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KALKIDAN (“PROMISE”) ADDRESSING MARITAL TRANSMISSION OF HIV IN ETHIOPIA

PROGRAM BRIEF

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In Ethiopia and other settings, married women may be at risk of acquiring HIV from their husbands.

Ethiopia is a traditional country, with most women experiencing sexual initiation within marriage. In urban Ethiopia, HIV prevalence is 9.3% among women and 6.2% among men, with peak prevalence among ever married women in their 30s (CSA and ORC Macro 2006). A recent study by the Population Council among more than 6,000 women in seven regions found that 10% of urban women feared their spouse would give them HIV, and 17% suspected infidelity (Erulkar et al. 2010). In another Council study of more than 1,000 people living with HIV (PLHIV), 67% of females suspected that their husband was the source of infection (Girma, Erulkar, and Dawub 2010). However, 61% agreed that “A woman should *not* be able to refuse her husband sex,” and only 45% had talked to their husbands about HIV/AIDS

(Erulkar et al. 2010). In addition, rates and acceptance of sexual and gender-based violence in Ethiopia are considerable. For example, of 8,400 women and girls participating in a national gender survey conducted by the Population Council and UNFPA (Erulkar et al. 2010), 54% reported supporting wife beating in at least one circumstance. Such acceptance of gender-based violence further increases women’s HIV risk and more generally compromises their ability to negotiate healthy relationships.

Condom use among married couples is also low in Ethiopia. For example, the seven-region study mentioned above found that less than 2% of currently married women reported using condoms at last sex; 46% agreed that “condoms should not be used within marriage”; and 63% agreed that “moral people do not use condoms.”

Despite these risks and vulnerabilities, few programs have explicitly addressed marital transmission of HIV, condom use, and underlying power and communication dynamics within marriage.

KALKIDAN

Kalkidan (Amharic for “Promise”) is a three-year program designed to increase discussion and information-sharing on HIV and related topics between marital partners; to promote HIV prevention and health service utilization within marriage, including prevention of mother-to-child transmission of HIV (PMTCT); and to build husbands’ support of their wives, as well as investment in their health and that of their children. *Kalkidan* recruits and trains community-based mentors to lead parallel discussion groups of husbands and wives, who periodically come together for joint sessions. The project is being implemented in low-income areas of three large cities in Ethiopia: Addis Ababa, Bahir Dar in the Amhara region, and Mekelle in Tigray region.

Following training, male and female mentors are paired to undertake house-to-house recruitment of participants. Mentors and participants decide on meeting times and places. Same-sex groups of about 20 participants meet for a weekly discussion over a period of about four months. Eligible participants must be currently married or co-habiting. The group profile is otherwise diverse, including a wide range of ages and educational experiences (see Table 1), which encourages deep and lively discussion.

“ I have been married for 14 years, I have children. *Kalkidan* has taught me a lot. I have learned to talk to my wife as an equal instead of what I used to do; because I am the man of the house I used to not talk to her or discuss with her good or bad issues about our lives. I used to make all the decisions. But I have learned to respect women and this has brought many changes in my marriage. ”

—MALE, 40 YEARS OLD, DIPLOMA HOLDER

Mentors are trained to use curricula developed by the Population Council Ethiopia to guide the discussions of the men’s and women’s groups, as well as the mixed groups. The curricula, which have been translated into appropriate local languages, include topics such as caring and supportive relationships, communication, alcohol and violence, HIV transmission and prevention, couples’ HIV counseling and testing, PMTCT, family planning methods, condom use, and maternal and child healthcare. Methodologies used in the sessions are participatory and interactive including group discussions, drama, role plays, question and answer sessions, story reading, and demonstrations.

TABLE 1 Profiles of beneficiaries who participated and graduated, by location and sex

	Addis Ababa (N=548)		Bahir Dar (N=746)		All (N=1294)	
	Male (n=274)	Female (n=274)	Male (n=359)	Female (n=387)	Male (n=633)	Female (n=661)
Age category						
Age 18–24	3.2%	12.9%	4.7%	24.3%	4.0%	18.6%
Age 25–34	23.6%	48.0%	44.0%	55.6%	33.8%	51.8%
Age 35–44	48.4%	33.1%	32.6%	17.8%	40.5%	25.5%
Age ≥45	24.8%	6.0%	18.7%	2.3%	21.8%	4.2%
Year of education						
None	13.6%	33.9%	27.6%	54.5%	20.6%	44.2%
1–4 years	20.4%	22.2%	14.5%	12.9%	17.5%	17.6%
5–8 years	35.2%	24.6%	32.3%	16.0%	33.8%	20.3%
9+ years	30.8%	19.4%	25.6%	16.5%	28.2%	18.0%
Migrant to the area	6.8%	8.9%	79.4%	80.9%	43.1%	44.9%

Source: Service statistic data.

