Social science that makes a difference Human Sciences Research Council

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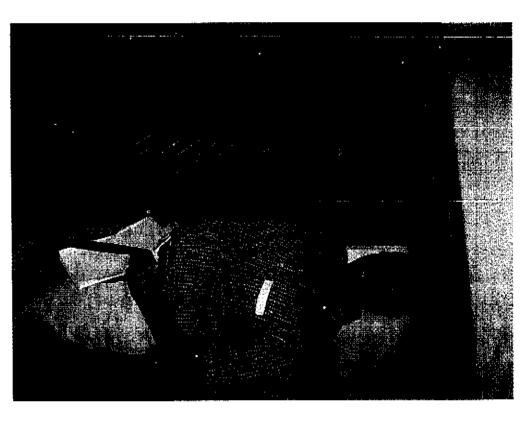
Funding

Supported by National Institute of Alcohol Abuse and Alcoholism R21 AA014820



HSRC RESEARCH OUTPUTS

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University of Connecticut and The Human Sciences Research Council, Cape Town South Africa



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Background

- contributes to the spread of sexually transmitted infections (STIs), including HIV. There is considerable evidence that alcohol use
- 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
- and the rate of alcohol use before sex jumps to STI clinic services report drinking before sex In another study that we conducted in Cape drinkers. 61% among STI clinic patients who are problem Town, 42% of men and 12% of women receiving

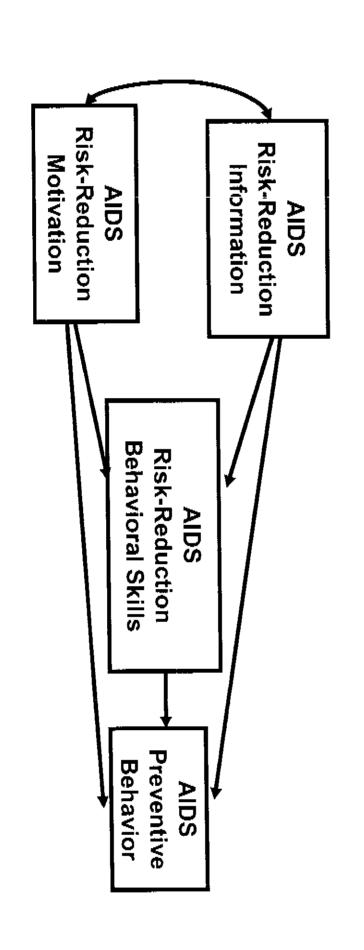


Background (continued)

- attention to alcohol use, especially in terms HIV risk reduction interventions for STI clinic The current study was conducted to test an of drinking in sexual contexts patients may therefore require particular
- Cape Town, South Africa receiving STI clinic services in a clinic in HIV prevention counseling intervention for men and women who use alcohol and are

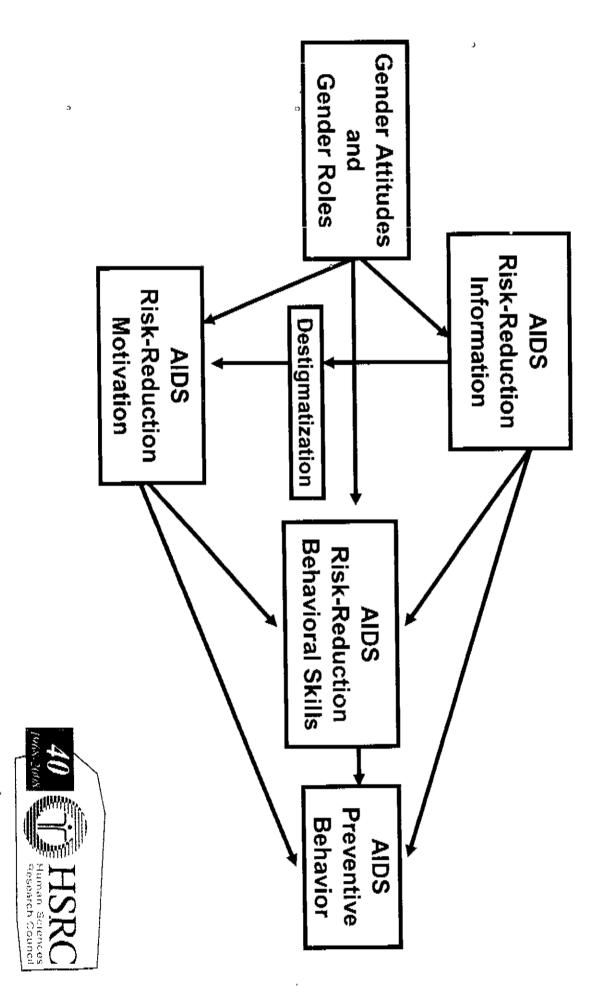


Behavioral Skills (IMB) Model The Information-Motivation-





Adapting IMB for South African Risk Reduction Counseling



Methods

- A randomized clinical design was used to test counseling intervention for men and women the efficacy of a brief HIV risk reduction South Africa. receiving STI clinic services in Cape Town,
- years ago was adapted to include a A brief behavioural risk reduction counselling alcohol use in sexual contexts substantial component to directly address model which we developed and tested 3-4



One-on-One counselling

sessions which fit clinic service delivery contexts



Articulating the adapted IMB model in intervention components

Information





How can you tell if someone has HIV-AIDS?



