



Counselor conducts a counseling session with a group of people living with HIV in Ethiopia.
Photo by David Snyder for CRS.

Longer-Term Impact of Faithfulness-Focused Curriculum on HIV-Positive Couples From Four Regions in Ethiopia

BACKGROUND

Evidence-based, culturally sensitive HIV-prevention programs that address the needs of couples in long-term relationships are needed to address the heterosexual HIV transmission driving the epidemic in southern and eastern Africa. Positive health, dignity and prevention models currently focus on the individual. Catholic Relief Services is contributing to the evidence base for couples-centered positive health, dignity and prevention programming by evaluating a version of the Faithful House (FH) curriculum tailored to strengthening the relationships of couples living with HIV.

METHODOLOGY

CRS partner organizations used convenience sampling to gather names of 204 interested couples enrolled in HIV care and support programs from the Addis Ababa, Oromia, Tigray and Dire Dawa Regions in Ethiopia. All 408 participants completed a detailed baseline survey and couples were randomly assigned to intervention and control groups. The intervention group participated in a five-day workshop for training. The workshop used the Faithful House: Couples Affirming Life and Love (FH-CALL) curriculum. Three months later, a follow-up survey was conducted for both the intervention group and the control group.¹

Ten months after the FH-CALL workshop, intervention and control groups were again surveyed about aspects of their relationship. The survey used a 10-point Likert scale. Seventeen percent of study participants were lost to follow-up, leaving 338 complete responses, which were cleaned and analyzed using Excel and Stata. Statistical tests comparing the demographic data collected at 10 months on a range of variables (gender, age, region, type of marriage/union, etc.) remained consistent with the initial random assignment and did not suggest any pattern of attrition that would be likely to bias the results.

¹ For a thorough analysis of the 3-month follow-up data from the 378 surveys that were collected, see CRS' report Effect of a Faithfulness-Focused Curriculum on HIV-Positive Couples From Four Regions in Ethiopia (Baltimore: Catholic Relief Services, 2012).

Results from a 10-Month Follow-Up Survey of Faithful House Participants Who Are Living with HIV in Ethiopia

Figure 1— Results from TFH PLHIV Ethiopia 10-Month Follow-Up Survey

	Responsibility for Childcare ^{***}		Making Major Decisions ^{***}		When to Have Sex ^{***}		Accessing HIV Services ^{**}		
	Intervention	Control	Intervention	Control	Intervention	Control	Intervention	Control	
Husband:	1 (0.65%)	14 (9.21%)	26 (15.85%)	56 (32.18%)	33 (20.89%)	68 (41.72%)	16 (9.82%)	28 (16.47%)	
Wife:	27 (17.65%)	39 (25.66%)	9 (5.49%)	13 (7.47%)	7 (4.43%)	7 (4.29%)	17 (10.43%)	32 (18.82%)	
Both:	125 (81.70%)	99 (65.13%)	129 (78.66%)	105 (60.34%)	118 (74.68%)	88 (53.99%)	130 (79.75%)	110 (64.71%)	
Total:	153 (100%)	152 (100%)	164 (100%)	174 (100%)	158 (100%)	163 (100%)	163 (100%)	170 (100%)	
Increasing Couples' Communications—Scale from 1 (Low) to 10 (High)								Intervention	Control
Overall Quality of Communications ^{***}								8.92	8.11
On Financial Issues ^{**}								8.96	8.34
On Sexual Issues ^{***}								8.46	7.15
Fostering Couple's Mutual Respect—Scale from 1 (Low) to 10 (High)								Intervention	Control
Level of Respect Received from Partner ^{***}								9.02	8.32
Level of Respect Shown for Partner ^{***}								9.14	8.44
Enhancing Couple's Fulfillment from Their Relationship—Scale from 1 (Low) to 10 (High)								Intervention	Control
Sexual Satisfaction with Partner ^{***}								8.45	7.71
Overall Quality of Relationship ^{***}								8.95	8.02
Ensuring Future Strength and Stability of Couple's Union—Scale from 1 (Low) to 10 (High)								Intervention	Control
Have Knowledge, Values, and Skills to be Faithful to Partner ^{***}								9.18	8.55
Partner Has Knowledge, Values, and Skills to be Faithful ^{***}								8.99	8.33
Confidence in Ability to Maintain a Strong and Happy Union ^{***}								8.89	8.26

