

POSTATA



Paper presented at the International AIDS conference, Mexico City, 7 August 2008

HSRC.ac.za

40



HSRC
Human Sciences
Research Council

Africa

Abstract

5464

Background: HIV risks in southern Africa are facilitated by alcohol use. People who drink alcohol often meet sex partners in alcohol serving establishments and are less likely to use condoms. Individuals who drink alcohol and contract sexually transmitted infections (STI) are therefore among the highest risk for HIV transmission and should be the target of effective behavioral interventions.

Objectives: This study tested among the first behavioral HIV prevention interventions in southern Africa for STI patients who drink.

Methods: We conducted a randomized clinic-based counseling intervention trial with 149 patients who reported current alcohol use and were receiving repeat STI treatment services from an urban clinic in Cape Town. Participants received either a (a) 60-min. HIV risk reduction counseling intervention based on social cognitive theory of behavior change with skills building which included an intensive brief alcohol reduction intervention component or (b) a 20 min. didactic HIV education session without skills building. Participants were followed over 3-month and 6-month periods, with a 71% retention rate at both follow-ups.

Results: The results showed that the skills-building intervention demonstrated significantly lower rates of unprotected intercourse and greater condom use over the 6-month follow-up than the comparison group. Skills building participants also decreased their use of alcohol in sexual situations and reduced their expectations that alcohol enhances sexual performance/pleasure to a greater degree than the comparison group, but this difference was not sustained past the 3 month follow-up.

Conclusions: These results suggest the potential risk reduction benefits of brief HIV prevention counseling in clinical settings in southern Africa. However, the short term reduction in alcohol-related outcomes suggest that additional intervention is likely needed to sustain alcohol-related risk reduction behaviors among high-risk populations that drink. Refining and deploying effective behavioral interventions for HIV prevention must remain a priority in Africa as only behavioral interventions are available for stemming the HIV pandemic.

Background

- There is considerable evidence that alcohol use contributes to the spread of sexually transmitted infections (STIs), including HIV.
- Previous research has shown that people living with HIV/AIDS (PLWHA) in Southern Africa are more than two times as likely as uninfected individuals to report a history of alcohol use.
- In another study that we conducted in Cape Town, 42% of men and 12% of women receiving STI clinic services report drinking before sex and the rate of alcohol use before sex jumps to 61% among STI clinic patients who are problem drinkers.
- HIV risk reduction interventions for STI clinic patients may therefore require particular attention to alcohol use, especially in terms of drinking in sexual contexts.

Aims of the project

- The current study was conducted to test an HIV prevention counselling intervention for men and women who use alcohol and are receiving STI clinic services in a clinic in Cape Town, South Africa.

