

Evaluating the feasibility and impact of couple-oriented prenatal HIV counselling and testing in low and medium HIV prevalence countries.

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Background and objectives

Prenatest is a multisite HIV intervention trial funded by the French National Agency on AIDS Research (ANRS) and co-funded by the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF). The study objective is to evaluate the feasibility and impact of prenatal couple-oriented HIV counselling on sexual, reproductive and HIV prevention behaviours, within four low/medium HIV prevalence countries. It is implemented in four urban sites where the HIV prevalence is below 10% among the antenatal population: Yaounde (Cameroon), Santo Domingo (Dominican Republic), Tbilisi (Georgia) and Pune (India).

Intervention

Couple-oriented post-test HIV counselling (COC) is a clinic-based behavioural intervention. It replaces standard post-test HIV counselling delivered to pregnant women. It aims to provide the woman with information and give her the tools and strategies to actively involve her partner within the prenatal HIV counselling and testing process

Methods

A first feasibility phase (June 2007-January 2008) aimed to field test the integration of COC within the existing health services of the four study sites, to evaluate the acceptability of the intervention, and to define intervention components that are relevant and locally-adapted. Firstly, the COC intervention was pilot-tested in each site during a minimum of 25 sessions, and over a period of three months. Second, a cross-sectional survey was conducted, comprising a literature review; structured observations of local antenatal care (ANC), PMTCT and family planning services; in-depth interviews with key informants; and focus group discussions with women after standard post-test counselling and COC.

Results

The COC intervention was reported to be acceptable by all sites. The women beneficiaries declared appreciating to discuss about personal issues. They used to lack the tools/words to talk to their partner and COC helped them reach a better understanding about their couple relationship. They were confident that COC would help them to communicate with their spouses and improve their own and their family's safety. The COC intervention was also reported as feasible. Among the main recommendations issues from the feasibility phase results are the need to implement infrastructure adjustments to deliver parallel and confidential sessions of standard post-test counselling and COC and to revise the traditional unidirectional relationship between health care providers and patients, with women used to listen.

Several constraints to male involvement within the ANC setting and prenatal HIV counselling and testing process were however reported. First related to the organization of health services (too crowded), the socio-cultural values and practices by which men can't attend ANC (uncomfortable, lack of time), and the perceptions of women who believe men are not interested in ANC which is most of all a woman's issue.

In spite of these constraints, we observed a trend towards a positive impact of the COC session with observed partner HIV testing rates reaching 10 to 60% of women benefiting from COC over the study period, whereas routine rates of partner HIV testing, i.e. among women

who did not receive COC during the study period, were estimated below 5% of women tested across the four study sites (overall rates: 2.7 vs 36.1%, $p < 0.01$).

Next steps

The intervention trial started early 2009. Pregnant women (n=434 per country) are being individually randomised to receive either standard post-test HIV counselling or couple-oriented post-test HIV counselling and will be followed-up until 15 months post-partum. The main outcomes documented will be partner HIV counselling and testing; couple HIV counselling; couple communication regarding sexual, reproductive and HIV prevention behaviours; and men's involvement within the prenatal HIV counselling and testing process. This project aims to encourage the norm of a couple approach within PMTCT and comprehensive HIV/AIDS services.