Developing Women’s Personal Power

Global Adaptations of the Women’s CoOp

We successfully develop, adapt, implement, and evaluate gender-specific interventions for key populations in the United States, South Africa, Eastern Europe, and other settings.

We also work to keep women living with HIV healthy.

Evolution of the Women’s CoOp: A Culturally Specific HIV Prevention Intervention

Origins of the Women’s CoOp

**United States**

**Women’s CoOp I Study, 1998–2003 | Funded by the National Institute on Drug Abuse (NIDA)**

The original Women’s CoOp (WC) evolved from focusing on injecting drug use to crack cocaine use among African American women to prevent associated risks for HIV. We developed this intervention in North Carolina and it was shown to be efficacious in lowering sexual risk, reducing substance use, and increasing employment and reducing homelessness. It is listed as a “best-evidence” behavioral HIV intervention by the Centers for Disease Control and Prevention (CDC).

**Women’s CoOp II Study, 2004–2010 | Funded by NIDA**

The WC II examined the long-term effects of the WC intervention and booster sessions to help sustain HIV risk reduction. We found that women in the WC were more likely to be in a low-risk group at long-term follow-up.

Adapting the Women’s CoOp for Key Populations Globally

**United States**

**Pregnant Women’s CoOp, 2005–2010 | Funded by NIDA**

For this study, we tested the WC among pregnant African American women in substance abuse treatment in North Carolina by comparing an adapted version of the WC tailored to pregnant women, with standard services offered in substance abuse treatment. At 6-month follow-up, we found marked reductions in homelessness, use of cocaine and other illicit drugs, and involvement in physical violence. We also saw an increase in HIV knowledge for both the control and intervention arms.

Our gender-focused programs develop women’s personal power by

- Reducing substance use
- Strengthening negotiation skills for sexual protection
- Encouraging couples to communicate
- Preventing gender-based violence
- Increasing uptake and adherence of medications
- Preventing HIV acquisition and transmission

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demonstrate that supplementing voluntary counseling and testing was the first trial in South Africa with women who use drugs to testing with the WHC among women of reproductive age. This
We tested the efficacy of combining voluntary counseling and
Development (NICHD)
Funded by the
Western Cape Women’s Health CoOp, 2007–2013 |

South Africa
We adapted the Women’s Health CoOp (WHC) to reach women who engage in sex work and women who use substances in Pretoria. Among women who conducted sex work, women in the WHC arm were significantly less likely to report physical abuse by a main partner and had a significant reduction in substance use compared with women in the control arm. The WHC is listed in the USAID Compendium of Gender Studies in Africa and has been packaged for implementation in diverse settings.

Western Cape Women’s Health CoOp, 2007–2013 | Funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
We tested the efficacy of combining voluntary counseling and testing with the WHC among women of reproductive age. This was the first trial in South Africa with women who use drugs to demonstrate that supplementing voluntary counseling and testing
with a woman-focused intervention results in greater abstinence from substance use.

Couples’ Health CoOp, 2008–2014 | Funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA)
For this trial, we recruited men and their main female partners in Cape Town to participate in the Couples’ Health CoOp (CHC), aimed at reducing substance use, violence, and sexual risk behaviors among couples. At follow-up, women in the CHC were less likely to be HIV positive, whereas men were less likely to report heavy drinking and more likely to report condom use than in other conditions.

Combination Prevention for Vulnerable Women in South Africa (WHC+), 2011–2017 | Funded by NIDA
We designed this study to reach a key population of women in Pretoria who use substances. The Women’s Health CoOp Plus (WHC+) combined a biomedical strategy (test, treat, and retain in care) with the WHC to maximize the efficacy of both strategies. At follow-up, we found the WHC+ to be efficacious in reducing intersecting risks, such as heavy drinking and physical abuse by a boyfriend, and in linking women who tested HIV positive to care and helping with medication adherence.

Implementation Research for Vulnerable Women in South Africa, 2014 to date | Funded by NIAAA
We have developed and tested an implementation strategy for sustainability by integrating the WHC into health clinics and substance abuse rehabilitation centers in for women living with HIV and using alcohol and other drugs. We are assessing barriers and facilitators associated with acceptability and long-term program sustainability in real-world settings.

Expanding HIV Testing and Prevention to Reach Vulnerable Young Women in South Africa, 2015 to date | Funded by NIDA
We are reaching female adolescents aged 16 to 19 who use substances and have dropped out of school in Cape Town. We are testing the efficacy of an adaptation of the WHC, increased uptake of HIV counseling and testing, and linkage to effective substance abuse treatment and other support services.

PrEPARE Pretoria: Prevention Empowering and PRotEcting Young Women in South Africa, 2017 to date | Funded by NICHD
We are aiming to increase readiness, uptake, and adherence of pre-exposure prophylaxis (PrEP) as well as sexual and reproductive healthcare for HIV prevention among adolescent girls and young women aged 16 to 24 who are HIV-negative and engage in sexual risk behaviors by using the WHC and a multilevel HIV prevention strategy that addresses stigma and discrimination.