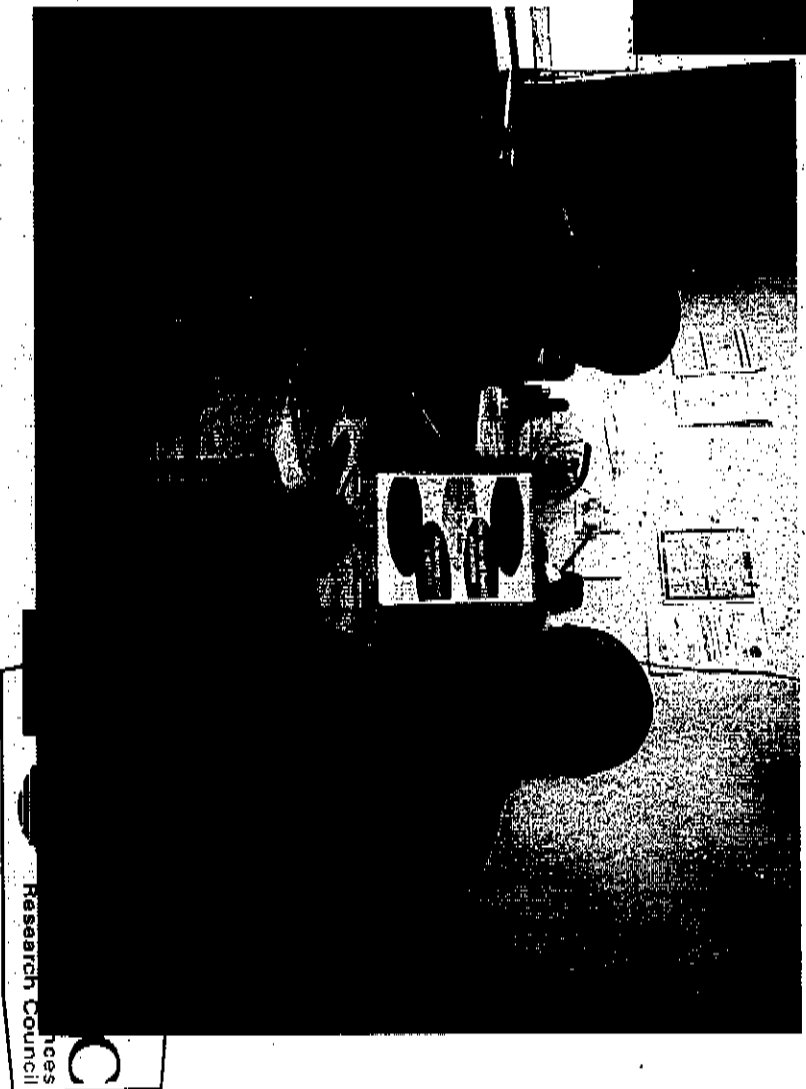
• Methods

- A randomized clinical design was used to test the efficacy of a brief HIV risk reduction counselling intervention for men and women receiving STI clinic services in Cape Town, South Africa.
- A brief behavioural risk reduction counselling intervention which was developed (see Mathiti et al., 2005) and tested 3-5 years ago was adapted to include a substantial component to directly address alcohol use in sexual contexts (see Simbayi et al., 2004).



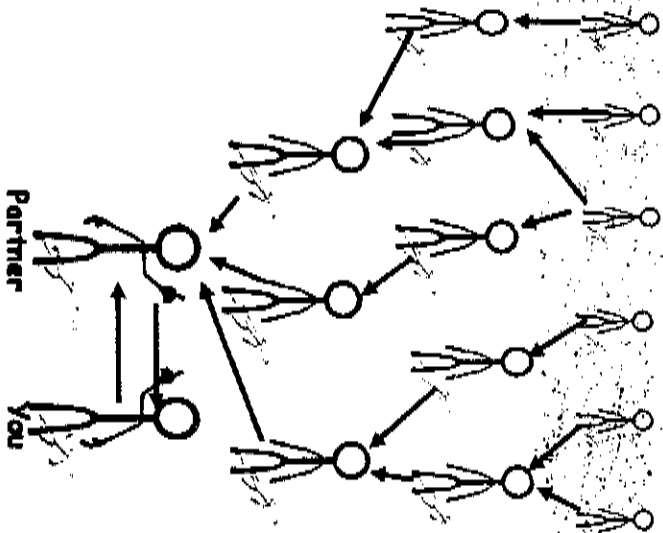
**Articulating the
adapted IMB model in
intervention
components**

**One-on-One
counselling sessions
which fit clinic service
delivery contexts**



Information

When you have sex, you can get an STI your partner's past partners and all their partners



How can you tell if someone has HIV - AIDS?

You can only get HIV from



Unprotected Sex

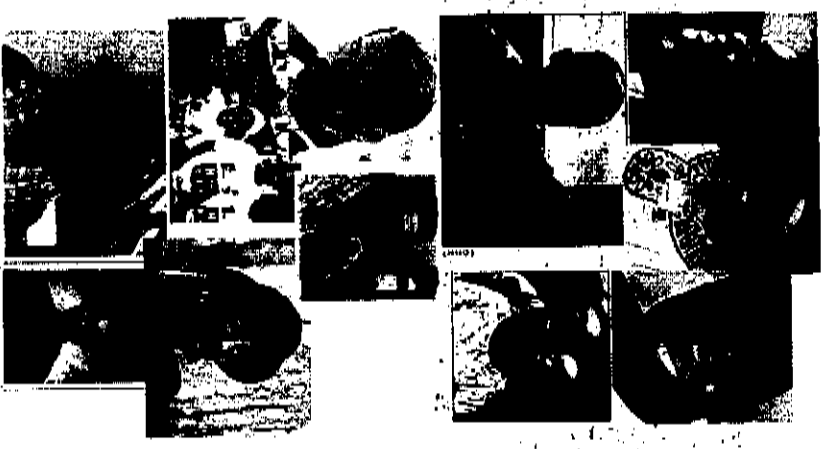


Infected Blood



Infected Mother - to - Child

Destigmatization



People who have HIV - AIDS are just like you and me

You cannot get HIV from...



