



Moving from “Positive Prevention” towards “Positive Health, Dignity and Prevention”

Presentation by:

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Background (1)

- **Multi-country study which was conducted in 8 sub-Saharan African countries including four in the Southern Africa Development Community (SADC) region, namely**
 - **South Africa, Botswana, Lesotho and Swaziland from 2005 to 2007.**
- **The main goal of the overall project was to develop and/or adapt behavioural and supportive interventions to assist people living with HIV to maintain healthy and satisfying relationships in the face of living with HIV**
- **This project was funded by the UK Department for International Development (DFID), the Canadian International Development Agency (CIDA) and the Directorate General for International Cooperation (DGIS) of the Netherlands Ministry of Foreign Affairs through the Social Aspects of HIV/AIDS Research Alliance (SAHARA)**

Background (2)

- Simbayi et al., 2007. Internalized stigma, discrimination, and depression among men and women living with HIV/AIDS in Cape Town, South Africa. *Social Science and Medicine*, 64(1823-1831).
- Simbayi et al., 2007. Disclosure of HIV status to sex partners and sexual risk behaviours among HIV-positive men and women, Cape Town, South Africa, *Sex.Transm.Inf.* 83: 29-34.
- Cloete et al., 2008. Stigma and discrimination experiences of HIV-positive men who have sex with men in Cape Town, South Africa. *AIDS Care*, 20:9, 1105 - 1110.

Methods (1)

- Eleven fieldworkers were recruited, 10 of whom were HIV positive and openly living with their HIV status
- Participants were recruited to participate from organizations that provide care, treatment and support to HIV positive people.
- Thus, the sampling method used was convenience sampling

Methods (2)

- Survey was developed from measures used in previous research conducted in South Africa
- Measures were administered in a seven page survey
- Surveys were available in Xhosa, Afrikaans, English

Demographic Characteristics (1)

- In total 1075 survey questionnaires were completed and captured.
 - More women (n = 647, 60%) than
 - Men (n = 422, 40%) participated in the study
- People living with HIV who reported same sex behavior
 - One fifth of the men (21%, n = 92) in the sample reported ever having sex with other men, and
 - 11.2% (n = 72) of women reported having ever had sex with other women.

Demographic Characteristics (2)

- Nearly three quarters of the sample (72%) were younger than 35 years old
- A larger proportion of the participants (43%), were in the age category of 26 – 35.
- Almost 70% described themselves as African,
- 14.6% Coloured,
- 11.8% Indian and 4.4% White
- The majority of the participants (70%) indicated that they were currently unemployed;
- 70 % reported having children;
- With regards to educational status, 62% of the sample reported secondary schooling as their highest level of education, while 4% had no schooling.

Internalized stigma, discrimination, and depression...

- Forty percent of people living with HIV reported experiencing discrimination from HIV infection
- One in five had lost a place to stay or a job because of their HIV status
- More than one in three participants reported
 - Feeling dirty
 - Ashamed or guilty because of their HIV status
- Cognitive – affective depression scores were significantly positively correlated with internalised AIDS stigma, substance use, HIV symptoms, gender (higher scores for women), and race (higher scores for non-Africans) and inversely associated with social support scores

Disclosure of HIV status to sex partners...(1)

- Of the (85%) participants who were currently sexually active, (42%) indicated that they had sex with a person that they had not disclosed their HIV status to in the previous 3-months
- Participants who had not disclosed to all of their sex partners:
 - were significantly more likely to have multiple sex partners,
 - HIV negative partners,
 - partners of unknown HIV status,
 - and unprotected intercourse with non-concordant sex partners

Disclosure of HIV status to sex partners... (2)

- Having not disclosed HIV status to partners was also independently associated with having lost a job or a place to stay because of being HIV positive and feeling less able to disclose to partners
- The data also suggested that:
 - HIV-related stigma and discrimination are associated with not disclosing HIV status to sex partners and
 - non-disclosure is closely associated with HIV transmission risk behaviours

Stigma and discrimination experiences of HIV-positive men who have sex with men...

- Internalized stigma was high among the sample of HIV positive men, with 57% reporting that they hide their status from others
- Almost 47% felt guilty and 43% felt ashamed of being HIV-positive
- All HIV positive men in SA, irrespective of sexual orientation, experience considerable AIDS stigma
- MSM did however report greater social discrimination resulting from being HIV positive, including loss of job or a place to stay

In conclusion...

- Given that most of the participants had only been diagnosed HIV positive for less than 3 years, discrimination practices remain therefore persist in SA
- HIV related stigma and discrimination are associated with not disclosing HIV status to sex partners, and non-disclosure is associated with HIV transmission risk behaviors
- Mental health interventions, as well as the structural changes for protection against discrimination, are needed for HIV positive SA MSM

In conclusion...

- **Interventions were needed in South Africa to reduce AIDS stigma and discrimination and to assist people with HIV to make effective decisions whether to disclose their HIV status and to practice safer sex regardless of disclosure decisions**

What is being done *NOW?*

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Three Examples of HIV Risk Reduction Interventions...

