



# Changing sex risk behaviors, gender norms, and relationship dynamics among couples in Cape Town, South Africa: Efficacy of an intervention on the dyad

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## ABSTRACT

**Rationale:** South Africa continues to experience new HIV infections, with the highest risk among Black Africans living in poor communities. Most HIV prevention interventions target women or men separately and only a small number target couples jointly.

**Objective:** This study examines varying strategies to engage women and men around HIV prevention and improved couple interactions.

**Methods:** The study comprises three arms: (1) a couple-based intervention delivered to women and men jointly; (2) women and men both offered a gender-focused intervention that is delivered to them separately; and (3) an intervention offered to women only and their male partners receive standard HIV testing and counseling (comparison arm). Between June 2010 and April 2012, men were identified in and around drinking establishments in a large disadvantaged community in Cape Town and asked to participate in the study if they drink regularly, had recent unprotected sex with their partner, and have a female partner who was willing to participate in the study.

**Results:** A total of 299 couples completed the baseline assessment and 276 were included in the analysis of sexual risk, partner communication, conflict resolution, and gender norm outcomes at baseline and six-month follow-up. Couples that participated in the couple-level intervention and couples where both partners received the intervention separately had better couple-level gender norms than couples in the comparison arm (women only receive intervention). Further, couples in the couple-level intervention and the both partners exposed separately arms were more likely to have the man only report consistent condom use than neither partner report consistent condom use than couples in the comparison arm.

**Conclusion:** Community-based HIV prevention intervention programs need to consider strategies to engage women and men and, if feasible, reach both partners jointly. Couple-level interventions are promising to improve gender norms and subsequently improve health outcomes, including reduced HIV risk among women, men, and couples.

## 1. Introduction

South Africa is experiencing a generalized heterosexual HIV epidemic, with HIV prevalence highest among Black Africans living in poor communities (Shaikh et al., 2006; Shisana et al., 2014). These communities also have high, problematic rates of gender-based violence and alcohol use (Kalichman et al., 2005) and gender norms that accept

and expect that men will have multiple sex partners (Sawyer et al., 2006) and support men's violent behavior (Mthembu et al., 2014). Each of these factors contributes to high HIV transmission (Browne and Wechsberg, 2010; Chersich and Rees, 2010; Shuper et al., 2010).

In South Africa, more than 60% of new HIV infections are transmitted through sexual contact of heterosexual couples (Case et al., 2012). Reproductive age women have higher rates of HIV in South

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Africa than men (Dworkin et al., 2013; Shisana et al., 2014; Wechsberg et al., 2014). One factor that increases women's risk of HIV acquisition is greater biological risk of infection on a per sex act basis (Dellar et al., 2015). Importantly, beyond the greater biological risk among women, there are also cultural, social, and economic factors that put women at greater risk of HIV. For example, women who are poor may exchange sex for money, may have sex with partners that are much older than them, or are under the influence of alcohol; each of these scenarios can increase the likelihood of having unprotected sex and/or experience of gender-based violence and increase a woman's risk of HIV (Chersich and Rees, 2010; Dellar et al., 2015; Mthembu et al., 2014). Moreover, even within a woman's established partnership, if she or her partner are using alcohol or other drugs, then there is risk of partner violence and non-use of condoms (Chersich and Rees, 2010). To reduce HIV transmission, condom use has been emphasized as a major component of HIV prevention, especially in high HIV prevalence settings, which includes condom use within main partnerships and/or condom use within other partnerships. Many couples are HIV discordant (Curran et al., 2012), and in partnerships where both partners are HIV negative the potential for extra-couple partnerships makes consistent condom use important (Chemaitelly et al., 2014).

Given the importance of men to use condoms and to reduce the spread of HIV in South Africa and elsewhere, it is important to develop interventions targeted both to men *and* women, rather than just one member of the dyad, which typically is the woman (Conroy et al., 2016; Karney et al., 2010). Programs that simply target women fail to recognize that in many cases, women lack the ability to negotiate condom use, especially if her partner has been drinking or has more economic and physical power in the relationship. Women-centered programs have typically addressed couple-level behaviors by encouraging the participant to talk to her partner about condom use (Karney et al., 2010). Fig. 1 depicts a conceptual framework of how programs that engage only the woman or only the man can influence gender norms and communication skills of each individual; these programs have an underlying expectation that each individual will influence his/her partner (the dotted line). By affecting individual-level norms and communication skills, couple-level behaviors may improve, such as conflict resolution, reduced gender-based violence and reduced

