Raising HIV/AIDS Awareness among Non-Infected (RHANI) Wives: HIV Risk Reduction among at risk wives in India
Major Collaborators

- National Institute for Research in Reproductive Health (INDIAN COUNCIL OF MEDICAL RESEARCH)
- Population Council
- University of California, San Diego (UCSD)
- Harvard School of Public Health (Formerly)
- Boston University of Public Health (Formerly)

Funded by the Indo-US Program on Prevention of HIV/STIs in India; via a grant from the Indian Council of Medical Research (ICMR) to NIRRH and the US National Institutes of Health (R21MH85614) to US-Based Institutions for the period of 2008-2011
Acknowledgements

• Mumbai Municipal Corporation
• Staff of Integrated Child Development Scheme
• Urban Health Posts, Bhandup
• Swadhaar
• Alcohol Anonymous
• Consultant: Dr.Stephen L. Schensul, UConn
• RISHTA Project staff
• Study participants
Background

• 2.3 million HIV-infected individuals in India\(^1\)
  – 39% are women

• Primary HIV Risks for Women\(^2\)
  – Marriage
  – Age 25-34 years, Urban, Middle Income

• HIV Risks for Married Women\(^3, 4, 5\)
  – Husband is abusive\(^*\)
  – Husband’s Risky Drinking\(^*\)

* Vulnerability factors for male involvement with female sex workers

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1. NACO, 2010
2. Saggurti et al. 2011 (AIDS and Behavior)
3. Silverman et al. 2008 (JAMA)
4. Saggurti et al. 2010 (AIDS and Behavior)
5. Saggurti and Malviya. 2010 (UNAIDS Report)
In India, HIV interventions for married women are NOT many

- Effective HIV interventions in India exist for:
  - Female Sex Workers\(^1\)
  - Male clients of female sex workers\(^1,2\)
- Abusive men are less likely to be retained in men’s HIV intervention programs\(^2\)

- Assumptions are that this is sufficient to reduce wives’ risk; no evidence indicates this is the case

1. AVERT, 2009
2. Saggurti, 2008
Development of RHANI Wives program based on principles of HIV programs in US Women

• HIV Intensive Program (HIV-IP)\(^1\)
  – Community-based, multisession HIV intervention for young adult Latinas at risk for HIV due to their steady male partners
  – Resulted in significant increases in condom use and safer sex negotiation among intervention participants.
  – IPV common (<20% in current relationship) among participants
  – Included an economic empowerment approach that could be built upon using IMAGE\(^2\) (evidence-based IPV intervention)

Raj et al., 2002
Pronyk et al., 2006
STUDY OBJECTIVES, DESIGN AND METHODOLOGY
Objective

- To determine the feasibility and acceptability of RHANI Wives intervention, a community-based multi-session HIV prevention intervention tailored to at-risk Indian wives.
Study Participants

• The RHANI Wives in the study are:
  – Wives living with husband in the community
  – Aged 18-40 yrs
  – Urban Slum Dwellers
  – Reporting that their husbands are abusive and/or engage in risky alcohol use
Study Area and its characteristics

- Slum in Bhandup (West)
- Population of approximately 200,000
- Has areas where sex workers solicit and entertain clients
- Has many liquor shops/bars in the vicinity
Formative Research

• Community Mapping
• Key Informant interviews to assess the alcohol and violence risk pockets within the area
• Focus group discussions with women who faced violence; men in the age-group of 21-30 years
• Identification of clusters based on estimated levels of Alcohol and Violence reporting by key informants.
• Selection of 12 clusters for the study
Creation of RHANI Wives Model

- Evidence-Based Programs
  - Formative Research
  - Community Feedback
  - Referral resources
    - STI
    - Violence
    - Alcohol

