

**POST-TEST COUNSELLING EXPERIENCES OF THE YOUTH AFTER THE UPTAKE OF HIV
COUNSELLING AND TESTING SERVICES (HTS) IN 2 SELECTED TECHNICAL VOCATIONAL
EDUCATION AND TRAINING (TVET) CAMPUSES IN TSHWANE DISCTRICT, GAUTENG
PROVINCE**

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BY

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STRUCTURE OF THE PRESENTATION

- Background of HIV trends and statistics globally, regionally, nationally-in South Africa's Higher Education Institutions (HEIs) specifically
- Conceptual Dimensions of the Study—focusing on behavioral change theory of reasoned action (TRA)
- Methodology
- Study Findings and Analysis
- Conclusion and Recommendations
- List of Referral Sources

BACKGROUND

- In terms of current trends and statistics on HIV epidemic prevalence **Globally**, approximately 36,7 million people are living with HIV
- 25 500 000 live in **Africa** as of end of 2015 (WHO, 2017)
- **Sub-Saharan Africa** is the world's hardest hit region hosting about 50% of the world's total HIV burden, with 19 million people living with HIV and AIDS
- –such statistics remain alarming given that 6,2% of the total world population is in sub-Saharan Africa (UNAIDS,2016)
- **South African Context:** about 7,030 000 people are living with HIV which is about 12,7% of the total population (Statistics South Africa 2016:7)
- In 2015, South Africa recorded 40% of new infections world wide (UNAIDS 2016) and one-fifth of women in the reproductive age are HIV positive (Stats South Africa 2016, Taukeni and Fereira, 2016).
- Strengthening the gendered dimensions of the epidemic, findings by the UNAIDS (2015) report show that more than 860 girls are infected with HIV weekly in South Africa as compared to 170 boys.
- In 2016, the UNAIDS further reported that about 2000 young women and adolescent girls aged 15-24 were infected by HIV every week in South Africa.

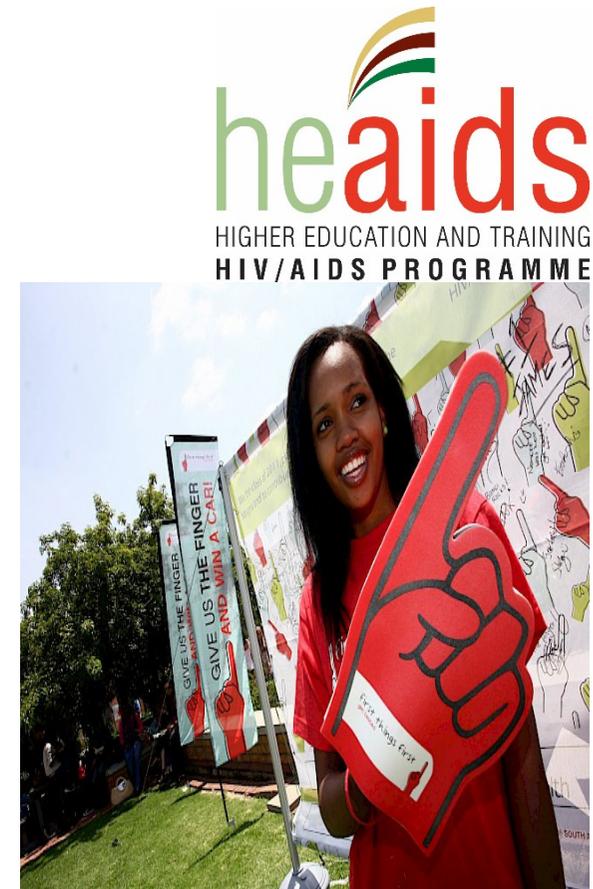
Context of the Research Study

- Youth percentage share of HIV in South Africa, of the 7,030 000 infected, the youth constitute **5.6%** (Stats South Africa 2016).
- It is against this background that HEAIDS has emphasized provision of HTS through the First Things First (FTF) model on all Higher Education Institutions (HEIs) given that majority of the learners are between the ages 15-24 (at risk populations).
- **HSRC KAB study findings in 2014 identified risky behaviours in TVETs:** alcohol and substance abuse to the extent of not knowing who they had sex with, intergenerational sex is common (with partners who are 5 years or older than them) and low condom usage (HSRC,2014).
- The implementation of HTS services in the TVETs by the HEAIDS programme is in alignment with the National Strategic Plan (NSP) 2017-2022 goals:
- **Goal 1** - *Accelerate prevention in order to reduce new HIV, TB and HIV infections.*
- **Goal 4** - *Address social and structural drivers of HIV, STIs and TB infections.*
- As from 2014 when HEAIDS rolled out HTS services to the TVET sector, a total of **206 329** students have been tested in the TVET sector, (HEAIDS Annual Review Report; 2017)
- This study therefore sought to establish the experiences of individual students after accessing HTS services, paying more attention to the individual as a unit of analysis.

