



Voluntary Counselling and Testing (VCT) site-based brief HIV behavioural risk reduction counselling for HIV negative and HIV positive clients at HIV counselling and testing sites in Mpumalanga, South Africa

Authors:

Cily Tabane and Karl Peltzer, Gladys Matseke, Leickness Simbayi

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National Institute of Public Health, Abidjan, Cote d'Ivoire

Presenter: Cily Tabane, PhD

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INTRODUCTION

- While the majority of HIV-positive individuals in the world live in sub-Saharan Africa, there is a paucity of research on behavioural interventions to reduce risky sexual behaviour among HIV negative and HIV positive VCT clients.
- The U.S. Centers for Disease Control and Prevention's (CDC) Project Respect, for example, showed that two 20-minute HIV risk reduction counselling sessions conducted in conjunction with voluntary HIV counselling and testing (VCT) produced significant and meaningful reductions in high-risk behaviour and reductions in incident STI.

INTRODUCTION (Cont)

- The HSRC has also conducted two controlled randomized trials of HIV risk reduction counselling with very promising results with men and women attending a sexually transmitted infection clinic (Kalichman et al., 2007; Simbayi et al., 2003).
- In both studies, the brief HIV prevention counselling intervention demonstrated reductions in unprotected intercourse and increased condom use.
- These studies show that a single one-hour skills-based risk reduction counselling session is effective in reducing HIV transmission risk behaviours over a period of 6-months.

AIM

The aim of this research was to implement a VCT centre-based behavioural intervention centered on HIV risk behaviours for HIV negative and HIV positive people, and to test whether it is effective in reducing risky sexual behaviour among patients visiting VCT centres

OBJECTIVES

- To conduct a pre-post implementation evaluation with a behavioural theory-based HIV risk reduction counselling intervention (Phaphama) with HIV negative diagnosed patients.
- To conduct a pre-post implementation evaluation with an adapted version of the Options Project intervention with PLWHA (HIV +).
- To test the feasibility with which the intervention could be implemented.
- To assess the potential effectiveness of the intervention in reducing risky sexual behaviour over a 4-month period by conducting follow-up interviews.

METHODS

- Patients (n=546 – HIV -) and Patients (n=488 – HIV +) receiving services at 13 VCT clinics in Albert Luthuli sub-district, Gert Sibande District, Mpumalanga, between November 2008 and April 2009
- They were referred by a lay counsellor in the clinic to participate in receiving a three session counselling intervention.
- The criterion for referral to the study was that the patient was 18 years old and was diagnosed HIV negative or HIV positive.
- Patients who agreed to enroll in the study completed informed consent and were scheduled for a baseline assessment and counselling intervention session.
- Sampling occurred throughout all hours of clinic operation over a 5-month period.

METHODS (Cont)

- We capped participant enrollment to no more than 4 individuals per day to assure a range of participants recruited over time and to work within the constraints of the counselling resources available to the study.
- Participants who were HIV - received a 60-minute theory-based motivational-skills building risk reduction counseling session.
- Participants who were HIV + received a three session (each 20-30 minutes) theory-based motivational-skills building risk reduction counselling intervention.
- Participants (HIV -) received 40 South African Rand (approximately US \$7) and those (HIV +) received 60 South African Rand (approximately US \$9) to compensate for returning to the clinic and completing the follow-up assessment.
- All study procedures were approved by the HSRC ethics committee and the Mpumalanga Department of Health.

PHAPHAMA INTERVENTION FOR HIV- CLIENTS

- In the *information component* (20 minutes), counsellors reviewed facts about HIV transmission, alcohol and risk behaviours, discussed the local prevalence of HIV, clarified misconceptions, and dispelled myths about AIDS.
- The *motivation component* (10 minutes) included feedback on personal risk behaviour, emphasis on personal responsibility, a menu of alternative change options, a decisional balance exercise, and risk reduction goal setting.
- The final component includes *behavioural self-management and sexual communication skills-building exercises* (30 minutes). In this component, counsellors engaged participants in a functional analysis of their risk behaviour by having individuals discuss personal risk situations and cues related to their sexual risks.