RHANI Wives Model
RHANI Wives Model

A Multi-level Design

• Community Level (Street Plays)
• Family Level (Sensitization about the Program)
• Individual Level (Women’s skills building on Self-negotiation with husband on reducing high risk behaviors)
  – Six Weeks Program
    • Four Individual sessions: Support marital communication (direct and indirect; emphasize and check in on direct communication) and use of external resources
    • Two Group sessions: Direct Marital Communication Skills Building + Skills to Obtain External Resources
RHANI Wives HIV Intervention - Multisession, Multi-level program for at risk wives

Control Group - HIV education information provided at the end of participant’s study involvement

Screen, Consent, Recruit → Baseline Survey, STI Testing → 3 Month Follow-up Survey & STI testing

*Note: To reduce risk for contamination among participants, randomization occurred at the neighborhood cluster level, rather than individual level.
Evaluation Design

• Targeted sample size:
  – Intervention (6) clusters: 150
  – Control (6) clusters: 150

• Changes measured at both Individual and cluster level

• Outcome Assessments
  • Feasibility and Acceptability of Intervention with Safety as “Focus”
  • Marital Communication and Condom Use
  • IPV and Perceptions of Safety in Relationship
Safety Monitoring and Management

• Training on Safety protocols, suggested by WHO

• Internal Data Safety and Monitoring
  – Weekly study team meetings were held to keep both research and intervention teams about any issues that may arise related to data safety and monitoring.

• Protocols for how research staff should proceed if they suspect that a study participant is suffering from partner violence.

• Monthly Data Reports

• Measures to protect confidentiality
INTERVENTION
APPROACH
The RHANI Wives Intervention

Intervention consists of multisession (individual and group) programme which focused primarily on building skills for self negotiation and secondarily on practicing problem solving towards:

1. Marital communication
2. Husband’s alcohol use, violence perpetration and safe sex relationship
3. Financial stress and its affect on alcohol and violence
Cluster-level intervention

- Implemented at the Cluster level
- Both in intervention and control clusters
- Street play on the theme that Spousal violence is:
  a) not acceptable in any form; b) linked with male STI/HIV risk and alcohol use
Multi-session, Multi-level Program

4 Individual Sessions

– Identify marital concerns, problem-solve solutions inclusive of marital communication
– Each session ends with an action plan.
Individual Sessions

ACTIVITIES for Individual sessions 1 – 2

1) Thermometer with Pictures
   --To Identify and Rate Problems

2) Cyclical Figure She Creates
   --To Educate on Intersection of Financial Stress, Alcohol, IPV, and Poor Health
   (sexual health and sexual safety)

3) Story Telling by the Counselor
   --To Reduce Stigma
   --To Increase Disclosure and Problem Solving

4) Skills building for Self-Negotiation and Identifying problem and Action Plans to Reduce Risk/Stress
Pictures used to describe stories

Raising HIV Awareness among Non-infected Wives
Individual Sessions

ACTIVITIES for Individual sessions 3 – 4

Discussions based on Group Session Learnings and Implementation of Strategies that Women identified towards reducing the intensity of violence/alcohol and initiate practice of condom use.

If group session is missed, material covered in next individual session
Multi-session, Multi-level Program

2 Group Sessions

– Practice marital communication skills; build social support in community; build knowledge of local social & health services.

–
Group Sessions

**Group Session 1**
- Play games (ice breakers) to establish group support,
- Share stories that document women’s marital issues (alcohol, IPV, sexual infidelity) and discuss ways to solving those issues via better marital communication.
- Condom skills exercise- facilitator demonstrated.

**Group Session 2**
- Play games to establish group support
- Share stories that document women’s marital issues (alcohol, IPV, sexual infidelity) and discuss ways to solve those issues via acquisition of local services
- Condom skills exercise- participants practice and Condom distribution.