Kissing



Touching



Food



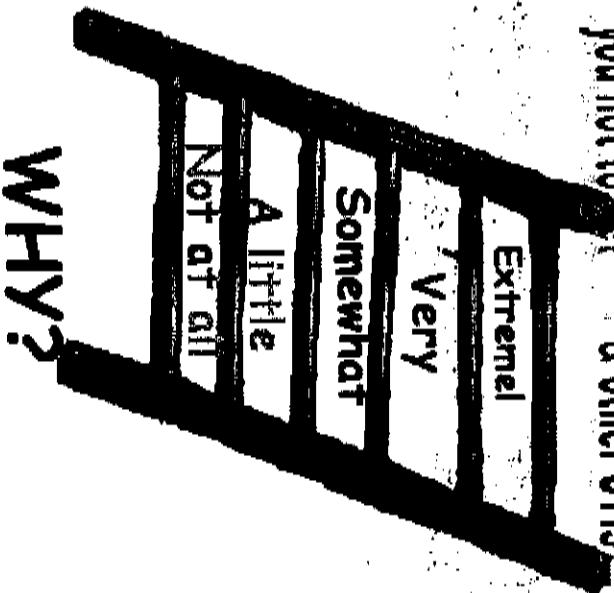
Insects



Source: www.aids.gov

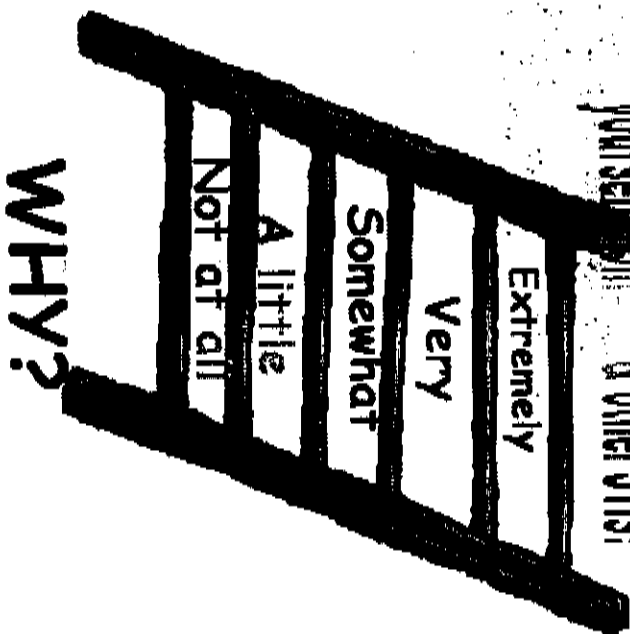
Motivational Enhancement

How important is it to
you not to get ... & other STIs?



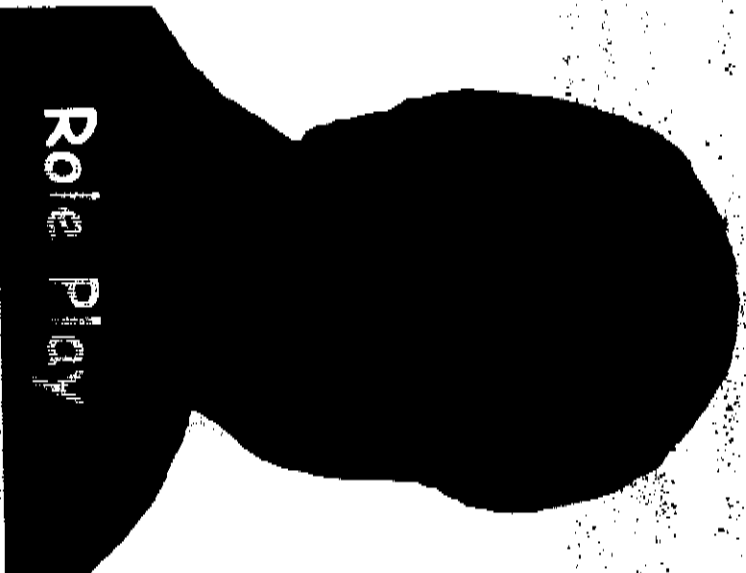
How confident are
you that you can protect

yourself from
& other STIs?

