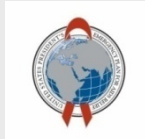


# Promoting Mutual Monogamy Through Churches in Eastern Cape, South Africa

Nathi Sohaba, Population Council, Johannesburg, SA  
Waimar Tun, Population Council, Washington, DC

*Addressing Multiple and Concurrent Sexual Partnerships in Generalized HIV Epidemics Meeting*

Washington, DC  
October 30, 2008



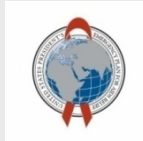
# Project Collaborators

- South African Council of Churches
- Eastern Cape Provincial Council of Churches
- Alice Hospice
- Butterworth Minister's Fraternal
- Progressus Research and Development Group

## Acknowledgements

- Church leaders and members for participation

*This presentation was made possible through support provided by the President's Emergency Plan for AIDS Relief and the generous support of the American people through the US Agency for International Development (USAID).*



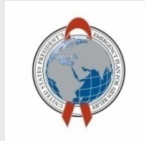
# Rationale for Mutual Monogamy (MM) Program

- Lack of capacity in churches/FBOs to carry out HIV prevention programs systematically.
- Most faith-based HIV programs focus on providing care for HIV-infected & OVC and promote abstinence for youth
- Little focus on concurrent partner reduction: though initial discussions with church leaders indicated that multiple partnerships were common, even among church-goers
- Challenge of discussing sexual issues within church



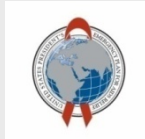
# Formative Research

- **Qualitative formative research:**
  - Focus group discussions with church leaders and ministers
  - Series of consultative meetings with 20 church and FBO leaders
- **Key findings:**
  - High level of respect for and trust in religious leaders
  - Most saw the need to include FBOs in HIV prevention activities to ensure information is translated into behavior change; but FBOs often lack the capacity to launch a systematic program
  - Clear rationale emerged for focusing intervention around MM because:
    - Fidelity - A topic churches can easily support
    - Practice of MM can directly influence risk of HIV transmission
  - But MM should be delivered primarily in the context of family harmony



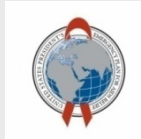
# Intervention

- ***Target population:*** Church members
- ***Intervention objectives:***
  - Increase knowledge and perceptions around mutual monogamy.
  - Increase intentions to practice MM.
  - Improve communication skills about MM.
  - Reduce number of sex partners.
  - *Secondary objective:* increase HIV testing, particularly among couples.



# Intervention

- Curriculum developed: *"Making the Promise, Keeping the Promise"*; modules include:
  - Family Life, HIV and AIDS, Gender Dynamics
  - Mutual Monogamy and Couples Communication
  - Counseling Skills Building *(TOT only)*
  - Group Facilitation Skills Building *(TOT only)*
- Themes for sermon notes:
  - Does the Bible teach mutual monogamy?
  - Faithfulness in marriage
  - Elements needed to make mutual monogamy work
  - Strength and knowledge (HIV)
  - Compassion and hope (HIV)



# Intervention Components

- Workshops (couples and individuals) on MM, HIV, family harmony, gender dynamics and gender-based violence, and couple communication
- Congregation-wide sermons on the same topics
- Referral to social and medical services (including VCT)
- Christian radio program on MM (only Butterworth)
- One-on-one counseling



# Feasibility & Acceptability Assessment

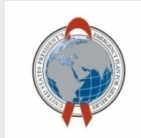
- Survey with 213 randomly selected church goers and in-depth interviews with workshop participants
- Findings:
  - The intervention and topics covered were acceptable to participating churches
    - Almost all (96%) were comfortable learning about HIV from a pastor
    - A high proportion agreed that HIV (66%) and MM (70%) were appropriate sermon topics
    - Many expressed enthusiasm for the program stating that it would be the first time they had discussed specific ways to maintain a healthy and mutually monogamous relationship



# Pilot Phase Activities

## (Apr – Jun 2007)

- 3 train-the-trainer workshops held in East London, Eastern Cape Province
- 126 sermons delivered reaching 1,363 church members in 18 churches
- 91 workshops held reaching 316 individuals (76 men & 240 women):
  - 39 workshops in Butterworth (33 men & 108 woman)
  - 52 workshops in Alice (43 men & 132 women)
- Workshops led by church leaders and peer facilitators (all had attended TOT workshops)
- Workshop participants recruited through existing structure of church groups (Couples, Men's, Women's Fellowships)



# Evaluation of Pilot Intervention

## Objectives

- What is the effect of exposure to MM intervention on knowledge, attitudes, perceptions, and practices related to MM among church members?
  - Knowledge of HIV prevention and MM
  - Practice of MM (i.e., reductions in sex partners)
  - Intentions toward MM
  - Perceived difficulty of practicing MM, communicating about MM and HIV
  - Practice of communication about MM and HIV
  - Knowledge of HIV status
- What are the gender issues associated with promoting MM?
- What capacity building and resources are needed by FBO program managers and church leaders to deliver an effective MM intervention?