Across Addis Ababa and Bahir Dar, nearly 1,300 beneficiaries have participated in and graduated from the program (Table 1). The first round of the program in Mekelle and the second round of program in Addis Ababa and Bahir Dar are underway, with more than 5,000 beneficiaries participating in the three cities.

MEASURING CHANGE

The Council is measuring changes associated with Kalkidan through a pre- and post-intervention survey. Prior to implementation in mid-2012, a baseline study took place in intervention and control areas of Bahir Dar and Mekelle. Baseline surveys were not carried out in Addis Ababa because of significant levels of in- and out-migration, which would impact the results of the study.¹ Control areas were selected to be comparable to intervention sites in terms of economic status of residents, ethnic makeup, and other key features.

The questionnaire addressed topics such as marital relations, communication and decision-making, health-seeking behavior, HIV and AIDS, stigma and discrimination, HIV counseling and testing, PMTCT, domestic violence, fidelity, condom and family planning use, and domestic duties. The questionnaire was pretested and translated into local languages.

¹ In- and out-migration may dilute any impact associated with the program.

Eligible study respondents were randomly selected and included males and females aged 15 to 49 who are currently married or co-habiting.

Baseline data were collected from 1,687 respondents. Preliminary findings include very low levels of condom use, with only 26% of males and 10% of females reporting that they had ever used condoms (Table 2). Moreover, a significant proportion (43%) of women reported being unable to refuse their husbands sex. In contrast, 8% of both men and women suspected their spouse of being unfaithful, while 7% of men and 6% of women admitted having been unfaithful. Additionally, while 82% of men and 92% of women have been counseled and tested for HIV, fewer had disclosed their results to their spouse (73% of men and 81% of women).

“ I have learned many things from this project about taking care of children, household management, and reproductive health. I am too old to think about getting pregnant but the reproductive health lessons are very useful and I will share them with my children. ”

—FEMALE, 45, FIFTH GRADE EDUCATION

TABLE 2 Responses on HIV-risk indicators, by location and sex

	Mekelle		Bahir Dar		All	
	Male (n=424)	Female (n=432)	Male (n=403)	Female (n=428)	Male (n=827)	Female (n=860)
Ever used condoms	32.3%	12.3%	19.6%	8.4%	26.1%	10.3%
Unable to refuse your spouse sex	—	46.6%	—	40.4%	—	43.0%
Suspected your spouse of being unfaithful*	12.8%	10.7%	2.0%	5.6%	7.5%	8.1%
Ever been unfaithful to your spouse**	9.9%	8.8%	3.2%	2.3%	6.7%	5.6%
Ever been counseled or received HIV testing	80.0%	91.0%	83.1%	93.5%	81.5%	92.2%
Disclosed results to spouse	71.8% (n=312)	76.1% (n=318)	74.3% (n=268)	87.0% (n=276)	72.9% (n=580)	81.1% (n=594)

*Those responding “yes” and “I don’t know” to the question: “Have you ever suspected your spouse of being unfaithful?” The “yes” and “I don’t know” responses have been combined based on the assumption that participants respond with “I don’t know” in cases where they suspect their spouse of infidelity and in the cases where they have cheated on their spouse but do not want to divulge this information to the interviewer.

**Those responding “yes” and “I don’t know” to the question “Have you ever been unfaithful to your spouse?”

Men and women with children were asked questions assessing their knowledge of PMTCT. As shown in Table 3, 13% of males and 14% of females did not know that an HIV-positive pregnant woman could transfer the virus to her unborn child. Similar percentages of respondents were not aware that an HIV-positive pregnant woman could transfer the virus to her child at the time of delivery or the steps one could take to prevent mother-to-child transmission of HIV.

After completion of the intervention, near the end of 2014, an endline survey will measure the impact of the project on the knowledge, attitudes, and beliefs at the population level.

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TABLE 3 Among respondents who had children, percent responding "no" or "I do not know" to PMTCT questions, by location and sex

	Mekelle		Bahir Dar		All	
	Male (n=370)	Female (n=399)	Male (n=333)	Female (n=355)	Male (n=703)	Female (n=754)
Can an HIV-positive pregnant woman transmit the virus to her unborn child?	13.2%	6.3%	12.9%	23.4%	13.1%	14.3%
Can an HIV-positive pregnant woman transmit the virus to her child at time of delivery?	12.4%	4.5%	7.2%	19.4%	10.0%	11.5%
Can an HIV-positive pregnant woman transmit the HIV virus to her child during breastfeeding?	5.1%	6.3%	7.5%	12.7%	6.3%	9.3%
Do you know what pregnant women can do to prevent MTCT?	12.7%	7.8%	10.2%	14.6%	11.5%	11.0%
If you need to prevent MTCT of HIV would you know where to go?	8.1%	4.5%	5.1%	8.2%	6.7%	6.2%

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