ACTIVITIES
- Flip chart with pictures to illustrate stories.
- Discussion on simple strategies
- Condom skills exercise
<table>
<thead>
<tr>
<th>Week</th>
<th>Activities</th>
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<tr>
<td>Week 0</td>
<td>Street Play / Family Intervention</td>
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<tr>
<td>Week 1</td>
<td>Individual Session 1</td>
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<tr>
<td></td>
<td>Individual Session 2</td>
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<tr>
<td>Week 2</td>
<td>Group Session 1</td>
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<tr>
<td>Week 3</td>
<td>Individual Session 3</td>
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<td>Week 4</td>
<td>Group Session 2</td>
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<td>Week 5/6</td>
<td>Individual Session 4</td>
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Procedure

• Intervention counselors were given extensive training on intervention sessions

• All the intervention sessions were pilot tested in the same area but in a different cluster

• Women who refused to participate with the fear of opposition from their husbands/in-laws, family intervention sessions were conducted
Number of women participated in Intervention program

<table>
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<th>Session</th>
<th>Number of women participated</th>
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<tr>
<td>Session 1</td>
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<tr>
<td>Session 2</td>
<td>80</td>
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<td>Session 3</td>
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<td>Session 4</td>
<td>76</td>
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<td>Session 5</td>
<td>24</td>
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<tr>
<td>[Group session]</td>
<td></td>
</tr>
<tr>
<td>Session 6</td>
<td>72</td>
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</table>
KEY FINDINGS
Characteristics of study Participants (N=220; Baseline)

DEMOGRAPHIC PROFILE

Mean Age (SD):
- 29.5 years (5.8)

Mean Number of Yrs Ed (SD)
- 5.96 years (3.9)

No Personal Income
- 68.2%

Born Outside Mumbai
- 63.2% (48.1% from UP)

Religion
- 63.6% Hindu,
- 21.8% Buddhist,
- 10.9% Muslim

RISK PROFILE**

• Spousal Violence
  - 34.1% Physical or Sexual Violence from Husband, past 3 months
  - 21.0% Coerced at Last Marital Sex

• Husband Alcohol Risk
  - 76.8% Husband drank alcohol, past 30 days
  - 74.0% Husband heavily drunk at least once, past 30 days

• Sex Risk
  - 73.6% No Condom Use, past 90 days

• Marital Communication
  - 89.1% Never Asked Husband to Use a Condom, past 90 days
  - 62.3% Never Asked Husband about FSW Involvement, past 90 days

**Opportunity for Risk Reduction
Study and Program Retention

STUDY RETENTION
• 81% of participants were retained for follow-up in the current study (N=178)
  – Those lost to follow up were largely lost due to:
    • Relocation
    • Family refusal for woman to continue participation

INTERVENTION RETENTION
• Among intervention participants (118), 28% did not participate even a single session; but majority have took part in endline survey.
• The majority of the remaining participants however completed 4-6 sessions of the intervention.
  – Participants were more likely to participate in intervention rather than group sessions
FINDINGS FROM OUTCOME ANALYSES
% reported argument or fight with husband in last 3 months

Baseline | Endline
--- | ---
0 | 0
10 | 10
20 | 20
30 | 30
40 | 40
50 | 50
60 | 60
70 | 70
80 | 80
90 | 90
100 | 100

Intervention | Control
--- | ---

% reported argument or fight with husband in last 3 months where husband was physically abusive
% reported husband was heavily drunk at least once during sex in the last 30 days?
Sexual Coercion: % reported any coercion/pressure at the last time sex
Unprotected sex: % reported no condom use at last time sex with husband
RESULTS BY THE DOSAGE OF INTERVENTION
Outcome 1: Unprotected Sex

Plot of Rate of unprotected sex with husband for number of sessions by visit

RHANI Wives demonstrates significant impact on reduction in unprotected sex, with greater impact seen for those who attended more sessions.
Outcome 2: Condom use at last sex

RHANI Wives demonstrates significant impact on increased condom use, with greater impact seen for those who attended more than fewer or no sessions.
Outcome 3: Argument with husband

RHANI Wives demonstrates significant impact on reduction in marital arguments, with greater impact seen for those who attended more sessions.
Outcome 4: Physical abuse

No significant impact on physical abuse was seen as a consequence of the intervention, though all participants reported a significant reduction in abuse.
Outcome 5: Coercion at last sex

RHANI Wives demonstrates a trend in reduction in sexual coercion, with greater impact seen for those who attended more versus fewer sessions.
Key Findings

• RHANI Wives demonstrates significant impact on reduction in unprotected sex, with greater impact seen for those who attended more sessions.