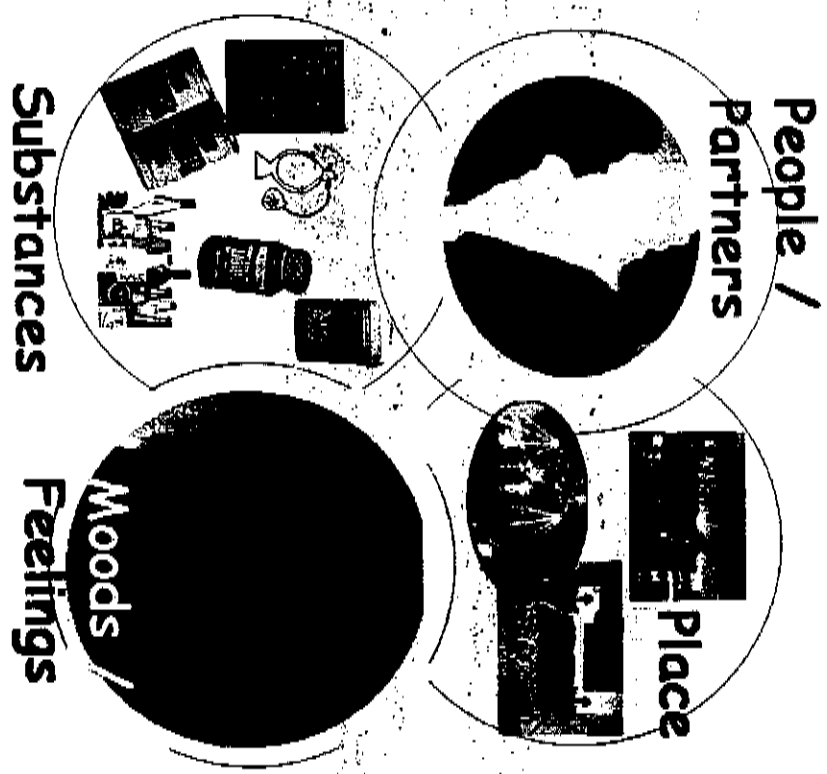


Behavioral Skills Building

What
about
talking
with your
partner
about
condoms?



What are my triggers?



NGABANTU _____

ZINDAWO _____

ZIZIYOBISI _____

YINDLELA OZIVA NGAYO _____

The World Health Organization's (WHO) brief alcohol counseling model

- The model provides feedback to the patient on their alcohol consumption and associated risks.
- Participants are given their Alcohol Use Disorders Identification Test (AUDIT) score and are shown how the score represents the potential hazards of drinking.
- Alcohol risk reduction is tailored to the level of drinking indicated by the AUDIT score using the algorithm suggested by the WHO.
- Decisional balance techniques are used to elicit self-motivating statements for alcohol reduction. Among the personal concerns about drinking examined by the counselor are those associated with increased HIV risk behavior.
- Alcohol use in sexual contexts is specifically discussed in relation to a patient's self-identified risk situations.
- Alcohol use is then integrated into the remaining segments of the HIV risk reduction counseling.
- Beliefs about how alcohol may influence sexual behavior and relationships becomes a central focus of the counseling.

