, which are prerequisites for disclosures, had improved and been maintained among TFH participants. These positive changes were not seen in the control population. The role of treatment in prevention and the high rate of transmission among cohabitating couples highlighted the need for more couples testing. More couples-oriented programs are needed to increase awareness and the skills necessary for seeking testing and disclosing results. In addition to providing HIV education, programs that want to improve couples testing should emphasize building couples' communication skills.

NEXT STEPS: FUTURE DIRECTIONS FOR GREATER PARTICIPATION OF FAITH-BASED ORGANIZATIONS

In addition to targeting couples of unknown HIV serology, the national campaign also aimed to increase the engagement of religious groups. For future participation in the Ugandan national “Go Together, Know Together” campaign, the authors suggest that both TFH “prevention” and “treatment” approaches are needed. The prevention approach would target younger, unmarried individuals (age 15–24 years) and focus more on relationship preparation and expectations within marriage (still with a Faithful House foundation). Premarital counseling, which is already required by some religious groups, is a platform for addressing many aspects of marriage, including factors that lead to broken or unhealthy relationships. In addition to HIV couples testing, TFH should be an integral component of premarital counseling programs. The treatment approach would maintain the continuum of care/linkages between TFH and the AR care and treatment program. Through treatment, couples are targeted with the current TFH curriculum to establish and reinforce good marriage qualities and HIV health-seeking and protective behaviors.

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