

STRATEGIES AND BARRIERS TO DELIVERY OF POST TEST SUPPORT SERVICES IN RURAL KWAZULU NATAL

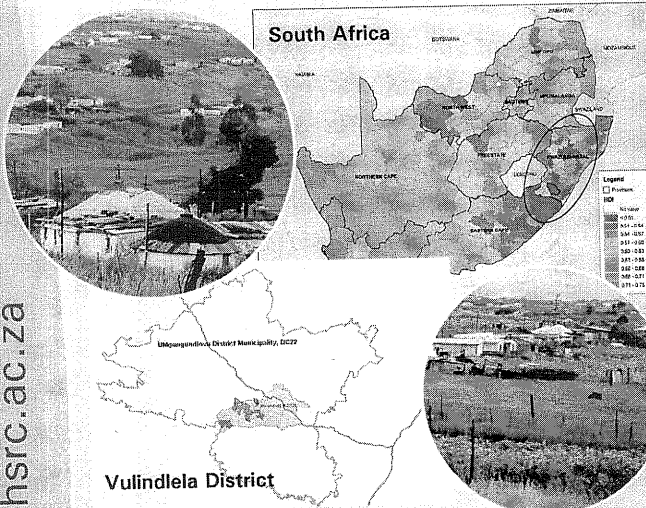
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STUDY OVERVIEW

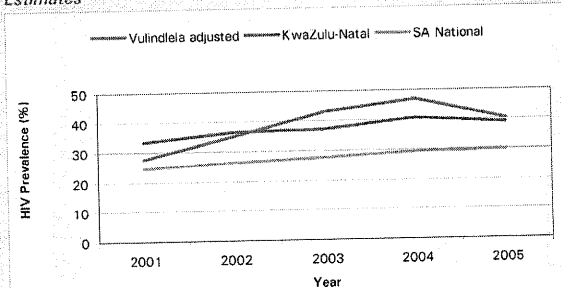
- NIMH Project Accept is a multi-site community-level study.
- Communities are randomized to receive either a community-based voluntary counselling or testing (CBVCT) intervention plus standard clinic-based VCT (SVCT), or SVCT alone.
- CBVCT has three major strategies:
 - (1) to make VCT more available in community settings;
 - (2) to engage the community through outreach and to make testing normative; and
 - (3) to provide post-test support.

AIM OF THIS POSTER

To describe the strategies and challenges encountered in delivering HIV post test support services in one of the Project Accept Sites in Vulindlela, rural Kwa Zulu Natal



HIV prevalence in rural KZN compared with KZN Province and National Estimates



Temporal trends in HIV infection in prenatal women: impact of increasing mortality in a mature HIV epidemic in rural KwaZulu-Natal, South Africa. HRO Carrara, Q Abdool Karim, MH Latka, JA Frohlich, G Makhaya, ABM Kharsany, M Zuma, SS Abdool Karim. Submitted.

AIM OF POST TEST SUPPORT SERVICES (PTSS)

- To offer psychosocial support to improve the quality of life for individuals diagnosed with HIV.
- To create a culturally appropriate support system for community members following their decision to take part in VCT.

- The expected outcomes of PTSS include:
 - A reduction in social harm to those infected with HIV
 - An increase in social support through disclosure to those most likely to provide support
 - Reduction of internalised stigma associated with HIV
 - Reduction through social support of the behavioural risk of further transmission

PTSS STRATEGIES

- **Coping Effectiveness Training (CET) Workshops:** Builds skills in stress management, coping effectiveness
 - Identifies additional sources of social support after testing for HIV
 - Aims to build a core of community members with effective coping skills
- **Stigma Reduction Workshops:** Helps individuals understand and cope with HIV related stigma
 - Encourages disclosure in a safe environment
 - Encourages participation in other community-level stigma activities
- **Large Information Group Sessions:**
 - Offered to community social networks
 - Determined by knowledge needs of groups
 - Topics range from health-related issues to nutrition
- **Psychosocial Support Groups:** To learn from others who are coping with similar circumstances
 - Groups formed around the expressed preferences of group members
- **Crisis Counseling** provided to individuals and couples
- **Referrals:** Participants referred to prevention, treatment and care services within the community

EMERGING CHALLENGES

- Poor uptake of PTSS since intervention inception in late May 2006
- Informal needs analyses with participants attending VCT and PTSS:
 - High unemployment and poverty: people need more than the psychosocial support we offer; many request food parcels and other forms of material assistance
 - Referrals to service providers is a challenge: limited referrals in rural area; access constrained by distance and transport costs
 - Stigma is very high in the community: Participants fear being gossiped about; HIV negatives afraid of being labeled HIV positive if attend PTSS

HIV/AIDS: HIGHLY STIGMATIZED IN RURAL KZN

- High HIV prevalence and stigmatising fears and beliefs intersect in this conservative, traditional society where:
 - Rigid rules govern interpersonal, especially sexual behavior
 - Social rejection is the most common proscription for non-compliance
 - Strong interpersonal monitoring, suspicion, judgment and stigmatization of those at risk and infected

CONCLUSION

- Poor uptake of PTSS confirms the effects of stigma in a rural community with high HIV prevalence rates
- Constantly revising our operational strategies in an attempt to unlock the barriers to PTSS participation
- Some strategies include:
 - Forming partnerships with local stakeholders who provide material support
 - Running large scale stigma reduction workshops before and after testing to tackle the barriers to stigma
 - Working with and through social networks (schools, traditional networks, faith-based organisations) to get people tested and linked to PTSS services



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