• RHANI Wives demonstrates significant impact on increased condom use, with greater impact seen for those who attended more than fewer or no sessions.

• RHANI Wives demonstrates significant impact on reduction in marital arguments, with greater impact seen for those who attended more sessions.

• No significant impact on physical abuse was seen as a consequence of the intervention, though all participants reported a significant reduction in abuse.

• RHANI Wives demonstrates a trend in reduction in sexual coercion, with greater impact seen for those who attended more versus fewer sessions.
Summary

• RHANI Wives resulted in significant reduction in unsafe marital sex practices among at risk wives in Mumbai.

• RHANI Wives reduces risk for marital conflict though not marital violence; however, there are indications that sexual coercion in marriage is reduced as a consequence of the intervention

• RHANI Wives is more effective if women attended more sessions
  – Unfortunately, more than 1 in 4 women in the intervention condition refused participation in any sessions
CASE STUDIES
Case study: APS

22 yrs, housewife, 3 yrs of marriage. Joint Family

Problem identified: - Husband’s alcohol consumption, physical violence, forceful sexual relationship.

Alcohol consumption of Husband:

Strategy 1: Started communicating to him about his alcohol behaviour. As he is used to frequently quarrel with me, in one such occasion I told him that, I will go to my parents place and will not come back if he doesn’t changes his behaviour. I went to my parents, after a week he came and pleaded me to come back, he promised that he will change and reduce alcohol consumption. I felt happy that he started responding to me on his alcohol behaviour. Earlier I used to scare to talk to him about alcohol with the fear of beating.

Strategy 2: Communicating to him about his responsibilities and his need for family: After coming back from parents, I started communicating with him about our daughters future.

Impact: Reduction in frequency in alcohol consumption. It has taken almost 2 months for me to see change in his behavior. He did not completely stop consuming, but he reduced now.
Physical Violence: Shouting, beating, using slang language

“after drinking alcohol its difficult for him to control his anger. He shouts and some time he beats also. I used to scared to talk to him about anything while he drunk. . Nothing is perfect after drinking my husband gets angry, just for no reason quarrel start between us. I am not at all happy.

Strategy: I started behaving rude to him when starts fighting. I used to respond him in the same way, if he shouts I also used to shout, started back answering for each and every word, which I never used to do like this.

Impact: he reduced shouting, because he knew now that, if he shouts, I will shout at him.

Forceful Sexual Relationship: Because of alcoholic condition my husband wants to have sex and I don’t like the smell of that alcohol. He watches some movies and he want experiences all this. He used to demand anal sex too. My father-in-law sleeps in same room. So we avoid having sex., as no privacy.

Strategy: Showing pamphlet related HIV, STI: Whenever he demands anal sex, I told him that it is not good and shared information on STI and HIV which I heard and gave him the pamphlets also. Even I shared about anal sex how it is dangerous.

Impact: After listening all this, my husband stop react with me in that way as he use to behave with me before. Now he doesn’t force me to have sex.
Problem identified: - Husband’s alcohol consumption, tension, financial problem, husband’s suspicious nature.

Strategies used: - She made him to understand the ill effects of alcohol i.e. liver will fail which is life threatening, avoiding quarrels on small things so that this will avoid fights, because of fights children are suffering a lot, bad impact on their mind as this is their moulding period (formative i.e. creative). She attended AA meeting. She had communicated not to be suspicious because this result in fighting, give lump sum amount so that she will not go for job which stop suspicion and he will reduce drinking. She made him to understand properly, not arguing, without fighting conveying message, ignoring his suspicious nature, not giving chance to fight, and little adjustment. She made him to realize that fighting is not answer to every question. When over tensed she is sharing feeling with friends. She took help from father to make understand her husband about ill effects of drinking and children’s future.

