



## *CoupleConnect: A Gender-Transformative Approach to HIV Prevention for Tanzanian Couples*

### KEY POINTS

In 2011, the CHAMPION Project developed *CoupleConnect*, an innovative, interactive curriculum designed to prevent HIV infection among Tanzanian couples in committed relationships by improving couple communication and changing gender norms—both important determinants of healthy sexual and reproductive health behavior.

Pilot workshop results demonstrated that providing opportunities for joint decision making helped to strengthen relationships. Couples reporting a higher sense of “couple connectedness” after the intervention were more likely to engage in healthier sexual behaviors that reduce adverse health outcomes for themselves and their families.



### BACKGROUND

#### **Intimate Relationships and Health**

Healthy, mutually satisfying relationships predict positive health and well-being for both adults and their children (Amato, 2000; Goldberg, 1993). People who describe their relationships in such terms live longer, report fewer health problems, and require health services far less frequently than do people in unhealthy relationships (Murphy & O’Farrell, 1994; Prigerson, Maciejewski, & Rosenheck, 2000). Research shows that among men and women in unhealthy relationships, marital conflict is associated with gender-based violence (GBV), alcoholism, child delinquency, high-risk sexual behavior, and low use of family planning (FP) (USAID | Project SEARCH, 2011; Proulx, Helms & Buehler, 2007; Ross, Mirowsky, & Goldsteen, 1990).

Although 25% of married women in Tanzania have an unmet need for FP (NBS & ICF Macro, 2011), women are less likely to use FP if they believe it will result in marital conflict (USAID | Project SEARCH, 2011). In a country with HIV prevalence as high as 15% in some regions, practical interventions that promote couple communication and decrease marital dissatisfaction can improve HIV and reproductive health (RH) outcomes (TACAIDS et al., 2012). While numerous factors contribute to marital conflict, couples often lack the communication and conflict resolution skills to help them address these challenges (USAID | Project SEARCH, 2011).

### THE INTERVENTION

#### **What Is *CoupleConnect*?**

*CoupleConnect* is an innovative, gender-transformative curriculum developed by the CHAMPION Project to help couples communicate more effectively about relationship challenges (EngenderHealth, 2014). The curriculum is implemented through a three-day group education workshop that focuses on providing urban married or cohabitating nonpolygamous couples the insights, information, and skills they need to increase their “connectedness”—an important determinant of healthy sexual and reproductive health (SRH) behavior (e.g., fewer sexual partners, and increased use of FP and of HIV testing and treatment).

**Couple connectedness** is defined as the quality of the emotional bond between partners that is both mutual and sustained over time. For couple connectedness to exist, it must be experienced by both partners in the relationship who are committed to practicing these behaviors. Gender-equitable beliefs and attitudes are critical determinants of these behaviors.

### INDIVIDUAL INTERVENTION



Couple connectedness is operationalized by nine determinants of sexual behavior focused on mutual trust and support, communication, financial planning and management, shared goals, love and affection, joint decision making, achievement and maintenance of RH, and conflict resolution (Figure 1). The majority of these determinants fall into five categories that reflect “couple connectedness” behavior and address the harmful gender norms that contribute to high-risk sexual behavior and poor health outcomes: 1) knowledge and awareness; 2) attitudes, beliefs, and values; 3) peer norms; 4) skills and self-efficacy; and 5) intentions.

### Curriculum Development

The 15-session *CoupleConnect* curriculum is grounded in couple relationship education and was developed specifically for use in Tanzania. Curriculum content was created based on stakeholder meetings and key informant interviews with community and health facility partners, to ensure that the curriculum development process was participatory and drew upon the expertise of a wide range of partners. An optional module on gender-based violence (GBV) was developed and included in *CoupleConnect* workshops in which participants learn about the various forms that GBV can take, how GBV can be prevented, and how to intervene with friends or family to try to stop violence from recurring.

Throughout the curriculum, couples are asked to think about how they communicate with each other, how they can make decisions together, and how they can plan their lives (including their families) together. Couples engage in a variety of activities (including many activities that allow for same-sex discussion and also opportunities for couples to share privately with each other) to empathize with their partner’s experience and improve their communication and their sense of “couple connectedness.”

