Randomized Clinical Trial of Brief Risk Reduction Counseling for Sexually Transmitted Infection Clinic Patients, Cape Town, South Africa (The Phaphama Project)

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Aim of the study

To test the effects of a brief single session risk reduction counseling session designed for use in resource poor STI clinics
Behavior

Identification of triggers for risky beh

Build a risk profile from continuum

Negotiation of safer sex

Assertiveness

Condom use (male/female)

education

lubrication

model/demonstration
Adapting IMB for South African Risk Reduction Counseling

- AIDS Risk-Reduction Information
- AIDS Risk-Reduction Motivation
- AIDS Preventive Behavior

Gender Attitudes and Gender Roles

Destigmatization

AIDS Risk-Reduction Behavioral Skills
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
Let’s talk about a risky situation...

...what made it risky?

Going back in time... to have this be a SAFER SEX situation...

WHAT could you have SAID?

WHAT could you have DONE?
Clinic recruitment of repeat, non-VCT STI patients

Baseline

60M Phaphama N = 310

20M Education N = 307

1, 3, 6, 9, 12-Mon FU

Phaphama Study Design
Clinic recruitment

Self admin & interviewer assessments
FIND the RISK

1 in 5 people in parts of Cape Town are living with HIV-AIDS
Participants

414 men 203 women patients in a Cape Town STI clinic

93% indigenous Africans
7% Coloured / White

Mean age 29.2 years (SD = 7.1)

20% (N = 123) married

63% (N = 391) were employed
Key Findings

- Within the intervention group significant reductions in unprotected vaginal and anal intercourse were observed.

- Those who received the 60 min intervention, using chart extraction, showed significantly lower incidents of STI.
Key Findings (Cont.)

- Intervention effects were less robust and durable for heavier drinkers than light drinkers.

- At 9 month follow up protective behaviours between the 2 groups were no longer significant.
Conclusions

- Counseling should be enhanced for heavier drinkers and in order to sustain protective behaviour outcomes a booster session will be required (6 months from initial counseling).

- We observed significantly greater HIV-prevention knowledge in the control condition - illustrating that increased knowledge does not lead to meaningful behaviour change.