Generating CHARISMA: development of an intervention to help women build agency and safety in their relationships while using HIV prevention methods

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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.[2]

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.

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 microbicide naïve women, former microbicide users who did and did not experience SH during use, and their MPs,[3-4] and
4. participatory workshops and stakeholder review.

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.

AWARENESS RAISING ACTIVITIES WITH MEN

- Foundation of approach is One Man Can (OMC), a community mobilization campaign.[5-6]
- 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.

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

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

CLINIC-BASED COUNSELLING FOR WOMEN

- Based on Safe + Sound[6] – 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 schedule 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.

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