# Results: HIV testing & Stigma

- For many of the participants, increased awareness of HIV and reduction of stigma around HIV in their communities is an important step towards testing for HIV.

*“I liked the [workshop] on HIV because it opens up your mind... allowing you to be in a position to test and find out if you are HIV negative or positive. We also learned that we should be in a position, then, to accept and take care of those that test HIV positive.”*



# Results: Attitudes Toward MM

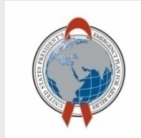
- Almost all the in-depth interview respondents expressed their belief in the importance of MM as a means of HIV prevention.

*“People have to be honest to their partners because if they are honest, it won’t spread the HIV...”*

*“There should be no extra marital affairs between married people because that will bring HIV and AIDS ... couples should sustain each other.”*

- Many interviewees also discussed the reasons MM was difficult

*“What is the thing that can hinder the occurrence of mutual monogamy. We discussed at length the dissatisfactions of couples in that they... are dissatisfied in their relationships. You would find that the partners would go astray and search satisfaction outside.”*



# Results: Relationship Dynamics

- Almost all of the interview respondents (both male and female) indicate that the workshops have changed their relationships in terms of increasing their level of honesty and open communication between the partners.

*“It is also important that you create a healthy relationship at home and for you and your spouse to trust each other... that is something that you have always known and after you went to the mutual monogamy workshop [it was reinforced]...”*



# Results: Gender-based Violence

- Male and female respondents discuss how the program made them realize that abuse also includes psychological abuse:

*“We learned that a lot of things which are happening in our lives is abuse, like a man who want to control your finances, to embarrass you in front of other people, that is abuse. There is abuse which we didn’t really know it was abuse.” --- Female*

*“In many cases, when we talk about violence, it’s the part that talks about women at home, the assaults that they get. ... Like saying ‘you are a brainless woman!’ we forget that it hurts. They just embarrass her in front of people... things we’ve been taking for granted, and the little things we say may hurt more than the physical hurt.” --- Male*



# Results: Sexual power & gender equity

- The in-depth interviews revealed a prevalent perception of gender inequity by both men and women and an increased knowledge of its role in creating healthy relationships

*“the gender dynamics, differences and characters in females and males which make us to see our weaknesses as females and weaknesses of men and that’s where maybe there is misunderstandings” (female)*

*“We are trying to eliminate the belief that men are the superior gender in the family... And if there’s equally of this gender, we assume that even roles within the family should be shared by husband and wife” (male)*



# Results: Mixed responses on appropriateness of condom use and its promotion

- Some think it is appropriate when one has been or suspects the other of having been unfaithful; others think it's not appropriate for the church to promote condom use and also not necessary in marriages

*“ be faithful, or if you are failing, at least condomise.”*

*“We now tell our husbands to use condoms. We do not accept their silly excuses saying they are unable to use them...”*

*“Although... condoms to a certain extent are useful, but we have no right as a church to support those kinds of statements.”*

*“We are saying to unmarried people, not to use condoms but to abstain... it is very difficult to tell single people to keep one partner and use condoms; the issue should be ...if you want to have a partner, why don't you get married then?”*



# Results: Family Life

- Almost all the interview respondents felt that a healthy marriage (including the practice of mutual monogamy) leads to a healthy family:

*“ I feel good after this workshop; my kids and I now live a new life because I am a different person now. When a child has a problem, they open up and talk. Everybody who has a problem will come in front.”*

*“As parents, we are role models and kids will grow to be fathers as well one day, so they shouldn't think that this kind of behavior is right. So all of them [the workshops] were very important.”*



# Implications for Developing Behavior Change Program

- Further evaluation needed with longer intervention period to assess behavior changes
- Partner reduction programs must address broader issues related to family life, HIV stigma reduction, gender-based norms and violence & communication skills
- Include both single-sex targeted activities as well as mixed-sex activities
- Address locally-relevant barriers and solutions
- Develop locally-appropriate language



Examine issues of teaching mi



# Challenges During Implementation

- Getting senior church ministers more involved in the program
- Integration of the program to the existing church activities/year-plan
- Resistance from few men to participate in mixed group activities – men preferred to participate in their own groups
- Technical capacity of churches to put in place monitoring system



# Achievement

- Development of the mutual monogamy manual to guide church leaders, incl. sermon notes
- Demonstrated support and commitment of the South African Council of Churches and the Eastern Cape Provincial Council of Churches to the program [including local FBO]
- Overall acceptance of the program by church ministers/leaders and church members
- Great enthusiasm of church leaders and church members to the implementation of the program
- Support from local radio station to do community outreach



# Conclusion

- Increasing demand from the South Africa Council of Churches and Eastern Cape Provincial Council of Churches to further scale-up the program in additional regions and provinces
- Need to get rid of the assumption that church members are not at risk of contracting HIV
- Increasing need to educate church members about the risk associated with MCP



# Thank You

- For further information, contact

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