Impact: - She comes to know about to convince, confident about will make her husband to leave alcohol with the help of AA group meeting. Husband started to consider her. She can effectively deal with tension; can communicate better with husband, have better knowledge about HIV/AIDS, STI’s. She is not ready to use condom because she has more trust on her husband and feels if she will talk about this with her husband her husband will be more suspicious about her and this would led to fighting.
CASE STUDY: AFT

ALCOHOL
- Direct communication
- Parents help

FINANCE
- Started working

TENSION
- Understand him
- Try to ignore things

IMPACT: There is proper understanding in her, not arguing, without fighting conveying message, ignoring most of that, not giving chance to fight.

26 years, 1 daughter, 1 son, housewife (domestic servant), 6th standard
CASE STUDY: Dropout AF

Number of sessions attended: 3
She is a vendor, sells fish door to door.

Problem: Husband Alcohol Use, no income (Financial)

Strategy: She has helped husband to open a petty business by investing 10000/-
Attended two alcohol sessions also

Impact/observation: Stopped drinking for four days, but started again.

Community people against suggested not to visit the respondents house,
Initially the husband did not entertain the counselor, even one of the woman has warned the counselor not to visit her house as her husband is not cooperative and frequently fights with her. On one visit by counselor, he even scolded the counselor, “haramkhor, tum kyon ate ho idhar, tumhari wajese pati patni ke beech me kuch bhi mat sikhao, hhum log hamara dekhenge, tum apna khaya rakhna, yaha pe dubara nahi aneka”. Another woman neighbor also told that, please don’t visit her as her husband fights with her. The lady (respondent) has seen other counselors in the same cluster and took them to her house and introduced to her devar (brother-in-law). She demanded information to her brother-in-law too. Despite her financial problems she was reluctant to take help from other NGOs.
RECRUITMENT AND ASSOCIATED CHALLENGES
Baseline

In the initial period

• Women were hesitant to report violence and alcohol use by the husband

• Approaching only few women in each cluster has been a challenge for the research team

Time

• Women were available only in the afternoons for both research as well as intervention

• Few working women requested research team to meet them only after 8 pm
Baseline

Urine sample

- Almost one-fourth women could not give urine samples at the time of baseline (n=56) – limited ability to assess the change in STI rates.

- Reasons cited were; Mother in law opposed (11), Husband opposed (12) and Self not interested (33) in Urine testing.
Participation in intervention sessions

- Out of total sample of 118 from intervention clusters, 34 women did not participate even single session; however, majority answered the follow-up survey.

Major reasons for not participating

- Self not interested, husband or in-laws denied

Family intervention

- Around 25 women requested to take permission from their in-laws, in such cases the intervention team took family session to convince them
- Of these, 11 women have participated in intervention after the session on family intervention
Endline

Self Refusal

- Few women refused to participate in end line, the specific reasons were not mentioned and simply they said that not interested. People who refused to participate in endline were mainly from the control clusters.

Migration

- Few women either shifted their residence to other clusters in the study areas or migrated to other locations.
- Women who shifted within Bhandup (other than study area) area were traced and interviewed.
- Women migrated to other places could not traced, hence not interviewed during endline.
Experiences

- During the baseline, women who were not part of the study also expressed their interest to participate in the program as their husbands reported to consume heavy alcohol.

- Very few women from intervention clusters have been attracted to the program little late than anticipated and that willingness attributed to their increased knowledge of the program.

- Street plays have well influenced the community women. Women appreciated the team for doing such informative program in their community.
Experiences

• One woman, who inspired after watching street play, immediately approached the team and requested to talk with her husband as her husband was addicted to alcohol consumption.

• One man came forward, started arguing with the team, “why are you organizing these kind of street plays, when you are not paying money to us for alcohol”. Meanwhile one of the woman from the community, supported the team and managed the situation to bring it to normal. The man was taken away by other men in the community and street play was completed successfully.
Thank you