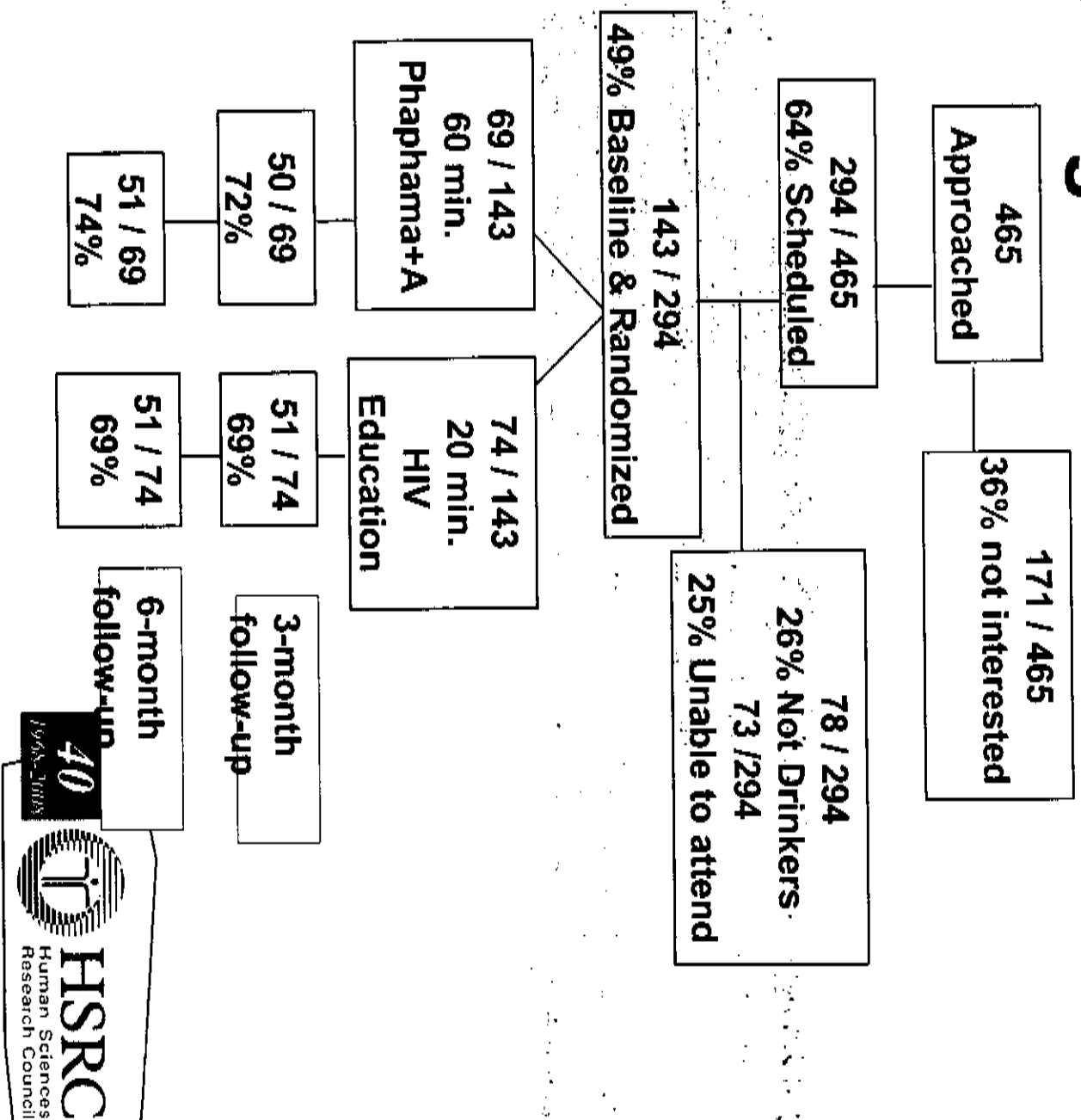
Clinic recruitment



**Self admin &
interviewer
assessments**



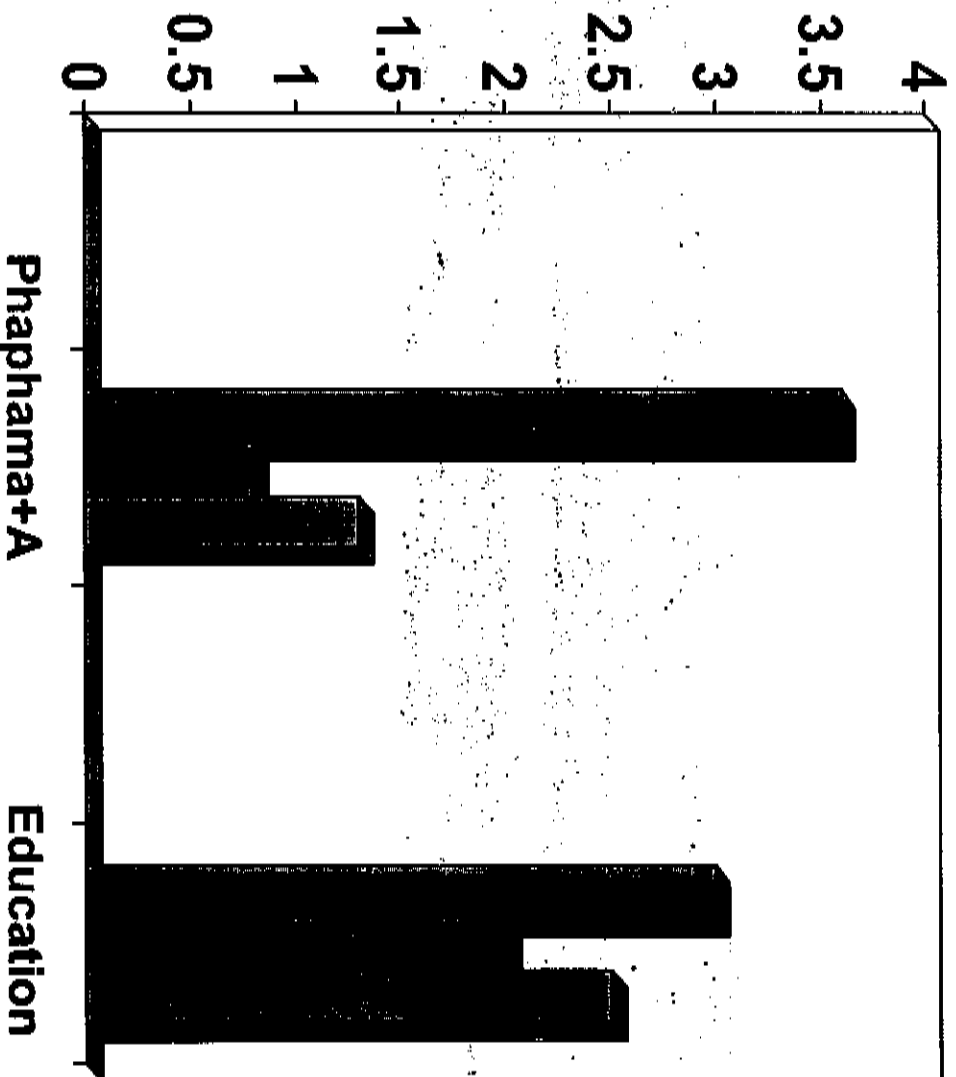
Study design



Participants

- 122 men & 21 women STI patients in a Cape Town clinic
 - 77% Xhosa-speaking
 - 20% married
 - 5% employed
 - 36% AUDIT* score 10+**
- * Alcohol Use Disorder Identification Test
- ** Scores of 9 or above are used to identify individuals who may be at risk or who are experiencing alcohol problems.