- At least three evidence-based interventions are being evaluated for their effectiveness in reducing unsafe sexual behaviours
- These are:
 - A. Healthy Relationships based on social support groups developed by Kalichman, S.C and his associates.
 - B. The clinically-based Options for Health developed by Fisher and his associates.
 - C. *Phaphama* risk reduction counselling for STIs developed by Simbayi, Kalichman, and associates.
- All are theoretically-based and rigorously evaluated interventions.
- The first two were originally developed and tested in the USA while the last one is a joint South Africa-USA development

A. Healthy Relationships

- Five 3-hour session intervention for use among small-groups of 8-12 HIV-positive men and women
- Establishing and maintaining healthy and satisfying relationships in the face of living with HIV
- Three behavioral domains:
 - Disclosure to sex partners
 - Disclosure to family and friends
 - HIV transmission risk reduction
- Behavioral domains are conceptualised as potentially stress producing situations for people living with HIV and the intervention activities are therefore framed around stress reduction skills and strategies

Clips* for Communication and Behavioral Skills



- Realistic situations
- Non-threatening and engaging
- Identify risky situations and triggers
- Problem solving
- Communication skills building

* Now changed to story boards

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More about Healthy Relationships... (3)



- Healthy Relationships has been rolled out in over 300 agencies in the USA

A public health evaluation of Healthy Relationships

- Our team recently completed a 2-year quasi-experimental evaluation among 1244 PLWHA (623 intervention vs. 621 standard of care control) in four municipalities within the OR Tambo District in the Eastern Cape
- No significant changes were found in any of the key behavioral outcomes measures such as
 - Condom Use
 - The number of sexual partners

B. Options for Health (1)



- Options for Health is a risk reduction intervention for HIV positive people on ARVs, and it has been designed for use in health care settings such as this clinic.
- It was originally developed in the US, but has since been adapted and used in South Africa as well.
- The intervention has been designed so that it does not interfere with the routine care and treatment of people living with HIV on ARVs.

Options for Health (2)

- Options is based on the counseling technique of Motivational Interviewing and the Information Motivation and Behavioral (IMB) model of behaviour change



Options for Health in Kwazulu-Natal (KZN)

- The developers of the programme have just completed undertaking a large scale randomised control trial (RCT) in 16 clinics in the Pietermaritzburg area in KZN in South Africa during the last 5 years.
- The data are being analysed and the results will be available soon.

Options for Health in the Western Cape (WC)

- **Pilot Study**
- **Feasibility Study (assessed the proficiency of the ADH counsellors to deliver the intervention and the feasibility of incorporating the intervention into routine care)**
 - **Trained about 40 ADH counsellors in 20 different clinics to use Options to help their clients' reduce sexual risk behaviour and increase their adherence to their ARVs**

Options for Health in Mpumalanga

- Our HSRC team has successfully implemented Options for Health in 13 clinics in Mpumalanga province and found it effective in reducing HIV risk behaviour.

Phaphama risk reduction counselling intervention programme

- Based on the IMB model this intervention targets STI patients regardless of whether they accept HIV VCT.
- Originally was developed especially for repeat STI patients as they also were had high risk for HIV infection.
- Was developed by Kalichman, Simbayi and their associates including Western Cape ATICC in 2002.
- It is delivered in a single 60-min session with 20 min each allocated to the three components thereof (viz., IMB).
- It also includes WHO's Brief alcohol risk reduction (based on AUDIT scores to identify risky alcohol drinking)

Phaphama (WC)

- We recently completed a 5-year RCT among 1800 STI patients of whom over 400 were also HIV-positive.
- We are currently analysing the data for the whole study and will also analyse the data for the sub-study on PLWHA.

Summary & Conclusions (1)

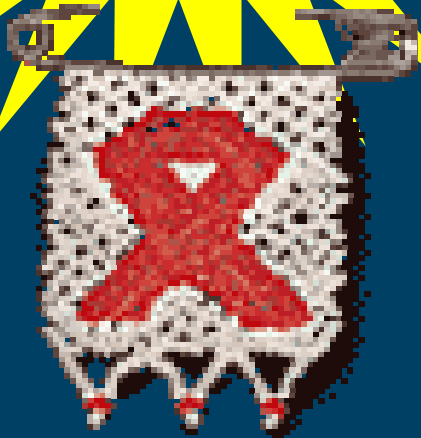
- **Both Healthy Relationships and Phaphama still require some evidence of their effectiveness in reducing unsafe sexual behavior in South Africa.**
 - **We are planning a case study to look at some of the aspects of the intervention that might be challenging for facilitators to implement.**

Summary & Conclusions (2)

- Available evidence seems to suggest that Options for Health is more promising as a positive prevention programme.
- If the large RCT in KZN produces some positive findings, efforts must be made to roll out the programme nationally as soon as possible.



THANK YOU



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