Unprotected Sex



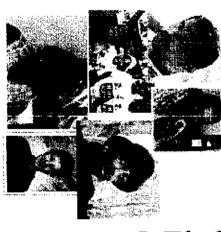
Infected Blood



Infected
Mother to - Child



Destigmatization





People who have HIV-AIDS are just and me



















Motivational Enhancement

Fxtremel

Somewhat

Somewhat

A 17-42

WHY?

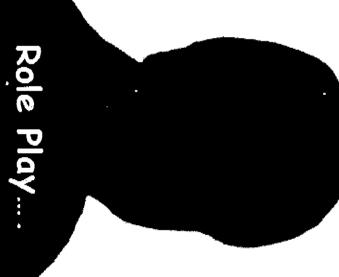




Behavioral Skills Building

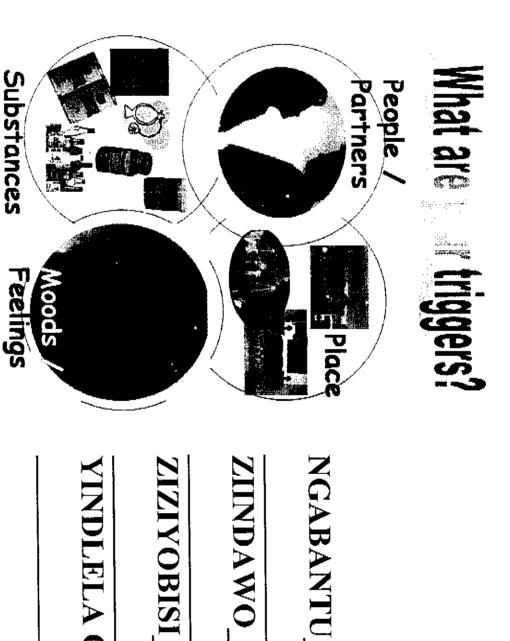
What about talking with your partner about condoms?











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AYO		



Phaphama 60-Min. Risk Reduction Session

Information
Local HIV prevalence
Modes of HIV transmission
HIV transmission myths
Continuum of risk behaviors

Motivation Enhancement
Personalized feedback report
Decisional balance
AIDS Destigmatization
Risk reduction values clarification
Risk reduction goal setting

Behavioural Skills Building
Functional analysis of behaviours
Examination of risk situations
Identifying risk antecedents
Sexual communication skills
Condom skills



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.
- indicated by the AUDIT score using the algorithm suggested by the WHO. Alcohol risk reduction is tailored to the level of drinking
- are those associated with increased HIV risk behavior motivating statements for alcohol reduction. Among the Decisional balance techniques are used to elicit selfpersonal concerns about drinking examined by the counselor
- 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

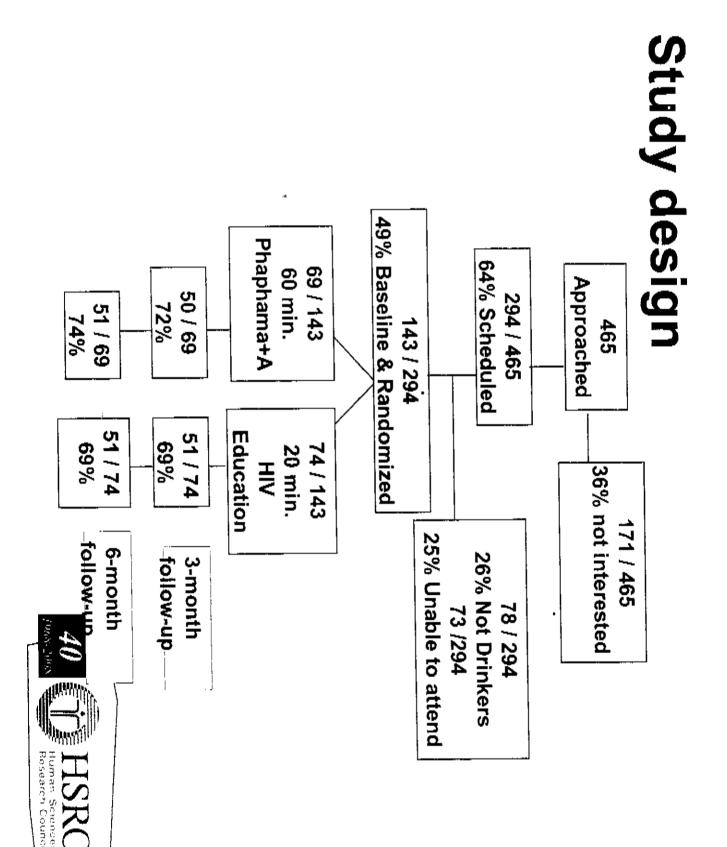


Preliminary research findings:

Participants who drank alcohol...