PHAPHAMA INTERVENTION FOR HIV-CLIENTS (Cont)

- Counsellors taught participants how to identify environmental and cognitive-affective cues that serve as triggers for high-risk situations, including mood states, substance use, settings, and sexual partner characteristics that have served as risk-related factors in the participant's past.
- Participants were asked to think of ways to manage triggers that may contribute to their personal risk and were taught methods of rearranging their environment and strategies to reduce their risk by performing specific acts, redirecting sexual activities toward safer sex alternatives, carrying condoms, and avoiding sex after drinking or using drugs.
- Practice was conducted in role-plays to increase risk reduction skills.
- Proper male and female condom use was also instructed and modeled allowing participants to practice condom application with corrective feedback from the counsellor.
- Participants were scheduled for follow-up assessments 4 months after counselling.

OPTION INTERVENTION FOR HIV + CLIENTS

- Using the Information-Motivation-Behavioral Skills (IMB) Model (Fisher & Fisher, 1992) as a basis, and building on the empirically-validated US Options Intervention (Fisher et al., 2004), the Options for Health Intervention was implemented specifically for the South African HIV clinical care context.
- It was designed as a counsellor-delivered intervention that employs motivational interviewing techniques to
 - 1) assist HIV-positive patients to identify their specific barriers to safer sex,
 - 2) assist patients to develop strategies for overcoming these barriers including alcohol use, and
 - 3) empower patients to enact these risk-reduction strategies.
- Participants were scheduled for follow-up assessments 4 months after counselling.

Counsellor training and intervention quality assurance

- The intervention counsellors consisted of 26 lay counsellors who previously had received a two weeks training in HIV pre- and post test counselling.
- They were recruited from the communities surrounding the clinics and should have at least a secondary education.
- The 26 lay counsellors were trained for two days on the Phaphama HIV behavioural risk reduction intervention and delivered the interventions to men and women as per usual clinic services.
- To help protect against counsellor drift, the intervention was completely manualized and a tabletop flipchart was used to guide the counsellor and the participant through the session content.
- Lay counsellors received monthly support visits by the project trainers during the implementation of the project.
- Monthly visits were paid by HSRC staff to the clinics in support for the project to assist them with any technical aspects of the counselling intervention.

Data analyses

- For sexual behaviour outcomes, differences between baseline and four months following the intervention were examined using 3-month retrospective rates of behaviours.
- Analyses tested for differences between baseline and follow-up using Paired samples t-tests for continuous variables and McNemar Chi-square tests for categorical variables.
- Individual cell sizes vary as result of missing values.

DISCUSSION

- The current study findings are among the first to demonstrate that a brief lay counsellor-delivered HIV risk reduction intervention for HIV negative patients and PLWHA immediately after diagnosis can be implemented into routine care.
- It is acceptable to patients (HIV + and HIV -), and may be effective in reducing HIV risk behaviour (multiple sexual partners, unprotected sex, and alcohol or drug use in the context of sex) among HIV negative and HIV-infected patients diagnosed patients at HIV counselling and testing sites.
- In addition, the intervention seems to have increased sexual abstinence and a significant reduction of alcohol use.

CONCLUSION

- To help stop the spread of HIV in South Africa, it is important that effective interventions be implemented to reduce risky sexual behaviour among HIV negative diagnosed patients and PLWHA at HIV counselling and testing sites.
- With the now almost comprehensive HIV counselling and testing sites coverage in South Africa this setting provides the greatest possible access to at risk HIV-uninfected persons and HIV-infected persons and offers repeat opportunities for HIV risk reduction discussions, even for those not get on ARV treatment (yet).

CONCLUSION-EXOFFENDERS

- The ex- offender study revealed that ex-offenders were at risk of HIV infection and had limited knowledge regarding HIV/AIDS and Hepatitis B and C transmission and prevention.
- Community organizations dealing with ex-offenders need to be trained in HIV and Hepatitis B and C risk reduction strategies so that they can assist ex- offenders in reducing risky sexual behaviour and make HIV risk reduction programmes more available.

RECOMMENDATIONS

- This intervention which is based on the information–motivation–behavioral skills (IMB) model of HIV preventive behavior, and uses motivational interviewing techniques to deliver HIV risk reduction information, motivation, and behavioural skills content to help reduce HIV transmission risk behaviour should be considered for implementation with ex- offenders

THANK YOU

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