

Provider-initiated and client-initiated HIV testing and counseling are important gateways to HIV prevention, care, and treatment.



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EXPANDING HIV TESTING AND COUNSELING

Operations research examines strategies to increase access and uptake

With estimates of 40 million people worldwide living with HIV, of which less than 10 percent know their status, HIV testing and counseling is widely regarded as key to effective prevention and treatment efforts.

Over the past year, a move toward health provider-initiated testing for HIV has gained support among governments and the international health community. However, provider-initiated testing requires trained health workers and clear guidelines that address such issues as patients' rights to opt out, counseling, and confidentiality. For provider-initiated testing to yield maximum health impact, it also needs to occur in the context of expanded HIV care and treatment services.

While opt-out testing in health facilities represents an important advance in increasing the number of individuals who know their HIV status, it cannot replace volun-

tary counseling and testing (VCT) and the need for strategies to reach people who are outside of routine health services.

This issue of *Horizons Report* examines HIV testing from different angles, drawing from relevant studies in several countries. These include the readiness of health workers in Kenya to provide routine HIV testing, and the effectiveness of workplace VCT programs in Kenya and Zambia to reach health workers and teachers—two large and important populations. The issue also describes strategies for increasing uptake of testing by truckers in Brazil and the role of families in youth's decision-making to get tested for HIV in Zambia. 

HIV Testing

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The Population Council implements the Horizons Program in collaboration with the International Center for Research on Women, the International HIV/AIDS Alliance, PATH, Tulane University, Family Health International, and Johns Hopkins University.

INITIATING HIV DIAGNOSTIC TESTING AND COUNSELING

Study in Kenya underscores need for adequate training of health providers

In Kenya, a country noted for achievements in battling the HIV epidemic and a recent decline in national prevalence, the vast majority of adults living with HIV still do not know their status. According to the 2003 Kenya Demographic and Health Survey, only 14 percent of men and 13 percent of women ages 15–49 have tested for HIV. Despite massive national campaigns, there remains a large unmet need for HIV testing and counseling.

To address the challenge of increasing testing levels, the World Health Organization recommends that individuals who present to health care facilities, including hospitals and clinics, should receive HIV testing and counseling as part of their diagnostic assessment and clinical evaluation (2006). This is particularly relevant in Kenya because estimates suggest that up to 60 percent of all medical ward hospital beds are occupied by HIV-infected patients (NAS COP 2004). Provider-initiated testing and counseling, which includes “diagnostic testing and counseling” (DTC), can be a gateway to appropriate care and treatment services as well as an opportunity to boost HIV prevention efforts.

To assess the readiness of the Kenya health system to provide DTC, the National AIDS and STD Control Programme (NAS COP), in collaboration with Horizons and the U.S. Centers for Disease Control and Prevention, conducted a national study of health workers in 2005. The study surveyed nearly 1,900 providers working in 247 public, private, and faith-based facilities nationwide. In addition to doctors and clinical



Health providers can play an important role in increasing serostatus awareness among their patients.

CREDIT

officers, the researchers interviewed registered and enrolled nurses, laboratory technicians, voluntary counseling and testing (VCT) counselors, and social workers based in hospitals, health centers, dispensaries, and maternity homes. The study also included focus group discussions with health workers and district health management teams (DHMTs).

“This study represents a huge national effort to provide a picture of what is happening on the ground with regard to provider-initiated HIV testing and counseling and to document what training and support they need,” explained Dr. Karusa Kiragu of Horizons/PATH, one of the study’s principal investigators.

Need for DTC Training

The vast majority of providers interviewed worked at facilities that offered HIV testing, with only 12 percent working in facilities that did not. About half of the health providers surveyed said that they had conducted HIV testing or counseling. Of these, 72 percent had been specifically trained in that capacity, which means that over a quarter of health workers conducting HIV testing or counseling were doing so without relevant training, including 45 percent of doctors and 40 percent of

clinical officers. The training itself varied—half of the respondents had been trained in HIV counseling and testing in the context of programs to prevent mother-to-child transmission, and 36 percent had received training in VCT. Only 18 percent had received specific training in DTC. Less than 15 percent of the entire sample had received any training in HIV counseling and testing during their pre-service education, suggesting a large missed opportunity.