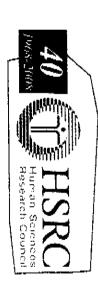
- had more sex partners,
- Sex engaged in more unprotected
- precautions against HIV/STI were less likely to take





Participants

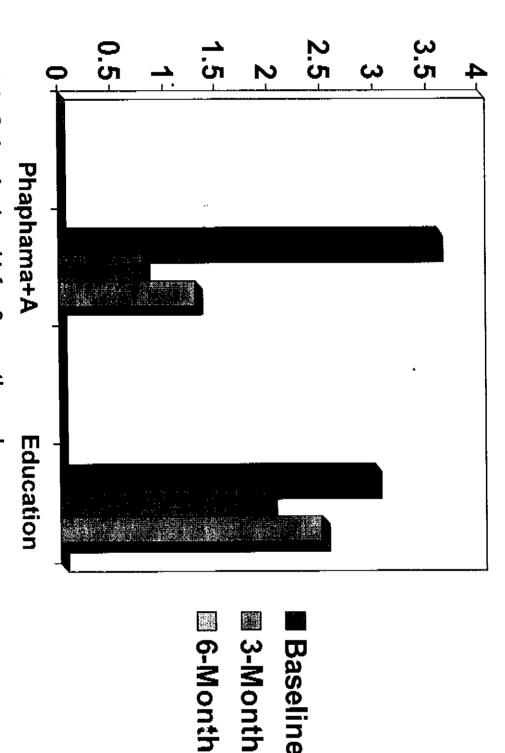
- Town clinic 122 men & 21 women STI patients in a Cape
- 77% Xhosa-speaking
- 20% married
- 5% employed
- 36% AUDIT* score 10+**
- may be at risk or who are experiencing alcohol problems. ** Scores of 9 or above are used to identify individuals who * Alcohol Use Disorder Identification Test



Results



Results: Unprotected Intercourse in past month



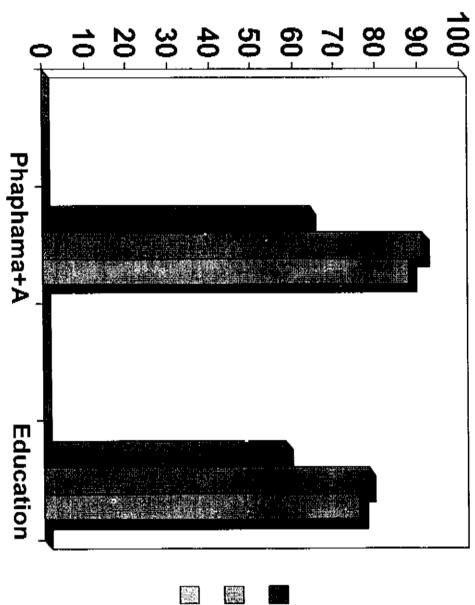
l Baseline

3-Month

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



Percent condom use in past 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, Simbayi et al., JAIDS, 2007

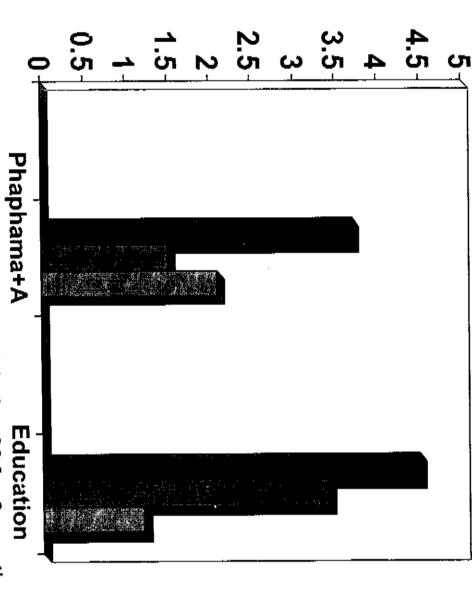
Baseline

■ 3-Month

6-Month



Alcohol use in sexual contexts in past month



Baseline

■ 3-Month

■ 6-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



Conclusions

- found to be efficacious as it reduced HIV transmission clinic setting. risks for up to 6 months among STI patients within a The brief HIV risk reduction counselling intervention was
- 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.
- alcohol use in sexual contexts and support risk reduction structural interventions within communities to reduce behaviour changes over the long term. This suggests that the effects may be sustained with