Note: ** Indicates $p <= 0.01$; *** Indicates $p <= 0.001$

RESULTS

The mean age for survey respondents was 35.7 years, but males were on average approximately 7.5 years older than females (39.7 years for males vs. 32.1 years for females). A majority of couples were married—whether “traditionally,” by civic authorities or in a religious ceremony (44.2%, 6.8% and 5.7%, respectively)—while the remaining 43.3 percent described themselves as cohabitating. Respondents who had some form of regular employment represented 60.2 percent versus the 39.8 percent of respondents who were either unemployed or who were homemakers not working outside the home. Finally, 48.5 percent of survey participants had been randomly assigned to receive the FH-CALL workshop invention with the remaining 51.5 percent belonging to the control group. The 10-month survey asked respondents to evaluate numerous facets of their relationship, including the extent to which they share in household responsibilities and decision making, the quality of communication with their partner, the level of respect partners show each other, the amount of fulfillment they derive from their relationship and their expectation about a strong union in the future. The intervention group consistently scored higher than the control in all of these aspects, with p values either $\leq .01$ or $\leq .001$. (Details may be found in Table 1 below.) These differences are not merely “statistically significant.” The intervention group scores on the 10-point scales generally reflect increases of 0.5 standard deviation or more relative to the control. The magnitude and uniformity of these gains indicate substantive change.

Using a 10-point scale, respondents in the intervention group rated their overall quality of communication more highly than those in the control group—8.92 versus 8.11. The improvement extended to the couples' dialogue in specific areas such as finances (8.96 vs. 8.3) and sexual issues (8.5 vs. 7.2). Communication led to reported changes in sharing of responsibilities and authority. With respect to child care, for example, almost 82 percent of respondents in the intervention group said that both the husband and wife shared the responsibility versus only 65 percent in

the control. Men in the intervention group also were much less likely to monopolize decisions about major household issues or about when a couple would have sex compared with the control group (16% vs. 32% and 21% vs. 42%, respectively). The intervention group was more likely to report shared authority in making major decisions (78.5% vs. 60.3%). This shared decision making is reflected in the intervention group's being more likely to jointly access HIV services (79.6% vs. 64.7%). Results also showed improvement in respect between men and women in relationships. The average level of respect received from one's partner was rated as 9.02 for members of the intervention group versus 8.32 for those in the control. Likewise, the level of respect that survey participants said they give their partner was higher among those who received the intervention (9.14) as compared with the control (8.44).

CONCLUSION

The 10-month follow-up survey data strongly suggests that the FH-CALL workshop curriculum was successful in helping to strengthen the relationships of couples living with HIV and that the positive changes in attitudes and behaviors observed at three months have been maintained. After participating in the workshop, couples appeared to divide duties and authority more equitably. Gains were noted in their quality of communication and the level of respect partners show for each other. Couples in the intervention group felt better equipped to remain faithful and more confident about maintaining a strong union. These positive changes for couples living with HIV warrant examining the potential for using FH to enhance other outcomes such as greater male involvement in care of sick children, more participation in prevention of mother-to-child transmission activities and greater female participation in decision making regarding utilization of household assets. Such outcomes, in turn, have been shown to have positive effects on children in the household.²

2 See, for example, Adele Clark, Getting to Zero: Diverse Methods for Male Involvement in HIV Care and Treatment (Baltimore: Catholic Relief Services, 2012), accessed July 17, 2012, http://www.crsprogramquality.org/storage/hiv-and-aids/Male_involvement_case_study_web.pdf.