Both health workers and members of DHMTs viewed the lack of appropriate training as a barrier to DTC. During focus group discussions participants expressed concern that health workers who lacked training and confidence in HIV testing and counseling may provide inadequate services to patients. A large majority of participants felt that all health workers should be trained in HIV testing and counseling.

...A patient may be seen to have symptoms but since one [i.e., health worker] isn't trained, he neglects the patient or pushes him to VCT.

—DHMT member, Rift Valley

All staff should be trained [in HIV testing and counseling], as this will reduce the inconvenience of referring clients to other health workers....

—Doctor, Rift Valley

When asked about specific training needed, around 80 percent of respondents felt they needed to strengthen their skills in how to recommend an HIV test to a patient, and how to provide post-test counseling for both HIV-positive and HIV-negative patients.

DTC in Kenya

DTC is the procedure whereby a health worker requests, as part of other investigative tests, HIV testing of a patient presenting with symptoms that could be attributable to HIV disease. DTC uses an opt-out approach, that is, it is assumed that patients who present with symptoms of HIV disease desire a diagnosis, therapy, and care. This therefore implies consent for diagnostic testing for other health conditions, including for HIV. However, patients must be informed that the test is being done and have a right to decline (Source: NASCOP/MOH 2004).

Other Barriers to DTC

The discussions also revealed other important barriers that hindered the ability of health workers to conduct DTC, especially lack of time and shortage of test kits. Many providers had to borrow test kits from other departments when they ran out. Providers also reported that some colleagues had counterproductive attitudes toward HIV testing that discouraged patients from accepting DTC.

The staff may sometimes say to patients: 'You are healthy. Why should you test [for HIV]?'

—DHMT member, North Eastern Province

DTC Underway

When respondents were asked whether they had “ever ordered an HIV test on an adult patient,” 41 percent indicated that they had done so. Nearly all doctors (99 percent) and clinical officers (88 percent) had ordered an HIV test on an adult patient, compared to 42 percent of registered nurses.

Overall, providers reported that they followed the key steps outlined in the DTC guidelines. Among those who had ordered HIV tests, 91 percent informed their most recent patient themselves before the test was conducted, 92 percent made pre-test counseling available either by conducting it themselves or arranging for it to be done by someone else, and a similar percentage made post-test counseling available.

Requesting an HIV test for a pediatric patient was less common among the health workers surveyed. About 17 percent had ever ordered a test, and among these health workers, 69 percent said they or another provider initiated the last test of a pediatric patient, while 30 percent said the parent or guardian requested it. The vast majority (90 percent) of the health workers involved informed the patient's parents or guardians before conducting the test and all providers who involved parents sought verbal (87 percent) or written (12 percent) permission to test the child. After the test, 90 percent either provided post-test counseling to the family or arranged for it to be done by someone else.

Couple Counseling

The DTC guidelines state that during post-test counseling, providers should discuss strategies that patients can use to disclose their serostatus to partners. The guidelines also encourage couple coun-

seling when appropriate. In order to determine the preparedness of providers in this area, respondents were asked whether they knew what “couple counseling” was, and whether it would be appropriate for four categories of patients and their partners: patients who test HIV-positive, STI patients, TB patients, and pregnant women.

Just over three-quarters (78 percent) of respondents were aware of the term “couple counseling.” VCT counselors (99 percent) were the most likely to know the term and enrolled nurses (74 percent) the least likely.

In general, health workers in Kenya readily recognized the value of couple counseling within the context of HIV testing in clinical settings. Most were supportive of couple counseling; nearly all (including those who were not initially aware of the term) felt that this procedure should be provided to all the different groups asked about. In fact, when asked about their need for additional training, 90 percent of health workers requested training in couple counseling.

“Health care providers do not have a lot of experience counseling couples,” explained Dr. Kiragu. “Many adults visit health facilities without their partner, which raises the question about whether HIV testing should be delayed until the partner can come, or proceed with the request for the partner to come later. These are some of the challenges health care workers will encounter as they aim to make couple counseling a part of DTC.”

Recommendations

DTC is underway in Kenya, with a large cross-section of health workers already undertaking the responsibility of ordering HIV tests for their patients. Where DTC has been conducted, it seems that health workers have followed the key guidelines—informing the vast majority of patients prior to testing and arranging for pre- and post-test counseling. However, a limitation of this study is that the data come from health workers’ self-reports. Therefore, as DTC is rolled out in Kenya, observational studies would be warranted to better understand the extent to which health workers actually follow the guidelines and how well they inform patients about the test and their right to opt out, counsel patients about the results, and maintain patients’ confidentiality.

