INTRODUCTION

WOMEN’S RISK OF HIV
• Inequitable gender norms and intimate partner violence (IPV) increase risk.¹

PRE-EXPOSURE PROPHYLAXIS (PrEP) & MICROBICIDES
• Designed to give women a tool that could be used with and without male partner (MP) support.
• MPs remain important according to women.²
• Product use can impact relationships along a continuum from improving communication to increasing risk of social harms (SH), including IPV, resulting from perceived threats to male power.³

INTERVENTION NEEDS
• Effectively identify, measure, and address the ways gender norms and relationship power differentials affect women’s ability to safely and consistently use microbicides.
• Improve women’s agency to use PrEP and microbicides consistently and safely.

RESULTS

SOCIAL-BENEFITS AND HARMS TOOL
The 42-item tablet-administered SBHT drew from 6 validated scales and measures relationship status across 5 factors (see Table 1). Administered at enrollment and 3 and 6 month follow-up visits, it guides counsellors in the provision of 1 of 3 counselling modules. It also assess change over time.

Table 1: SBHT characteristics

<table>
<thead>
<tr>
<th>FACTORS</th>
<th>ITEMS</th>
<th>EXAMPLE ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Values</td>
<td>13</td>
<td>I think a woman cannot refuse to have sex with her husband.</td>
</tr>
<tr>
<td>Partner Support</td>
<td>10</td>
<td>My partner is as committed as I am to our relationship.</td>
</tr>
<tr>
<td>Partner Abuse &amp; Control</td>
<td>9</td>
<td>My partner slaps, hits, kicks, or pushes me.</td>
</tr>
<tr>
<td>Partner Resistance</td>
<td>5</td>
<td>If I asked my partner to use a condom, he would get angry.</td>
</tr>
<tr>
<td>HIV Prevention Readiness</td>
<td>5</td>
<td>Using an HIV prevention product is the right thing to do.</td>
</tr>
</tbody>
</table>

CLINIC-BASED COUNSELLING FOR WOMEN
• Based on Safe + Sound⁴—a nurse-led IPV empowerment counselling intervention developed for urban South Africa.
• Adapted to include:
  ✓ a five-day training for clinic providers,
  ✓ Provision of introductory counselling at enrollment on healthy relationships, followed by 1 of 3 targeted modules: 1) relationship communication and conflict-resolution, 2) ring disclosure and negotiation, and 3) responding to IPV,
  ✓ booster counselling at month one and follow-up at month three and six,
  ✓ a supportive referral network, and
  ✓ a staff support system to address vicarious trauma, burnout, and compassion fatigue.

DISCUSSION

Initial results are promising:
✓ Women have utilized counselling to improve existing relationships or to leave violent ones.
✓ Men have questioned their roles in violence and HIV prevention, including support for microbicides.
Implementation has refined the intervention:
• Reducing CAT workshops to two-days to address participant fatigue and retention,
• Creating flexibility within the clinic counselling module to minimize participant burden,
• And utilizing technology (i.e. WhatsApp) to more directly link community- and clinic-based activities.

The next stage of research will involve a multi-arm study designed to tease out questions of impact - on HIV prevention uptake and adherence and reduction of IPV - by intervention dose.

REFERENCES

METHODS

The CHARISMA (Community Health clinic model for Agency in Relationships and Safer Microbicide Adherence) pilot was designed through:

1. Identification of evidence-based clinic and community-based interventions,
2. Secondary analysis of data from prior trials and literature on male partner influence and IPV,
3. Primary data collection (309 surveys, 25 cognitive interviews, 42 in-depth interviews) with microbicidal naïve women, former microbicidal users who did and did not experience SH during use, and their MPs,³ and participatory workshops and stakeholder review.
4. And continues to be refined through:

5. Ongoing monitoring of the pilot in the context of the HOPE vaginal ring open-label extension study in Johannesburg, South Africa.

RESULTS

The pilot has community and clinic-based components, including:
• 1) Awareness raising activities with men, 2) a social benefits and harms assessment tool (SBHT), and 3) targeted clinic-based counselling for women.

AWAWARENESS RAISING ACTIVITIES WITH MEN
• Foundation of approach is One Man Can (OMC), a community mobilization campaign.⁵
• OMC mobilizer workshops, which identify and train community action team (CAT) members, were adapted to add content that:
  ✓ introduced microbicides like the vaginal ring,
  ✓ addressed myths and misconceptions around women’s PrEP use, and
  ✓ encouraged male support for women’s PrEP use.
CAT members lead additional community outreach activities (e.g. door-to-door campaigns, tavern dialogues, soccer tournaments) to increase men’s awareness and support.

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Image 6: (C) Sonke Gender Justice, Johannesburg, South Africa.
Image 7: (C) Sonke Gender Justice, Johannesburg, South Africa.

FOOTNOTES
1. The pilot is supported by the generous support of the American people through the United States Agency for International Development (USAID) and the United States Government.
2. The study was made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the United States Government.