

Development of a HIV Voluntary Counseling and Testing Model for a rural population in southern India.

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Background

- Rural India remains underserved for HIV/AIDS prevention services
- Andhra Pradesh among the ‘high prevalence states in India’ – prevalence in antenatal clinics over 1%



Study Area – rural Andhra Pradesh state

- Medchal block - approx. 40 kms from Hyderabad city
- Total of 38 villages covered by area
 - Literacy rates:
 - Employment:
 - Health services
 - PHCs:
 - Medciti Hospitals: a large referral center



HIV/AIDS Services

- Government services and Non-government services
 - Posters and pamphlets
 - Free supply of condoms
 - Not wide outreach
 - PHCs do not offer voluntary counseling and testing services – have to travel to city
 - Condom access not in all villages




Methods to institute voluntary counseling & testing services

- Needs Assessment
 - Ethnography (n=20)
 - Community based survey (n=750)
- Training of counselors
- Offering services to community



Needs Assessment - Ethnography

- ⑩ The difference between HIV and AIDS was not very clear and as such people perceived that AIDS is a deadly disease
- ⑩ Young men reported that for unmarried men seeking sex with a sex worker was an easy way to fulfill their sexual urges and discussed marriage as an important milestone as far as sexual experience was considered. It was suggested that the older a man who is unmarried, the more likely he is to have multiple female partners.
- ⑩ Many of the participants, particularly women did not perceive themselves to be at any risk. Women confidently proclaimed that they were married and faithful to their husbands and as such they were not concerned about HIV.
- ⑩ Most participants were aware that there are testing services available for AIDS. However, the closest center for such testing was the city nearby which was 30 km away from the village site.
- ⑩ Condom use was rare. Women associated condom with family planning and any discussion of condom prompted women to volunteer information about their desired number of children and/or the status of the family planning operation (voluntary female sterilization procedure available through the government).
- ⑩ Alcohol use was high among men. Women often complained of domestic violence related to alcohol leading us to speculate that education programs need to address the role of alcohol in safe sexual behavior.



Needs Assessment - Community Survey

- Preliminary survey analysis showed that 85% of participants were married and that over 80% were aware of at least two modes of transmission of HIV.
- Access to condoms in the village was not universal and participants had to travel at least 1-3 km from their villages to obtain condoms.
- VTC centers in areas close to the village were few and many participants reported knowledge of far away centers for HIV testing.
- In addition to HIV concerns, alcohol use related concerns such as domestic strife and alcohol dependency were key problems in the area



Applying Needs Assessment to Service Delivery

- Community needs accurate information on HIV/AIDS
- Need to offer VCT services that are
 - **Accessible** – easy to travel from village facilitated by REACH program of Medicit
 - **Sustainable** – access to follow-up services and care; facilitated by trained hospital staff and MIIDRI doctors
 - **Confidential** – develop systems that keep information confidential and still afford patients good care and support



Voluntary Testing and Counseling

- Preceded by intensive education and information programs in the community
 - Provide accurate information
 - Offer information on VCT services
 - Offer information on access to services – transportation to VCT center



VCT - Process

Volunteers arrive, register, provide informed consent, undergo HIV risk assessment and counseling

- Asked to return back for results in 2 weeks.
- Bar coded results; Post-test counseling and follow-up care which includes
 - Nutrition counseling
 - HIV prevention
 - Partner notification
 - Referrals – for pregnant women and individuals who need urgent care



HIV Risk Assessment Results

- Demographics of all participants (n=5372)
 - Male: 45% ; Female: 55%
 - Age: 18-25: 22%; 26-35:31%; 36-45:22%
 - Marital: 82% married; 10% never married :
- Sexual Behavior:
 - 5% of all married participants report more than one partner after marriage – Of those reporting so, 88% were men
 - 2% population report sexual contact in exchange for money at least once
 - 1.5% participants report non-spousal partners as most recent sexual partner (sex worker, friend)
 - 98% report never using condoms with most recent partners



Sero-positive Individuals

- Total n=69 – HIV prevalence=1.28%
 - 62% Male; 38% Female
 - 84% 18-45 years of age
 - 83% were married
- Sexual Behavior
 - 12% reported 2 or more sexual partners pre-marriage
 - 5% reported multiple partners after marriage
 - 3% have had more than one partner in the past 6 months
 - 25% of sero-positives report daily consumption of alcohol



Lessons Learned

- HIV Prevalence higher than national average but similar to Andhra Pradesh average
- PWAs younger, male and higher proportion were married
- Future efforts need to address
 - Safe Pre-marital sex
 - Role of alcohol and safe sex
 - Development of HIV services
 - That are easily accessible – bring services to village
 - That offer follow-up services
 - That maintain confidential testing and reporting
 - That are offered as part of community education efforts and not merely to assess prevalence of disease