### Piloting the Curriculum

With the help of community leaders, CHAMPION recruited 34 individuals to serve as *CoupleConnect* cofacilitators, based on their age, length of marriage, and literacy. Facilitators attended

an eight-day, CHAMPION-led capacity-building training on gender, SRH, and facilitation skills. *CoupleConnect* was piloted in nine districts, in a variety of community settings (e.g., community centers, schools, and churches). Workshop sessions lasted two to three hours and were conducted once or twice a week over a period of 7–14 weeks, to obtain optimal couple engagement while also allowing time for reflection and skills practice in real-life situations. Sessions employed a number of interactive teaching methodologies, including large-group and knee-to-knee couple discussions,<sup>1</sup> fishbowls,<sup>2</sup> and other adult learning games.

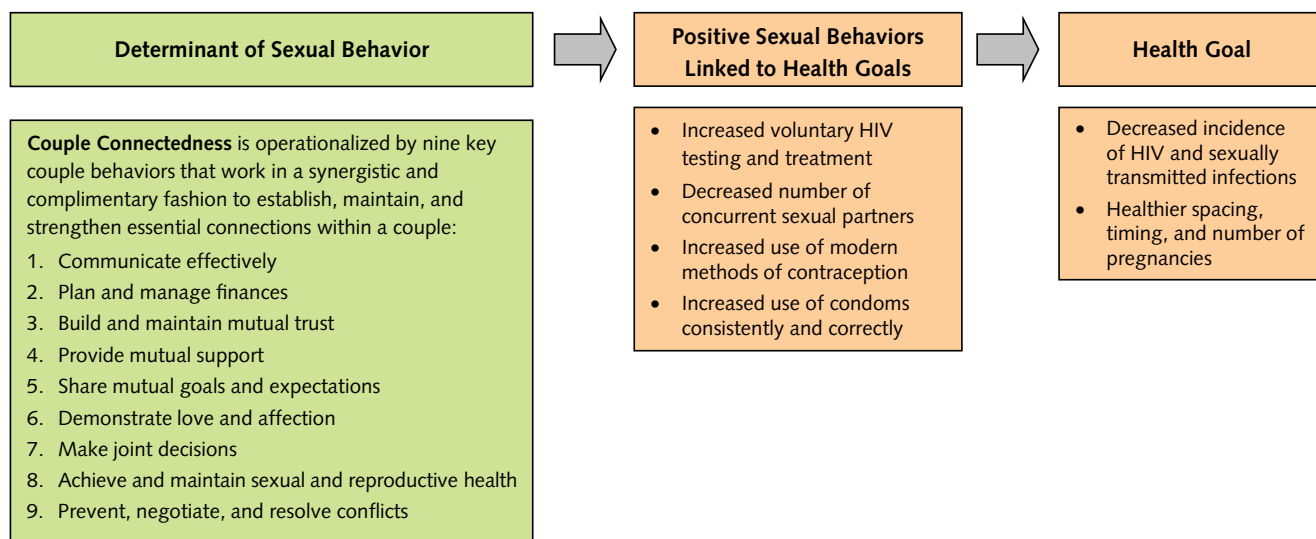
Workshop results were assessed through a comparison of questionnaires that participants completed on the first and last day of the program that assessed their attitudes, beliefs, and knowledge related to “couple connectedness.” Bivariate analysis was performed in SPSS using two-tailed t-tests to assess statistically significant differences between pre- and postintervention responses. Results are presented for the 117 individuals who completed both questionnaires across the nine districts.

