BEHAVIOR CHANGE

Promoting behavior change is a critical component of HIV/AIDS prevention, care, and support interventions. Adopting safer sexual practices remains the major means of preventing HIV infection, and health-seeking behavior and safe disclosure of HIV status are vital for the success of care and support programs. The Horizons research strategy explicitly acknowledges that individuals are embedded in social and structural contexts that must also be addressed to create an environment that is supportive of behavior change. Horizons studies thus focus on examining behaviors within their social context and testing innovative behavior change strategies.

Structural Intervention to Promote 100 Percent Condom Use Among Sex Workers Decreases Risk Behavior and STIs

Much interest exists in the potential efficacy of structural interventions to reduce HIV transmission, but few studies have examined their impact on risk behavior and STI outcomes. The Horizons Program, in collaboration with two NGOs, COIN and CEPROSH, the National AIDS Control Program (DIGECITSS), Johns Hopkins University, and Acción SIDA/AED, evaluated the impact of a 100 percent condom program for sex establishments that was adapted for the Dominican Republic from the well-known Thai model. In Santo Domingo, a solidarity-based intervention focused on building collective commitment toward condom use, and HIV prevention was implemented with female sex workers, sex establishment managers, and other employees. In Puerto Plata, a regional government policy and regulation was added to reinforce the solidarity-based intervention. In combined analysis at one-year follow-up:

- STI prevalence decreased significantly (27 percent to 16 percent; p<.05 ).
- Consistent condom use in the last month with new clients increased from 87 percent to almost 100 percent.
- Consistent condom use in the last month with regular paying and non-paying partners increased significantly (14 percent to 23 percent; p<.05 ).

Comparing the results from the two cities, changes were greater in Puerto Plata, the site that combined educational and solidarity-building activities with government policy and enforcement.

COIN, CEPROSH, and DIGECITSS are exploring how best to scale up the combined model across the country, and policymakers in neighboring Caribbean countries are also considering adapting the model.¹
Female Condoms: A Viable Option for Women?
The introduction of the female condom represents an important step in giving women an additional option to help protect themselves against HIV and other STIs. The Horizons Program has conducted two studies—one in Zimbabwe and the other in Brazil—that explored the dynamics of use among different populations. The Zimbabwe study, conducted in collaboration with Population Services International, examined female and male condom use among urban women and men one year after the start of a female condom social marketing campaign. The second study, conducted together with Population Council/Brazil, assessed the outcomes of a female condom educational and social marketing intervention targeted to female sex workers. Findings indicate that:

- Use of the female condom was higher within the context of marriage or regular partnerships, rather than casual partnerships, in both Brazil and Zimbabwe. For example, three-fourths of sex workers in Brazil who used a female condom within the last six months reported using one with a regular client (partners with whom male condom use has been problematic), compared to 14 percent who used the device with a client they didn’t know well.

- The female condom offers some advantages over the male condom. Sex workers in Brazil mentioned that it has greater lubrication and that it can be used during menstruation and also when the man is not fully erect. Thirteen percent of women who had ever used the female condom in Zimbabwe did so without their partner’s knowledge.

- Continued use of the product and its contribution to increasing the overall incidence of protected sex among users is limited. In Zimbabwe, about 15 percent of both women and men reported always using the female condom. Thirty-five percent of Brazilian sex workers who had tried the female condom said they were current users. There was some evidence from the Zimbabwe study that the female condom offered added HIV/STI protection; 27 percent of married women had never used a male condom before they used the female condom. However, in Brazil, reported levels of protected sex from either a male or female condom did not improve post-intervention.

Given that these studies were conducted soon after widespread introduction of the product, more research is needed to determine if over time and with more intensive intervention efforts there is a greater diffusion of innovation effect.2, 3

Peer Education Works Best When....
Worldwide, peer education is one of the most widely used behavior change strategies to address the HIV/AIDS pandemic. The Horizons Program, in collaboration with UNAIDS, the Jamaican Ministry of Health, PATH, AIDSMark/PSI, IMPACT/FHI, and USAID, undertook a participatory and comprehensive analysis of peer education programs. It included a needs assessment of program managers, a literature review, and an international consultation of 45 peer education experts that was held in Jamaica. Key findings include the following:

- Peer education generates demands for services and should therefore be integrated into or linked with services that provide access to condoms, medical care, voluntary counseling and testing, and STI management.
- Peer educators are often more comfortable with integrated programming because they prefer being perceived as general community health educators instead of “AIDS educators.”
• Peer education programs need to be attentive to differences in status, rank, and hierarchy that exist in different environments such as the military, factories, and brothels when forming peer groups. Programs also need to determine when it is more appropriate to use persons with greater power or status for communicating certain messages rather than “true peers.”