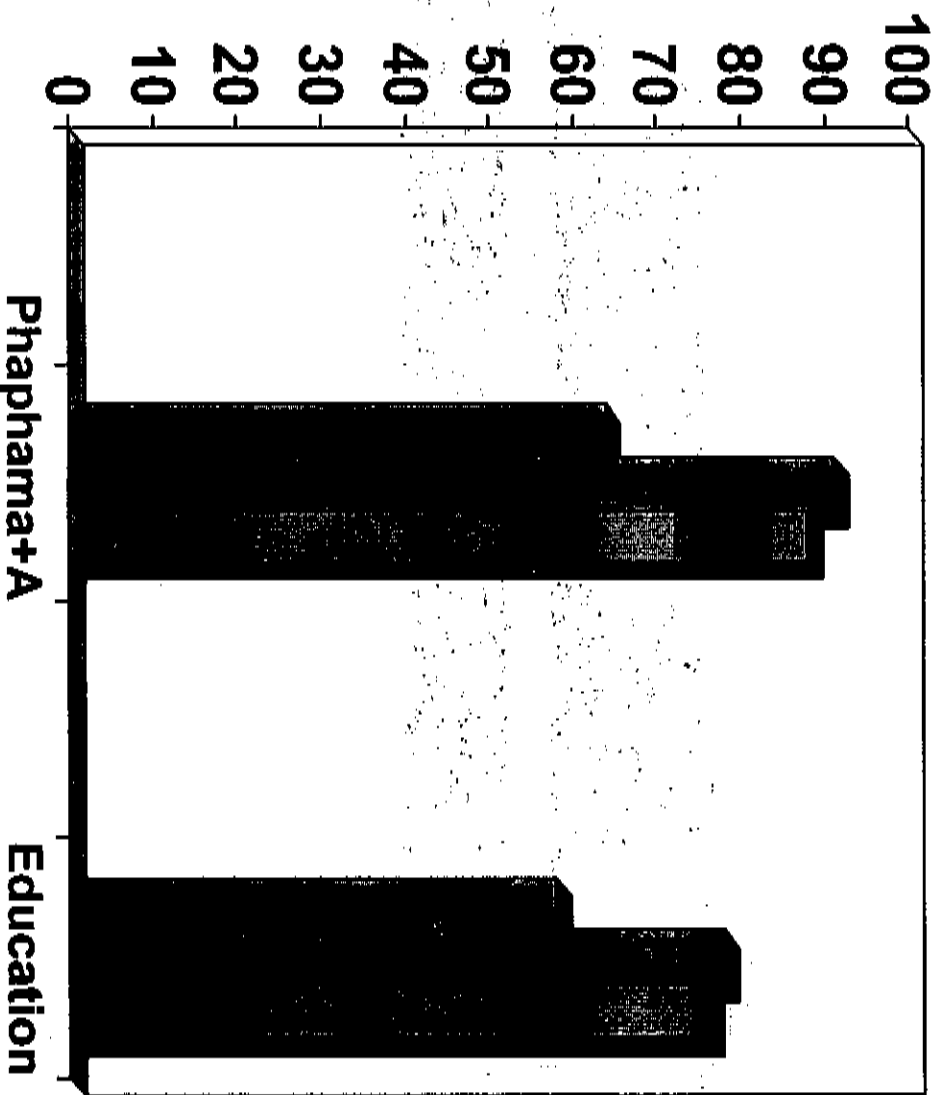
Results: Unprotected Intercourse in past month



F = 3.9, Cohen's d = .41 for 3-month, and
F = 5.6 Cohen's d = .53 for 6-month
Adjusted for age, gender, education, and baselines
Kalichman et al., JAIDS, 2007

