Project objective

CHARISMA (Community Health Clinic Model for Agency in Relationships and Safer Microbicide Adherence) is a pilot intervention being tested at the HIV Open-label Prevention Extension (HOPE) study site in Hillbrow, Johannesburg, South Africa. The intervention aims to increase women’s agency to consistently and safely use microbicides, while reducing their risk of intimate partner violence (IPV) and promoting healthy relationships. The CHARISMA intervention’s objectives are to:

1) Promote women’s ability to decide if, when, and how to involve male partners in microbicide use;
2) Improve women’s ability to communicate with their male partners about microbicides and HIV prevention;
3) Screen for IPV and support women at risk of, or experiencing, violence in their relationships;
4) Increase men’s awareness, acceptance and support for their partners’ use of microbicides.

Background

Microbicides were designed to give women an HIV prevention tool they could use without a male partner’s involvement. However, research suggests that the approval or support of male partners is often desired, or even required, to enable women to use microbicides. Qualitative and quantitative data from the ASPIRE, VOICE, CAPRISA 008 and other trials showed that for some women, trial participation improved communication with partners, reinforcing product adherence. However, it increased partner conflicts and IPV risk for others.

Funded by:
Intervention Description

The CHARISMA intervention is being pilot tested at the Wits Reproductive Health and HIV Institute (Wits RHI) among approximately 180 HOPE participants and the surrounding communities of Hillbrow and Soweto in Johannesburg, South Africa. HOPE is a follow-on study to the ASPIRE trial, which found that the dapivirine vaginal ring was safe and helped protect women against HIV. Women who participated in the ASPIRE trial are being invited to enroll in HOPE, which will further assess the safety of the ring and study participants’ adherence.

The CHARISMA intervention consists of a clinic component, embedded within the HOPE trial, and a community component, implemented simultaneously.

If the CHARISMA intervention is found to be feasible and acceptable at the Wits RHI site, it may be adapted and implemented at additional HOPE study site locations and expanded for use in other microbicide and PrEP contexts.

Clinic-based Component

During the screening and enrollment phase of HOPE, counselors use the Social Benefits and Harms Tool (SBHT), developed specifically for CHARISMA, to assess each woman’s relationships and risk of IPV. Then, guided by the woman’s responses to the SBHT and selected measures from HOPE case report forms, they provide counseling tailored to meet an individual’s needs. Women receive individual counseling to empower them with skills in:

1) Deciding whether and how to disclose ring use to male partners;
2) Communicating and negotiating conflict with partners; and
3) Responding to experiences of IPV.

Lay counselors delivering the CHARISMA intervention received training to understand the relationship between gender and HIV prevention, and to help them recognize their own gender biases, improve their counseling skills, and identify and respond to IPV.

Training emphasized the importance of treating women as experts in their own lives and relationships.

Counseling occurs during a participant’s study enrollment visit, with a follow-up visit at month one, and additional follow-up at months three and six for women in need of further support.

Any woman who discloses that she has changed partners or experienced violence is offered additional opportunities to receive counseling. Counselors provide women with supportive referrals to partner organizations for care or assistance as needed and track referral uptake.

Community Component

Sonke Gender Justice is engaging men, community leaders, and communities in Hillbrow and Soweto, where the majority of HOPE participants live, to cultivate a shared concern about HIV and gender norms. Community mobilizers from Sonke are implementing community education and mobilization activities specifically designed for CHARISMA, emphasizing the following messages:

1) A man should respect his partner’s right to control her own sexual health and be supportive of her choice to use HIV prevention methods, including oral PrEP and vaginal microbicides such as the ring; and
2) HIV prevention is not solely a woman’s responsibility. Every man should also take responsibility for his own health, including regular HIV testing and taking steps to prevent HIV or initiating and adhering to antiretroviral treatment after an HIV diagnosis.

The community component includes focused outreach in taverns and other meeting places, as well as soccer tournaments, door-to-door outreach, and workshops. Community Action Teams of workshop participants who express a commitment to continue activism and community mobilization for social and gender justice meet regularly to identify key topics for their neighborhoods and develop action plans to address relevant issues.