Who Are the Best Behavior Change Messengers for Migrant Populations?

Migrant populations are difficult to reach with behavior change messages. The Horizons Program, in conjunction with the Social Work Center of the Ho Chi Minh City Labor Union, the Ho Chi Minh City AIDS Standing Bureau, the College of Social Sciences and Humanities of the HCMC National University, and with additional support from the Ford Foundation, is implementing an intervention study to assess the impact of a workplace HIV program for migrant construction workers in Vietnam. The study is assessing the use of two different behavior change messengers: peer educators and visiting health educators. Findings indicate that:

• Initially, peer educators had poorer knowledge of HIV/AIDS than visiting health educators and were much less comfortable discussing such sensitive topics as safer sex.
• After six months of training and exposure to the program, peer educators were more comfortable with discussing sensitive topics than were visiting health educators, believed their efforts to be more influential in changing workers’ behavior, and had equivalent levels of HIV-related knowledge.
• A much lower proportion of peer educators than health educators dropped out of the program.
• Many of the potential disadvantages of using peer educators rather than visiting health educators can be overcome through appropriate training and exposure to the program.

Analysis of the data to compare program impacts on migrant workers’ sexual behavior is under way.

Stigma Creates an Environment Hostile to Behavior Change Goals

HIV-related stigma and discrimination present serious challenges to the effectiveness of prevention and care programs, in part because people fear using VCT and health care services or disclosing HIV status because of the associated stigma. The Horizons Program and the International HIV/AIDS Alliance conducted a study to explore the conditions that foster or inhibit PLHA involvement in NGOs, including the roles of stigma and disclosure. This multi-country study included 17 NGOs in Ecuador, Burkina Faso, India, and Zambia. Study participants included 745 individuals, including PLHA service users and HIV-negative and -positive NGO staff and volunteers, as well as such key informants as policymakers and community leaders. Findings indicate that:

• Fear of stigma and discrimination inhibit many PLHA from involvement, especially in NGOs perceived to be “PLHA organizations” and in roles with high visibility. This is particularly true in country settings where fewer PLHA are visible.
• Some PLHA informants described actual experiences of stigma and discrimination as a result of their visible involvement in NGOs. Some study respondents also highlighted examples of stigmatizing attitudes and discriminatory practices within NGOs.
• PLHA often feel that disclosure is an “all-or-nothing” proposition and that they would have to choose between keeping their status hidden from everyone or disclosing to the general public. This seriously inhibits their participation in NGOs and prevents them from seeking physical and psychosocial health care.
The NGOs that participated in the study are now experimenting with ways to address stigma within and outside of the organization by sensitizing staff, reviewing internal policies and procedures, and developing more flexible roles for PLHA so that their degree of visibility can be matched with their comfort level.

Facilitating Succession Planning and Parent-to-Child Disclosure of HIV Status

Most orphan support programs reach children whose parents have already died. Succession planning reaches children earlier, by supporting HIV-positive parents to take steps to ensure the future wellbeing of their children. The Horizons Program, in collaboration with PLAN International and Makerere University Department of Sociology, implemented an intervention study in Uganda to compare the impact of succession planning with orphan support programs on the wellbeing of orphans and vulnerable children. The sample included more than a thousand individuals, including HIV-positive parents, children affected by AIDS, and current and future guardians. Findings demonstrate that:

- Succession planning is an effective way to engage HIV-positive parents in planning for their children by appointing a guardian. Only half of all HIV-positive parents at baseline had appointed a guardian. After two years, a significantly greater proportion of parents exposed to succession planning activities had taken this step, compared to those parents not exposed (81 percent vs. 63 percent; p<.05).
- Participants reached by succession planning are also more likely to talk to their children about being HIV-positive. Although the great majority of parents and children at baseline were in favor of parent-to-child disclosure of HIV status, only 51 percent of parents had disclosed. At the two-year follow-up, 75 percent of parents participating in the succession planning program had disclosed (p<.05) compared to 58 percent of HIV-positive parents not reached by the program.7

June 2002


*Available on the web at www.popcouncil.org/horizons; for a hard copy contact horizons@pcdc.org