- Baseline
- 3-Month
- 6-Month

Percent condom use in past month



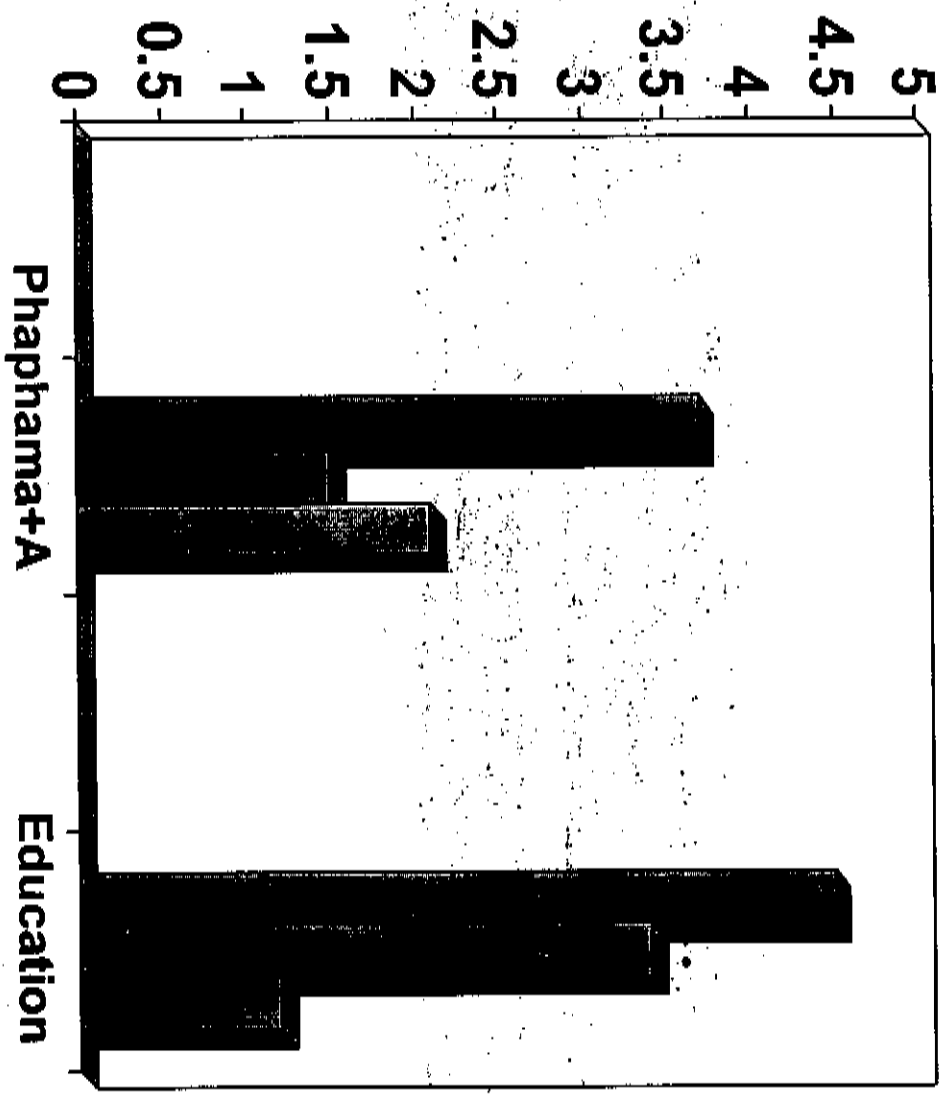
- Baseline
- ▤ 3-Month
- ▨ 6-Month

F = 5.1, d = .47 for 3-month and F = 5.7, d = .54 for 6-month
Adjusted for age, gender, education, and baselines

Kalichman et al., JAIDS, 2007



Alcohol use in sexual contexts in past month



F = 6.2, d = .53 for 3-month and F = 0.1, d = .06 for 6-month
 Adjusted for age, gender, education, and baselines

Kalichman et al., JAIDS, 2007

- Baseline
- 3-Month
- 6-Month

Conclusions

- The brief HIV risk reduction counselling intervention was found to be efficacious as it reduced HIV transmission risks for up to 6 months among STI patients within a clinic setting.
- There was more than a 25% increase in condom use
- A 65% reduction in unprotected intercourse
- However, there was only a short-lived reduction in alcohol use in sexual contexts and expectancies that alcohol enhances sexual experiences.
- This suggests that the effects may be sustained with structural interventions within communities to reduce alcohol use in sexual contexts and support risk reduction behaviour changes over the long term.

Useful references

1. Simbayi, L.C., Kalichman, S.C., Skinner, D., Jooste, S., Cain, D., Cherry, C., Mathithi, V., Diakulu, R., Unddermans, N., Bruinders, V., Jacobs, C., van Wyk, R., Arendse, C., Croome, J. & Bok, W. (2004). Theory-based HIV risk reduction counselling for sexually transmitted infection patients in Cape Town, South Africa. *Sexually Transmitted Diseases*, 31(12), 727-733.
2. Mathithi, V., Simbayi, L.C., Jooste, S., Kekana, Q., Nibe, X.P., Shasha, L., Bibla, P., Magubane, P., Cain, D., Cherry, C., & Kalichman, S.C. (2005). Development of an Effective HIV Risk Reduction Counseling Intervention for Use in the Western Cape, South Africa. *SAHARA J: Journal of Social Aspects of HIV/AIDS*, 2(2), 267-276.
3. Kalichman, S.C., Simbayi, L.C., Vermaak, R., Cain, D., Jooste, S. & Peltzer, K. (2007). HIV/AIDS Risk Reduction Counseling for Alcohol Using Sexually Transmitted Infections Clinic Patients in Cape Town South Africa. *Journal of Acquired Immune Deficiency Syndromes*, 44(5), 594-600.