concurrent partnerships. These couple-level behaviors are related to condom use and subsequently HIV risk. An alternative approach is to engage both members of the partnership either through separate interventions or as a part of a couple-level program (Karney et al., 2010). In this case, both partners' norms and communication skills are influenced, and this can lead to communal coping and improved behaviors of the couple (Lewis et al., 2006). What is still an outstanding research question is whether intervening with both partners separately or as a couple leads to better outcomes. In particular, reaching both partners jointly may lead more directly to behavior change as new skills gained can be role-played within the intervention and both partners are aware of what the other has learned about communication, problem-solving, risk-taking and prevention (see Fig. 1). Alternatively, reaching both partners separately may ensure that both partners are learning about the importance of behavior change but in an environment that is safe to examine gender norms in more depth without feeling the pressure from one's partner. This study examines the advantage of reaching both partners under the two varying scenarios.

Three recent systematic reviews of HIV interventions—one focusing on heterosexual men in low- and middle-income countries (LMIC) (Townsend et al., 2013) and the other two focusing on heterosexual couple-based interventions (Crepaz et al., 2015; LaCroix et al., 2013)—demonstrate gaps in knowledge of how to affect men, women, and the couple's behaviors related to HIV risk-taking. Among the 19 male-focused interventions in LMIC examined, less than half of the reviewed interventions increased condom use; these studies also yielded mixed effects on intimate partner violence (IPV) (Townsend et al., 2013). In one review of couples, among the 29 couple-based interventions examined, only eight interventions were in Africa (LaCroix et al., 2013). These interventions showed increases in condom use with exposure to couple-based programming (LaCroix et al., 2013). Likewise, Crepaz and colleagues' (2015) systematic review demonstrated that couple-based interventions are more effective than individual-level interventions at promoting protective sex. This provides empirical evidence that couple-based interventions can be more effective than individual-level interventions, as interdependence theory would suggest (Lewis et al., 2006; Rogers et al., 2016). A gap identified by one of these reviews is a need for future research that examines the

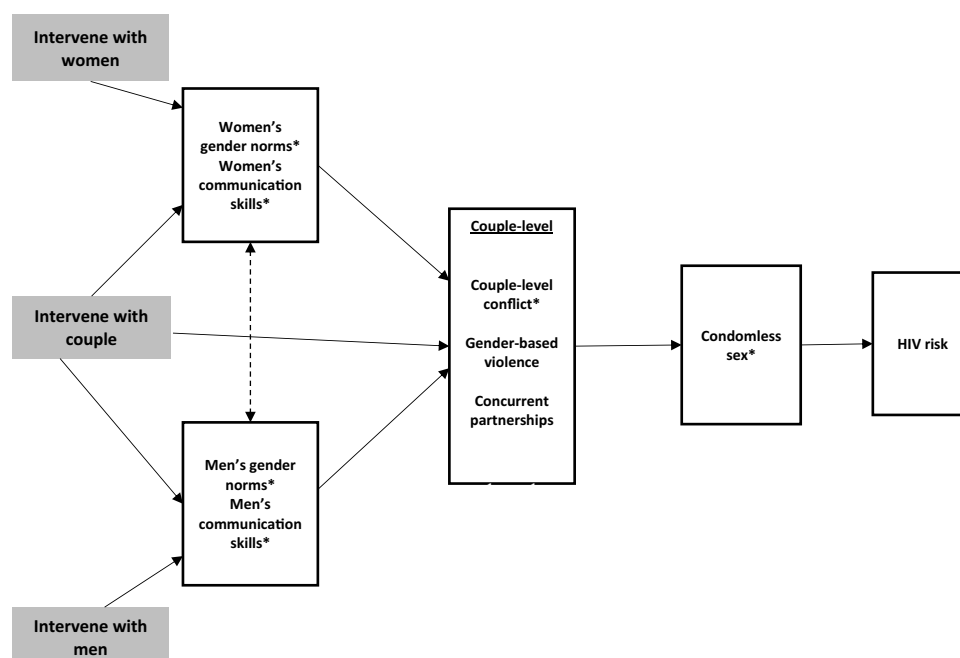


Fig. 1. Conceptual framework of interventions with individuals versus couples and the effects on individual and couple-level HIV-related outcomes. Note: Starred items are the focus of this analysis.

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