This study documents that many health workers were highly supportive of DTC and were will-

ing to offer this service to their patients. As other countries adopt provider-initiated testing, they, like Kenya, will need to equip all health workers who conduct HIV testing and counseling in clinical settings with adequate skills through pre-service, in-service, and refresher trainings. They will also need to ensure that health workers who could conduct DTC but presently do not do so can undertake this task when needed as the service expands. Moreover, country programs will need

Many health workers were highly supportive of DTC and were willing to offer this service to their patients.

to provide adequate infrastructure, develop clear guidelines to ensure that HIV testing is voluntary, and implement strategies to meet unmet needs, such as testing of pediatric patients and couple counseling.

The study results and recommendations will be discussed with NASCOP and other key stakeholders at a meeting in Kenya in early 2007, which will generate detailed plans for follow-up. After this meeting the final report on the study will be available on the websites of NASCOP (www.aidskenya.org) and Horizons (www.popcouncil.org/horizons). 

References

- National AIDS and STD Control Programme (NASCOP). 2004. *Guidelines for HIV Testing in Clinical Settings*. Nairobi: Ministry of Health, Kenya.
- World Health Organization (WHO)/UNAIDS. 2006. *Guidance on Provider-initiated HIV Testing and Counselling in Health Facilities* (Draft). Geneva: WHO/UNAIDS.

This article was written by Hena Khan and Ellen Weiss in conjunction with the study team which includes Isaiah Tanui, Godfrey Baltazar, John Wanyungu, and Meshak Ndolo, NASCOP; Lawrence Marum and Mary Mwangi, CDC-Kenya; Karusa Kiragu, Horizons/PATH; and Susan Kaai, Horizons/Population Council.

For more information about this study, contact Karusa Kiragu (kkiragu@pcnairobi.org).

PROMOTING VCT AT THE WORKPLACE

Studies in Kenya and Zambia show increased acceptability and uptake of VCT by health workers and teachers

For those individuals who are not seeking routine or curative health services, voluntary counseling and testing (VCT) remains an essential mechanism for learning one's HIV status. One way to encourage VCT uptake among the general population is to provide VCT services or referrals through workplace HIV programs.

However, two large and influential groups of workers—health providers and teachers—are often overlooked by workplace programs. One reason is that HIV program planners wrongly assume that these groups are knowledgeable about HIV-related issues, and that they do not need targeted interventions to address HIV in their personal and professional lives. But research conducted by Horizons and partners in Zambia and Kenya shows that health providers and teachers have unmet HIV prevention and care needs, and that they can benefit from workplace programs that include education about and promotion of VCT.

Low Levels of Testing among Hospital Workers

In Zambia, Horizons, in collaboration with the University of Zambia/INESOR, the Zambia Medical Association, the Zambia Health Education and Communication Trust, and the Zambia Integrated Health Project, is conducting an intervention study to assess a workplace HIV program for hospital employees. Researchers began in 2004 by interviewing 1,424 hospital workers from five large hospitals in two Zambian provinces. The baseline quantitative data were supplemented by qualitative data from focus group discussions (FGDs) with 200 additional staff. Both samples included physicians and other health care workers, as well as administrative staff.

To assess awareness about on-site HIV testing facilities, participants were asked if they knew exactly where in the hospital they could get an HIV test done. Nearly all survey respondents (88 percent) knew where to go. However, when asked whether they had been tested for HIV, just over a fourth of respondents said they had. Medical doctors were the most likely to have tested (55 percent), compared to nurses (33 percent) and

clinical officers (12 percent). FGD results suggested the main reason for not testing was fear: many hospital workers feared the results, were unsure about the process, and feared colleagues' reactions:

I am afraid but I want to do it... I will do it. But I am afraid because of my fear of having misleading results. I really want to know the procedure... how they do it, how the test is being carried out, so when I am sure about those things then I can go ahead. Though I fear the outcome.

—Female nurse

Health workers in Zambia receive information about HIV testing services during a World AIDS Day event.



ARTHUR KALIMBE

I am a coward. I have an intention of going for a test but I am still a coward. But one day, I will.

