

**Title: DEVELOPMENT OF HIV BEHAVIOURAL RISK REDUCTION
INTERVENTION PROGRAMMES FOR PEOPLE LIVING WITH
HIV/AIDS IN SUPPORT GROUPS.**

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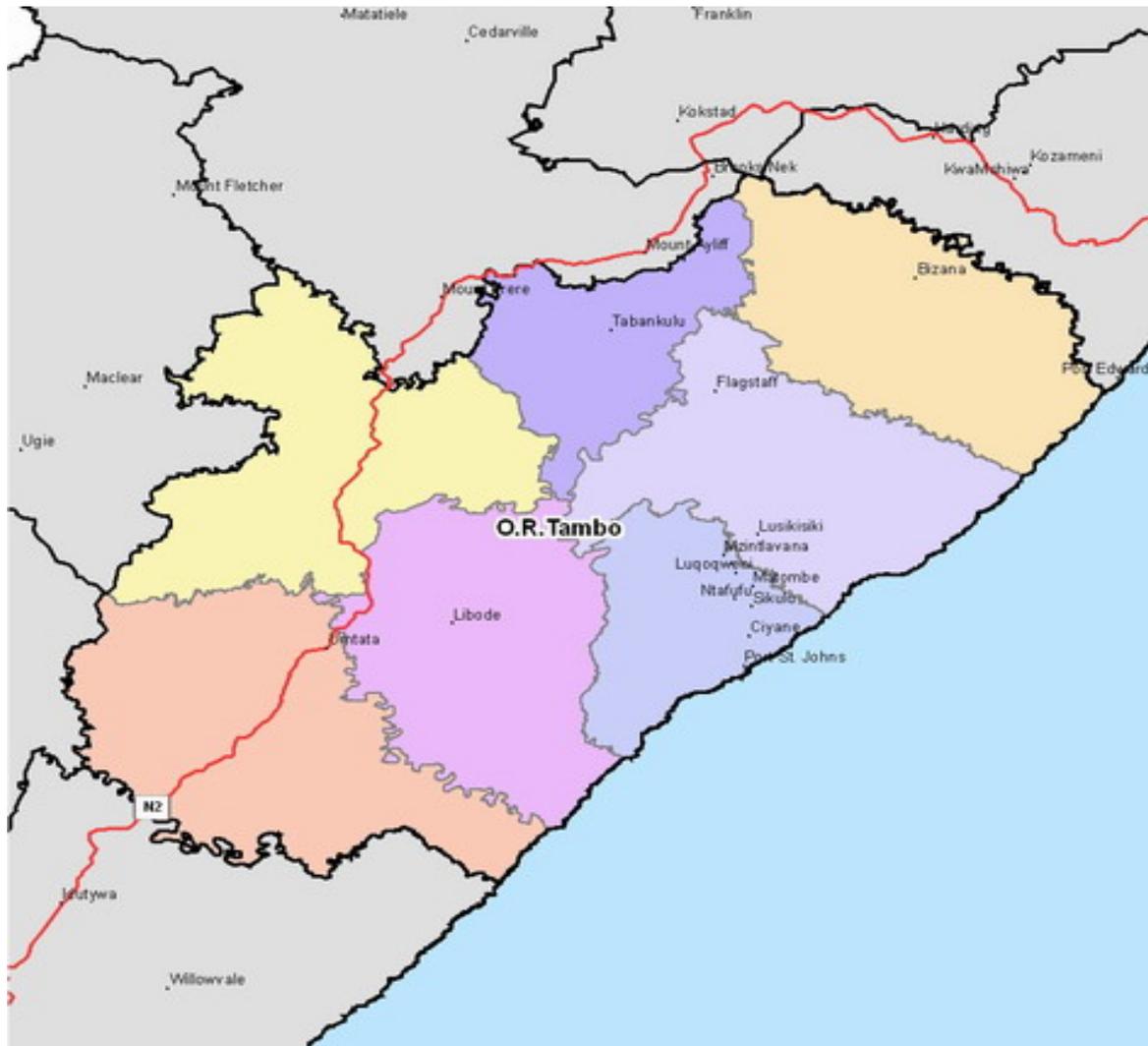
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Project Background: This is a 5 year project taking place in the OR Tambo Region District of the Eastern Cape Province in South Africa. We are still in year 1 and the pilot testing of the effectiveness of the intervention will mainly take place only in the King Sabata Dalindyebo Local Municipality, especially in and around Mthatha. During the rest of the project (i.e., Years 3-5), the project will be rolled out to the rest of the municipalities in the OR Region. The specific sites are venues where support groups for PLWHA are run such

as NGO centres or projects, community centres, churches, schools, hospitals and clinics.

Map of possible project sites in the OR Tambo Region of the Eastern Cape



Project Goals and Objectives: The main goal of the project is to reduce the spread of new infections by people who are aware of their HIV status. It seeks to do so by increasing the number of individuals reached through the implementation of a pilot study during Year 1 and 2 and scaling up during

Years 3-5 of an intervention programme that promotes HIV/AIDS prevention through behaviour change beyond abstinence and/or being faithful in various sites in the OR Tambo District of the Eastern Cape

Methods: The project will entail assigning 120 groups ($n = 10$ each; $N = 1200$) to the two arms of the intervention trial using a double-alternation schedule and a follow-up assessment period that will entail both process evaluation using qualitative research and impact evaluation looking at key risk behaviour outcome measure for a maximum of 6 months only at 1-, 3- and 6-month intervals. This will take place in four sites in the King Sabata Dalindyebo Municipality especially in and around Mthatha only. Years 3-5 will involve rolling out the programme to eight additional sites in the rest of the OR Tambo District, thus bringing the number of sites to a total of 12.

Research Tools: Three questionnaires have been developed for use with Healthy Relationships intervention in the project based on earlier work done in another project as indicate earlier. Firstly, a baseline questionnaire will be used to measure key behavioural risk outcomes such as efficacy of (or readiness for) disclosure of HIV status to sexual partners and others, experiences of stigma and discrimination, gender issues like efficacy of sexual negotiation skills, and the occurrence of sexual risk behaviours like unprotected vaginal and anal sex as well as substance use, and self-report of current STIs. Secondly, a second post-test questionnaire very similar to the baseline one will be used to measure the same key behavioural risk outcomes at post-intervention and all three follow-up intervals after 1, 3 and 6 months have lapsed.

Thirdly, and finally, an Awareness Session Questionnaire will be used to evaluate the participant's perceptions of how the support groups are running.

Shared Progress: Meetings with all stakeholders at provincial and local levels including PLWHA organizations have already taken place. The formation of a Community Advisory Board (CAB) consisting of key HIV/AIDS activists and players from all municipalities in the OR Tambo District were set up during project initialization in December 2006 and are functional. The CAB serves as a sounding board for ideas as well facilitating both the advocacy and recruitment processes. Local newspapers as well as CAB members were used to help recruit counsellors who will serve as facilitators during the intervention. A rapid situational analysis has been undertaken to establish the prevalence of support groups throughout the King Sabata Dalindyebo Local Municipality (KSD), especially in and around Mthatha, and adjacent municipalities. People in charge of support groups have been informed about the intervention so as to inform PLWHA as this forms part of recruitment process. Fieldwork staff consisting of graduates, post graduates and people living with HIV has been employed and trained to implement the intervention. Within the next 2-3 weeks, a Phase 2 feasibility and acceptability trial will be first run on 12 groups (8-12 participants), half of them ($n = 6$) of the full intervention and the other half ($n = 6$) on the comparison condition.

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