## SUMMARY OF FINDINGS

### Improved Knowledge, Attitudes, and Beliefs

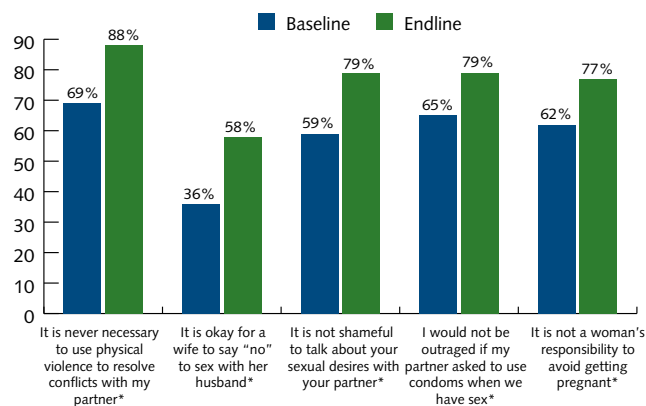
Pilot results showed a positive change in overall knowledge, attitudes, and beliefs around couple connectedness, HIV, and RH issues. Statistically significant increases ( $p < .05$ ) were observed between preintervention and postintervention responses in the percentage of participants who did not believe it was shameful to talk to their partner about their sexual desires, who would not be outraged if their partner asked to use condoms, who feel it is okay for a wife to say “no” to sex with her husband, who believed that violence is never necessary to resolve conflicts, and who believed that it is not solely a woman’s responsibility to avoid pregnancy (Figure 2). In addition, participants were more likely to agree that married couples should get tested regularly for HIV together after the intervention (94%) than before (84%). More than eight in 10 participants (86%) correctly identified withdrawal as

**Figure 1. Theory of change logic model for establishing, maintaining, and strengthening the condition of couple connectedness**

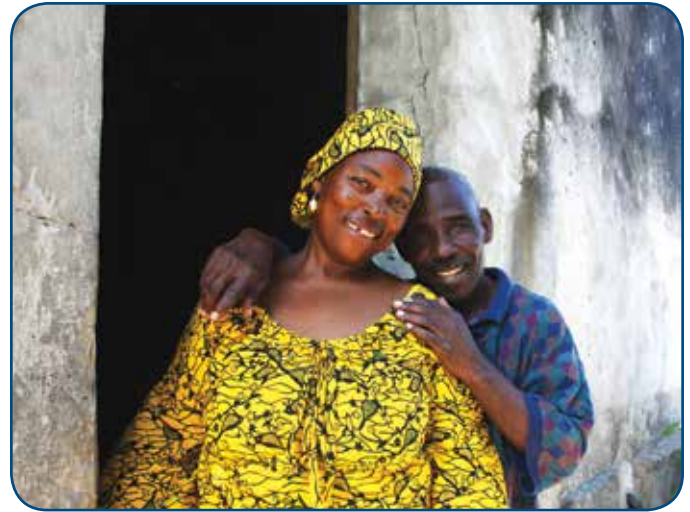




**Figure 2. Change between preintervention and postintervention in *CoupleConnect* participants' beliefs about violence, sex, condoms, and gender norms**



\* Difference between baseline and endline is statistically significant at  $p < .05$ .



**Champion couple from Ilala District in Dar es Salaam.**

an ineffective method of FP following the intervention, an increase of 13 percentage points from beforehand.

While the number of participants who believed that it is okay for a wife to say “no” to sex with her husband increased overall (from 36% to 58%), two-fifths of participants did not believe this is okay or were unsure after the intervention. In addition, women held more negative beliefs than men on communication about sex and sexual consent following the workshop (43% vs. 31%). Women were also more likely than men to say that it is shameful to talk about their sexual desires with their partner, both at preintervention (43% vs. 33%) and at postintervention (24% vs. 16%).

**“I [followed] the advice I learned in *CoupleConnect* and [now] live with my partner calmly and peacefully. I also decided to advise my friend on the importance of good couple communication as a way to prevent HIV, setting myself as an example.”**

—Abdalla Hassani, Lindi Urban District

Couples’ beliefs about some couple behaviors (e.g., following a joint household budget or testing for HIV together) were high even before they participated in the workshop. It is possible that the couples participating in the pilot viewed these behaviors more positively than did other couples in their district. However, due to small sample size and the absence of a comparison group, it is not possible to determine if the couples participating in the pilot differed from other non-polygamous urban couples in their community.

### ***Kueneza Habari Njema***

Participants’ views about the *CoupleConnect* workshop were overwhelmingly positive: Eighty-five percent believed that the program had a positive effect on them as individuals, as well as on their relationship. When participants described their marriages before and after participating in *CoupleConnect*, they focus more now on communication, where previously, both husbands and wives reported, the husband was likely to hide his income and make decisions without his wife, and neither

member discussed personal or family problems with the other (USAID, 2012). Participants also described themselves as role models in promoting healthy relationships and as actively spreading *CoupleConnect* messages in their communities. One group of workshop participants formed a community outreach group to *kueneza habari njema*—“spread the good news”—about having a better marriage.