—Female nurse

FGDs indicated that some providers get tested frequently. Survey results showed that the number of times respondents had been tested ranged from 1 to 10 times (average 2.1 times), with men reporting getting tested slightly more often than women. Doctors had tested the most times, while nurses had tested the fewest times. Thus, medical doctors were not only more likely to have been tested in the first place, but also to have been tested multiple times.

Respondents who had a sexual partner were also asked whether this individual had been tested. About 21 percent reported that their partner had been tested, including 19 percent of men and 22 percent of women. This implies that the remainder—79 percent of respondents with a sexual partner—did not know that person’s status. Again, medical doctors (44 percent) were by far the most likely to report that their sexual partner had been tested.

Analysis of HIV testing by sexual partnerships revealed that those with multiple sexual partners in the last year were no more likely to have been tested than those with a single sexual partner. Twenty-seven percent of males and 28 percent of females with multiple partners had been tested for HIV, proportions nearly identical to those who had just one partner (27 percent for monogamous males and 26 percent for monogamous females). Thus, despite their higher risk-taking behaviors, hospital workers with multiple partners were not more likely to know their HIV status.

When asked why they had not been tested for HIV, about 40 percent of those who were monogamous that year and 36 percent of those with multiple partners said “no particular reason/don’t know why.” The second most common explanation was “not feeling at risk,” which was mentioned by 31 percent of those who were monogamous respondents and 19 percent of those with multiple partners. The third most common reason was “afraid of the results,” cited by 13 percent of monogamous respondents and 26 percent of those with multiple partners. When asked whether they would like to be tested, 43 percent of monogamous respondents and 46 percent who had

multiple partners said they would like to be tested. This suggests that more than half of untested hospital employees who reported risky sexual behavior did not want to know their HIV status.

Increase in Serostatus Awareness

Baseline findings pointed to the need for a workplace program in the hospitals that encourages HIV risk-reduction and serostatus awareness, among other aims. An intervention was initiated in August 2004 that targeted all hospital staff in two of the five study hospitals (the other three hospitals served as delayed comparison sites). Developed with hospital management, the intervention consisted of peer education activities implemented weekly by trained health workers, the distribution of behavior change communication materials, and the establishment of condom access points. Health workers were given information on where they could go for HIV testing in the area, including in their facility.

Prior to the onset of peer education activities, sensitization workshops open to all health workers in the two intervention hospitals were held over

Many hospital workers feared their HIV test results, were unsure about the process, and feared colleagues’ reactions.

several days. These touched on key topics that would be further addressed by the peer educators, including understanding HIV and AIDS, VCT, positive living, stigma, and more. Just over half of the 1,327 hospital staff attended.

A total of 79 health workers were trained as peer educators in the two intervention hospitals. The peer educators represented a variety of occupations, including doctors, nurses, paramedics, administrators, as well as custodial and support staff. Training was held in August 2004 over a 7-day period.

A follow-up survey was conducted to measure the impact of the intervention. Preliminary results showed a 68 percent increase in the proportion of hospital workers in the intervention sites who reported having been tested for HIV, compared to a 35 percent increase in the comparison sites. Findings from FGDs and in-depth interviews

Educational materials from the Kenyan teachers workplace intervention challenge attitudes toward HIV testing.



DESIGN: BLUE EYES

conducted at the end of the intervention period suggest positive changes among the hospital workers:

...before the program came, health workers were scared to go for VCT and treatment, but now at least they are willingly going there because of the sensitization.... So as of now... I am proud to say the situation has greatly improved because of the steps that have been taken...people go for VCT.

—Female hospital manager

Hospital managers were supportive of the intervention; they participated in activities, encouraged staff to participate as well, and provided t-shirts and refreshments.

In addition, the intervention has led to other important developments. For example, prior to the intervention in one of the study hospitals, there was no room available where health workers could be counseled and tested privately; instead they would meet under a tree or look for an empty room in the hospital and often be interrupted. Recognizing the need for a dedicated VCT room for hospital workers, the executive director of the hospital commissioned the construction of a separate site.

A final report on the study's findings will be available in early 2007.

Teachers Fear HIV Testing

In Kenya, where teachers represent the country's single largest workforce, it is increasingly recognized that teachers are at risk of HIV infection

even as they are relied upon to deliver prevention messages to children and youth. As a result, there has been a move to target teachers as the direct beneficiaries of school-based HIV interventions. In partnership with UNICEF, Horizons conducted operations research to test one such workplace model of HIV prevention and care and to assess changes in teachers' knowledge of HIV, risk behaviors, and utilization of VCT.

