

# Participants' Perceptions of the Extended Repeat HIV Testing and Enhanced Counseling (ERHTEC) intervention for Primary HIV Prevention of Pregnant and Lactating Women in Uganda

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## BACKGROUND

The 'Primary HIV Prevention among Pregnant and Lactating Ugandan Women' (PRIMAL) study aimed to assess an extended HIV testing and enhanced counseling (ERHTEC) strategy among 820 HIV-negative pregnant and lactating women aged 18 to 45 years and 410 of their male partners to address the first pillar of the World Health Organization global strategy for the prevention of mother-to-child HIV transmission (PMTCT).

## INTERVENTION

Individual women and couples enrolled in the control arm of the study were retested for HIV and receive standard post-test counseling in late pregnancy only as per current national guidelines. Women enrolled during antenatal care visits were followed up to 24 months postpartum. Both the intervention (N=410) and control (N=410) groups were retested for HIV at the time of delivery, 3 and 6 months postpartum and every 6 months thereafter. The intervention group received enhanced HIV prevention counseling every 3 months throughout follow-up.

The ERHTEC counseling guide addressed the specific contexts and risks of incident infection in pregnant and lactating women. In addition to integrating safe motherhood, safe infant feeding practice and family planning guidance, the guide clarified the concepts of acute and incident infection, explained the "window" period and addressed risk behaviors and sources of potential exposure to HIV between HIV tests, specific vulnerabilities and risks associated with different stages of pregnancy, delivery and post-partum periods including cultural practices and beliefs associated with sexual activity during pregnancy and breastfeeding, and resumption of sexual activity after delivery. It also discussed sero-discordance, its implications and all available ways to minimize transmission risks as well as disclosure, communication, sexual behavior, prophylaxis and care issues relevant to sero-concordant and sero-discordant couples.

## ERHTEC Key Messages

- Pregnant HIV-negative women are at constant risk of getting HIV during pregnancy and after delivery.
- Babies whose mothers get HIV during pregnancy or breastfeeding are at high risk of infection because of high levels of HIV in mother's blood when newly infected.
- Maintaining an HIV-negative status before, during and after pregnancy is possible; it requires that the woman/couple takes deliberate preventive and protective steps.
- Safe sex practices reduces the risks of HIV/ STI infection
- Family planning reduces maternal mortality and helps to plan for the families economic and daily needs
- Exclusive breast feeding is the best option for your baby

## METHODS

We carried out qualitative research to evaluate the acceptability of ERHTEC and understand its effect on risk reduction, couple communication and support. We conducted 6 focus group discussions and 44 key informant interviews involving health care providers, pregnant / lactating women and their male partners in Mulago, Uganda's National Referral Hospital in urban Kampala, and in a rural hospital in Kitgum, Northern Uganda between July and September 2015. We used Nvivo10 for coding and thematic analysis.

## RESULTS

ERHTEC benefits reported by participants:

- Helpful in risk reduction, increased faithfulness.
- Improvement of couple communication and negotiation for decision making for daily matters, sexual issues, family planning and condom use.
- Improved understanding, faithfulness, and support within their relationship

*I have benefited through counseling. When we have problems, we come here and get counseled. We then get back together and start afresh. I have learnt to be faithful to my partner* (Individual woman, Kampala)

*PRIMAL has helped me and my wife to love each other even more because we come and test together and we are able to discuss issues together* (male participant in couple, Kitgum)

Other benefits from ERHTEC described by participants:

- Information provided on HIV prevention, family planning, and nutrition supported participants was helpful to remain HIV-negative and take better care of their children.
- Some participants explained that community members approached them for advice on HIV prevention and marital problems.

Recommendations:

- Participants appreciated the combination of regular HIV testing and counselling, and were helped by the frequent reminders to come for quarterly follow-up, they requested for a continuation of these services beyond ANC and PNC.
- Participants stressed the importance of providing counselling to all couples, and providing these services at village level.
- In Kitgum, participants felt couple counselling was the best way to address risk-reduction. In Kampala, participants recommended individual sessions in addition to couple counselling, in order to address personal challenges.

## CONCLUSION

An enhanced repeat testing and counselling PMTCT program with a focus on HIV risk reduction, couple communication, family planning and nutrition can support risk reduction, and improve support, communication and decision-making about sexual and reproductive health in HIV-uninfected mothers.