## **RECOMMENDATIONS**

### **Tailor Interventions to Meet Couples’ Needs**

Level of education was not used as a recruitment criterion, resulting in some participants with limited capacity to grasp certain technical content. Future couple education workshops should include education and/or literacy level as recruitment criteria, to ensure that couples are paired in workshops with others at a similar level of learning. This will allow facilitators to tailor technical content to various literacy levels and better ensure that all participants have adequate and equitable levels of understanding. To address sometimes inconsistent attendance, the intervention was adapted from a two-month intervention to an intensive three-day course, which improved attendance and participation by both partners. Maintaining flexibility during implementation is important for adapting to participants’ needs.

### **Involve Community Leaders in Implementation**

*CoupleConnect* and similar interventions should be implemented locally, at the ward level; facilitators should be recruited at this same level. Using this approach, recruited facilitators are more qualified and engaged, and they have strong ties to the communities in which they will facilitate workshops. Prior to implementation, obtaining intervention buy-in from local authorities and leaders (e.g., community, religious) is critical. Interested couples should enroll in the workshop voluntarily (for example, by registering at their local government office); the final decision on who will participate should be made jointly by local community leaders and program staff.

**“I hope my son will have a mutual relationship like the one I now have with [my wife] after participating in *CoupleConnect*.”**

—Rajabu Saidi Msoma, Morogoro Municipal

**“By being supportive partners, we can make violence, maternal health problems, and HIV history.”**

—Gabriel Bwile and Miriam Mfinanga, *CoupleConnect* participants

## Ensure Strong Facilitator Capacity and Equitable Interaction

The manner in which married cofacilitators communicate, negotiate, resolve conflict, and support each other is critical to the success of interactive, mixed-sex, gender-transformative programs like *CoupleConnect*. Cofacilitators must mirror the positive and gender-equitable communication skills that the curriculum promotes. It is equally important for cofacilitators to plan carefully together, to be sure that they facilitate sessions in a balanced and respectful manner. One facilitator should not dominate. It is also important for cofacilitators to manage the sessions so that both male and female participants have equal opportunities to speak during group discussions.

## Collect More In-Depth Data

On the individual level, the capacity that *CoupleConnect* built in community members appears sustainable, according to end-of-project evaluation interviews and focus groups (USAID, 2012). However, dialogue within couples must be nurtured and practiced for it to become a continuous habit. More in-depth and rigorous evaluation should be applied with a larger cohort and control in future interventions, to help further strengthen conclusions about the sustainability of the program’s impact on knowledge and attitudes in the longer term.

**Suggested citation:** The CHAMPION Project. 2014. *CoupleConnect*. A gender-transformative approach to HIV prevention for Tanzanian couples. *CHAMPION Brief No. 3*. Dar es Salaam: EngenderHealth/CHAMPION Project.

<sup>1</sup> In this activity, partners sit facing each other and making eye contact—“knee-to-knee”—to explore an issue more deeply, to exchange specific ideas about something, to give each other feedback, or to practice a specific skill.

<sup>2</sup> The fishbowl activity aims to create a better understanding of the gender-related experiences of the other sex. Participants are first divided into same-sex groups. One group sits in a circle in the middle of the room as the other sits around the outside of the circle, facing inward. Those in the middle of the circle are asked a series of questions about their gender-related experiences, while the outside group listens. The process is then repeated for the other sex.

This brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the CHAMPION Project led by EngenderHealth, and do not necessarily reflect the views of USAID or the United States Government.

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Writers: Holly Connor and Jaughna Nielsen-Bobbit; Contributing reviewers: Fabio Verani and Jane Schueller; Editor: Michael Klitsch; Design/Layout: Elkin Konuk; Photo credits: A. Mawji/EngenderHealth

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## FOR INQUIRIES, PLEASE CONTACT:

EngenderHealth/Tanzania  
Plot 254 Kiko Avenue,  
Off Mwai Kibaki Road,  
Mikocheni,  
P.O. Box 78167,  
Dar es Salaam,  
Tanzania

TEL: +255-22-277-2425  
FAX: +255-22-277-2262

[www.engenderhealth.org](http://www.engenderhealth.org)  
[info@engenderhealth.org](mailto:info@engenderhealth.org)