A total of 120 randomly selected public schools (80 primary and 40 secondary) in four Kenyan districts participated in the study, which began in 2004. At baseline, all teachers in the study schools were invited to complete a self-administered, structured questionnaire; 1,255 teachers completed the questionnaire (about 70 percent of eligible respondents). A total of 24 FGDs were held with teachers to supplement information from the quantitative survey.

Baseline data showed that although nearly all (90 percent) of the teachers knew where to get tested for HIV, only 25 percent of the sample had been tested. Among those not tested, only a third desired to be tested, while the remainder did not wish to be tested or had not made up their minds.

All respondents, regardless of their testing status, were asked whether they were afraid of the HIV test. Over half said they were "very afraid," and FGDs revealed fears both of the results and of reactions from peers.

...some people say that these people who are tested and are positive, they die quickly because of stress.

—Male teacher

For me I can't even have the guts to go for counseling or testing here because teachers are the centers of discussion... just the fact that they've seen we are going for the test is bad enough, it means I have it [AIDS].

—Female teacher

Teachers' responses suggested that some might be more responsive to testing if their fears were

addressed and their questions answered.

I would suggest that the ones organizing this [research] help people who are afraid of testing HIV-positive like me. That is, come up with a way to help them accept their results without much panic, which can even cause immediate death.

—Female teacher

I do not know how many times I should go for a test. Is it every time before or after sex with my wife?

—Male teacher

I would like to take a test with my husband but he may refuse. What will I do?

—Female teacher

Teachers' knowledge of the HIV status of their sexual partners was low. Of those with a sexual partner, only 24 percent said their partner had been tested; the remaining 76 percent said their partner had either not been tested or they were not sure. Thus over three-quarters of teachers were sexually active with a partner whose HIV status they did not know.

Demystifying the HIV Test

In collaboration with the Ministry of Education, Teachers Service Commission's AIDS Control Unit, Kenya Institute of Education (KIE), and UNICEF, Horizons implemented a one-year HIV and AIDS workplace initiative for teachers from schools in two of the four study districts. Known as *Teachers Matter*, the initiative uses a peer education model to increase HIV testing, encourage safer sex practices, reduce stigmatizing attitudes toward HIV-infected people, and share information about teachers' rights with regard to HIV and AIDS.

As part of a week-long training to equip teachers to be peer educators, emphasis was placed on reducing fears of testing. The process was demonstrated by VCT counselors and HIV testing kits were passed around for the teachers to see. In addition, VCT was offered via a mobile unit and about a third of the 111 peer educator trainees tested for HIV for the first time.

During the ongoing peer education program, teachers meet once a week with the peer educators for about 45–60 minutes. Relevant HIV and AIDS education materials are provided to the

teachers and appropriate referrals are offered. The unit on VCT includes information on the testing process, the outcomes, pre- and post-test counseling, couples testing, and stigma and discrimination. The program is currently reaching about 2,000 teachers.

Feedback from the participating schools indicates that the program has fostered openness

Over three-quarters of teachers were sexually active with a partner whose HIV status they did not know.

to discuss issues, such as sexuality, condom use, and HIV testing, that would otherwise have been considered taboo. There are also preliminary reports of reduction in stigma toward teachers living with HIV. Follow-up data collection to determine program impact will occur in February 2007 and a final report will be available mid-year. If proven successful, the researchers will recommend that this workplace initiative be rolled out in all schools, so that the nearly quarter of a million teachers in the country can benefit from it.

The study has already spurred the Ministry of Education to create its own VCT site at their main headquarters in Nairobi, which is open to all staff, with the idea that before they can promote VCT to others they need to begin with themselves. The services have elicited a huge response from over 20 other government agencies and parastatals who have asked for similar services. 

This article was written by Hena Khan and Ellen Weiss in conjunction with the members of both study teams. The Zambia health workers study team members include Thabale Ngulube, University of Zambia/INESOR and Karusa Kiragu, Horizons/PATH. The Kenya teachers study team members include Murungaru Kimani, University of Nairobi/Population Studies and Research Institute; Changu Manathoko, UNICEF/Eastern and Southern Africa Regional Office; Karusa Kiragu, Horizons/PATH; and Caroline Mackenzie, Horizons/Population Council.

