

# CONNECT: COUPLES

## Best Evidence – Risk Reduction

### INTERVENTION DESCRIPTION

#### Target Population

- Minority, inner-city heterosexual couples

#### Goals of Intervention

- Increase safer sex practices among couples (i.e., increasing condom use, decreasing STD transmission, and reducing number of sex partners)
- Increase relationship communication

#### Brief Description

*Connect: Couples* can be delivered to the couple or the woman alone. The *Couples* intervention consists of an orientation session and 5 relationship-based sessions delivered to each couple. An initial orientation session is delivered one-on-one to each woman and her partner. The orientation session increases participants' motivation for attendance, heightens risk awareness, and prepares participants for the intervention. The 5 relationship-based sessions are delivered to intact intimate couples (i.e., a woman and her regular male sex partner). These sessions emphasize the importance of relationship communication, safer sex negotiation and problem solving skills. The sessions also highlight how relationship dynamics are affected by gender roles and how social supports can help maintain safer sex behavior. The intervention delivered to each *Woman Alone* is identical in content and session format as the *Couples* intervention.

#### Theoretical Basis

- AIDS Risk Reduction Model
- Bronfenbrenner's Ecological Perspective

#### Intervention Duration

- Six 2-hour sessions delivered over 6 weeks

#### Intervention Settings

- Hospital outpatient clinic

#### Deliverer

- Female facilitators who were either a Masters in Social Work (MSW) or social work graduate student

#### Delivery Methods

- Counseling
- Demonstrations
- Discussions
- Exercises
- Goal setting
- Practice
- Risk reduction supplies (male and female condoms)
- Video

## INTERVENTION PACKAGE INFORMATION

Information, tools and materials on the **CONNECT** intervention are online at <https://effectiveinterventions.cdc.gov/>. In August 2013, the Centers for Disease Control and Prevention's Division of HIV/AIDS Prevention (DHAP) **announced** that in accordance with its High Impact Prevention approach, DHAP will focus its behavioral intervention portfolio on interventions that are cost-effective, scalable and prioritize prevention for persons living with HIV and those persons at highest risk for acquiring HIV.

An intervention package and training for **CONNECT<sup>HIP</sup>** is available through CDC'S High Impact Prevention Project (HIP): [CONNECT<sup>HIP</sup>](#).

## EVALUATION STUDY AND RESULTS

**The original evaluation study was conducted in Bronx, New York between 1997 and 2001.**

### Key Intervention Effects

- *Couple Intervention* increased protected vaginal sex acts.
- *Woman-Alone Intervention* reduced unprotected vaginal sex acts and increased protected vaginal sex acts

### Study Sample

The baseline study sample of 217 couples is characterized by the following:

- 55% black or African American, 39% Hispanic/Latino, 6% other
- 47% black or African American couples; 30% Hispanic/Latino couples; 23% mixed ethnic couples
- 50% female, 50% male
- Mean age of 38 years
- 52% had completed high school or obtained their GED

### Recruitment Settings

Hospital-based outpatient clinics

### Eligibility Criteria

Women were considered eligible if they were between 18 and 55 years of age, had a regular male sex partner, involved in a long-term relationship with this partner, had at least 1 episode of unprotected vaginal/anal sex with this partner within the past 30 days, no report of life-threatening abuse by this partner with the past 6 months, and a patient of the outpatient clinic. In addition, women had to know or suspect their partner of having 1 of the following HIV/STD risk criteria during the past 90 days: sexual relations with other men or women, diagnosis or symptoms of an STD, drug injection, or HIV-seropositive.

### Assignment Method

Couples (or the women) were randomly assigned to 1 of 3 groups: Couple intervention (n = 81 couples), Woman-alone intervention (n = 73 women), or an Education control (n = 63 women).

### Comparison Group

The Education control group involved only the woman taking part in 1 HIV/STD information session that consisted of a video followed by a brief question-and-answer period.

**Relevant Outcomes Measured and Follow-up Time**

- Sexual risk behaviors during the previous 90 days (including number of unprotected vaginal sex acts with study partner, percent protected vaginal sex acts with study partner, and number of sex partners) were measured at 3 months post-intervention.
- Self-reported number of STD symptoms measured at 3 months post-intervention.

**Participant Retention**

- Couples Intervention
  - 86% retained at 3 months
- Women-Alone Intervention
  - 84% retained at 3 months
- Education Control
  - 79% retained at 3 months

**Significant Findings**

- The Couples and Woman-alone interventions each significantly increased the proportion of protected vaginal sex acts compared to the Education control ( $p < .05$  for each comparison). The Woman-alone intervention significantly reduced the number of unprotected vaginal sex acts when compared to the education control ( $p < .05$ ).

**Considerations**

- Wu et al., 2011 evaluated an adaptation of Connect, the *Connect with Pride* intervention, using a 1-group, pre-/post-test design. *Connect with Pride* is a seven-session, couple-based intervention designed to reduce sexual risk behaviors and illicit drug use among methamphetamine-using, black MSM couples.
  - At 2 months post-intervention, participants reported significantly fewer male sex partners ( $p < 0.001$ ), significantly fewer unprotected anal sex episodes ( $p < 0.001$ ), and a significantly greater proportion of condom-protected anal intercourse ( $p < 0.001$ ) compared to baseline.
  - Intervention participants also reported significantly reduced methamphetamine use frequency, reduced illicit drug use frequency, and significant reductions in the number of types of illicit drugs used at 2 months post-intervention when compared to baseline.
  - However, this adaptation study did not meet the PRS best- or good-evidence criteria due to lack of a comparison arm.

## REFERENCES AND CONTACT INFORMATION

El-Bassel, N., Witte, S. S., Gilbert, L., Wu, E., Chang, M., Hill, J., & Steinglass, P. (2003). [The efficacy of a relationship-based HIV/STD prevention program for heterosexual couples](#). *American Journal of Public Health*, 93, 963–969.

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