For additional information on these studies, contact Karusa Kiragu at kkiragu@pcnairobi.org.

STUDIES IN BRIEF

Testing on the Road: Brazilian study finds support for VCT among truckers

Highly mobile populations like truck drivers who spend much of their time on the road are often challenging to reach with traditional voluntary counseling and testing (VCT) services. To examine the feasibility of offering VCT, HIV treatment, and other health services to truckers, Horizons conducted an operations research study in Foz do Iguaçu, a town on the triple border between Brazil, Argentina, and Paraguay.

The study began with focus group discussions and in-depth interviews with truckers, sex workers, and customs officials to learn more about HIV risk among truckers. The research found that truckers were often required to remain in the customs area for two to three days until documentation was completed, and that they were reluctant to leave their vehicles. A booming commercial sex area existed directly in front of the station; however, condoms were not easily available. The truckers also reported societal prejudice against them and perceptions of them being vectors of disease, suggesting that sensitivity is necessary when approaching truckers about HIV services.

With support from the USAID Mission in Brazil and the Municipal Secretariat of Health of

Foz do Iguaçu, a multi-faceted intervention was designed based on these findings. Truckers who were waiting to cross the border were approached by two outreach educators who gave them educational materials and invited them to a mobile trailer inside the customs area to receive health services, including testing and counseling for HIV and syphilis. Those who agreed to access VCT received pre-test counseling, provided a blood sample, and were given a follow-up visit in 15 days to receive test results and post-test counseling. In addition, all truckers were offered an STI syndromic management consultation, STI/HIV education, and preventive health services, such as blood pressure and diabetes screening.

The intervention was evaluated by comparing cross-sectional data collected from truckers passing through the customs station in Foz do Iguaçu with truckers crossing a comparison border town (Uruguaiana) before and after the intervention. Interviews were held with a randomly selected sample of 1,775 male truckers before the intervention and 2,408 male truckers 18 months later. In addition, a qualitative evaluation consisting of focus group discussions and in-depth interviews with truckers and sex workers was conducted at the end of the intervention in Foz do Iguaçu. Truckers who came to the trailer for HIV and syphilis testing and counseling also completed a questionnaire on the quality of services received.

The intervention was successful in reaching a substantial proportion of truckers: about half of the truckers who gave follow-up interviews in the intervention site had participated in the intervention. A third reported visiting the trailer and accessing VCT, and an additional 22 percent participated in educational activities or received educational materials or condoms. Only 13 percent of respondents in the intervention site had not heard of the project. Service statistics collected during the 18 months of the intervention also indicated that the intervention

Reaching mobile populations, like truck drivers, with health services including HIV testing, requires innovative strategies.



JOHANNES VAN DAM/
POPULATION COUNCIL

reached thousands of truckers with educational activities, materials, and condoms.

Raising interest in HIV testing was another particularly successful result of the intervention. At baseline, less than half of respondents in both sites had ever had an HIV test. At follow-up, ever having an HIV test increased by 49 percent in the intervention site but only by 15 percent in the comparison site. In addition, 105 men and women who worked at the custom station in Foz do Iguacu went to the trailer for VCT.

During the intervention period, 1,944 truckers received pre-test counseling for HIV and syphilis and 1,795 gave a blood sample. Of these, 1,492 truckers (83 percent) returned 15 days later for test results and post-test counseling. Only five truckers tested positive for HIV (0.3 percent), and three of them were referred to the municipal STI/HIV program for follow-up. One did not consent to come back to be referred, and the fifth could not be reached. Those individuals who tested positive for syphilis (4.7 percent) were treated and referred to an STI clinic.

Truckers were highly receptive to the intervention, based on both qualitative interviews and survey responses.

This service was the best thing in this region. Now, you have a problem and you have all you want here, not needing to go to other places and you use the time when you are waiting the liberation of your truck.

—Brazilian trucker

I really loved the way I was treated... the nurses and all the health workers are very helpful and kind... they know how to treat people.

—Paraguayan trucker

The great majority of VCT participants also responded to a questionnaire to evaluate the intervention (94 percent of 1,944). Almost all survey respondents (99 percent) rated the services as “great” or “good.” The main reasons offered for high levels of satisfaction were that the services were easily accessible (29 percent), the educational messages were very useful (23 percent), and the services were not only for HIV/STIs but also for other common diseases (19 percent).

Results from this intervention support the strategic placing of services to reach truckers and other mobile populations. They suggest that a

range of basic health services in addition to VCT and HIV/STI prevention should be provided to encourage participation. Further, it is essential that high quality, confidential care be offered by attentive staff free of stigmatizing attitudes, as this was key for attracting truckers. To sustain activities and to enhance the project’s credibility, partnerships with both private and public local institutions are critical. The operation of the health services has been transferred to a local university, which will continue providing them free of charge, and very likely will broaden the scope of services offered. While this study was conducted in a low prevalence setting, further research is recommended to test the effectiveness of this approach for providing not only VCT but also antiretroviral treatment to truckers who test positive.

For more information about this study, contact Juan Diaz (jdiaz@popcouncil.org.br). 

—Hena Khan

Family Matters: Zambia study highlights role of families in youth’s testing decisions

My lifestyle was crowded with a lot of things like going out with girls. Not just playing but having sex with them.

HIV-negative male, age 17

The words of this young man in Zambia highlight that youth are often at risk of HIV and therefore need to know their status to take advantage of treatment and support services and to prevent further transmission of the virus. But to attract youth to voluntary counseling and testing (VCT) services, program managers must have an understanding of what factors influence youth’s HIV testing behaviors.

Research conducted in 2001 by Horizons and partners in Kenya and Uganda suggested that social relationships, including family interactions,

Adolescents who talked to a family member about HIV testing were four times more likely to have been tested.

influence young people’s decisions regarding HIV testing. To build on these findings and to further explore the role that families can play in youth’s

Youth's attitudes toward HIV testing and counseling are often shaped by family members.

JULIE DENISON/JOHNS HOPKINS UNIVERSITY



In-depth interviews with family members of HIV-tested adolescents revealed that parents feel a growing responsibility to educate their children about HIV and VCT:

In olden days I cannot tell you such things [about HIV], but now there is nothing to hide... We have to talk as parents for our children to know.

—Mother, age 36

Quantitative findings from the household survey showed that families play an important role in shaping youth's

decision-making around HIV testing, Horizons conducted additional research in Ndola, Zambia.

Known as the Young Voices of Hope study, it was conducted in two phases from June 2003 to February 2004 in collaboration with the Hope Centre, a Development Aid from People to People Project, and Johns Hopkins University. The first phase involved qualitative in-depth interviews with 40 adolescents ages 16–19 who had tested for HIV and their family members, to examine their attitudes toward and decision-making surrounding VCT. The second phase was a household survey of 550 adolescents ages 16–19.

Qualitative data showed that adolescents often wanted information and guidance from their parents on whether or not to seek VCT. In addition many turned to family members to discuss their options both before and after seeking the service:

In the first place I never wanted to go there [for an HIV test], but I consulted my sister. She said no and I also said no. But afterwards I asked my brother who said...you should go for VCT, so that is when I went.

—HIV-negative male, age 19

However, some youth did not engage family members in discussions about VCT because they feared having their families question them about their sexual behavior and relationships:

I was scared that my parents would scold me for sleeping with men.

—HIV-negative female, age 18

attitudes toward VCT. Respondents' perceptions of their families' reactions to an HIV test were associated with their future testing plans. Those who believed their families would not be upset with them were more likely to plan to take an HIV test, while perceived negative reactions of family prevented youth from planning to seek VCT.

Family discussions were also related to youth's actual test-taking behaviors. Adolescents who reported talking to a family member about HIV testing were four times more likely to have been tested for HIV than their peers who had not had such family interactions. In addition, the odds of actually having taken an HIV test was 5.5 times greater among youth who felt their families would not be upset if they tested than among those youth who felt the opposite.

The data illustrate the importance of examining family relationships in order to better understand adolescents' VCT decisions. Based on study findings, the researchers recommended that when promoting VCT, program managers should include messages that foster communication about VCT within families. Such messages should encourage early involvement of family members in adolescents' decision-making about VCT and subsequent VCT experiences.

For more information about this study, contact Julie Denison at jdenison@fhi.org. 

—Alison Lee

Horizons Findings in the Literature

Many articles based on findings from Horizons studies have been published in peer-reviewed journals. Here are some recent examples:

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