Background *cont...*

FIRST THINGS FIRST (FTF)

- Study was conducted within the context of First Things First (FTF) HIV Counselling and Testing programme implemented by Higher Education and Training HIV and AIDS (HEAIDS).



Background *cont.....*

FIRST THINGS FIRST OBJECTIVES



Mobilisation Campaign

Promote
Regular
Testing

Eliminate
Stigma

Build
Capacity



South Africa is taking responsibility

Conceptual Dimensions of the Study

- Theoretical underpinnings of the study—derived insights from the wisdom of the Theory of Reasoned Action (TRA) championed by Fischbein in the 1960s and later expanded by a host of other scholars.
- **Core tenets of the theory** –places focus on the individual’s intention to behave in a certain way. ----propounds that the way one behaves is shaped by the individual’s attitude towards a certain behavior as well as subjective norms of people around them (eg friends and family).
- In the context of HTS uptake—theory of reasoned action helps to understand behavioral intent which is deemed the determinant of behavior, ie reduce “**risky**” and increase “**healthy**” behaviours (Kelly et al, 1993)
- The underlying assumption is that after getting one’s HIV test results, the learners are bound to have an intention to take action about their own health whether HIV +ve or –ve.

METHODOLOGY

Example of pledge wall



- The study deployed a qualitative approach
- Data was collected through the use of the pledge wall-involving the use of a poster where participants would write down their experiences after testing at campus X (urban) and Y (peri-urban)
- Study participants participated voluntarily and there was no set sampling criterion
- After receiving their HIV test results during the activation (HTS) Campaign), students were asked if they wanted to share their experiences after getting their results, whether HIV +ve or -ve
- Pledges were written as per the 2 pictures below
- Thematic approach was utilised for data analysis, that is deriving the themes from the pledges made by the students on both pledge walls.

Study Findings and Analysis

- From the study, many students wrote their HTS experiences on the pledge wall during the activations at both campus X and Y
- At Campus X (urban campus) & Y (peri- urban campus) : both pledge walls had a minimum of 50 pledges as most students were willing to share their experiences after getting their HIV test results.
- The following themes were derived;

1. Raised self-efficacy.

“I feel relieved and I vouch to use a condom always”

“I am relieved and so happy I know my status”

“I will always put myself first before my partner”

“I know my status, do you?”

“ From now onwards, no condom no sex”

- The frequency of the word ‘I’..... in both pledge walls is an indication that the decision to engage in any sort of sexual behavior, lies on individual’s intent as propounded by the theory of reasoned action.
- The knowledge imparted to them during pre and post-test counselling empowered them to take charge of their health and they displayed a can do attitude.

Study Findings and Analysis *cont*.....

2. Fear of the unknown

Also, the words 'happy' and 'relieved' are in indication that most participants have been procrastinating to get tested and now that they have eventually tested, they are happy or relieved. This reflects how fear of the unknown is a deterrent to knowing one's status and the onsite testing through the activations affords many students an opportunity to test for HIV for the 1st time in their lives

3. Intended behavior change

All the commitments made by students after HTS reflected an intention to change their sexual behaviours positively. "I will always use a condom" and this behavior is likely to happen. It therefore means an *evaluation* of the potential outcome is made, ie risk reduction from HIV infection if HIV -ve and if HIV +ve, prevention of deliberate spread of HIV and re-infection.

Study Findings and Analysis *cont*.....

4. Differential power dynamics

- Statements on the pledges like, “*...put myself first before my partner*” or “*... will convince him to use a condom always*” are an indication of how social and structural drivers of HIV need to be addressed.
- Such pledges also reveal power dynamics in sexual relationships which make other sexual partners vulnerable because they do not decide how and when sex is done.
- Such can also be attributed to other extenuating factors like financial dependence which disempowers them to negotiate for safer sex.

5. Renewed hope and gratitude

- Other pledges like “*being HIV positive is not the end of the world*”, “*Even if I am HIV positive, I will live longer,*” were an indication of renewed hope.
- Others were written in vernacular praising the Lord for testing HIV negative, “*Modimo o Mogolo (God id Great)*”, “*Modimo ha le teng mathahta ao (Where there is God there are no problems)*”

6. Advocacy/Motivation

- Other themes derived carried tones of peer encouragement for example, pledges like “*I know my status, do you?*”, “*Get tested early, it’s the right thing to do*”

Conclusion and Recommendations

Summary

- In summation, rolling out of HTS remains the most important preventive measure for both HIV +ve students as they get access to treatment early (treatment as prevention) and for the HIV -ve students to remain negative through risk reduction mechanisms like correct and consistent use of the condoms.
- More importantly, as shown by the study findings, there is general raised self-efficacy when the learners receive HTS results and the chances of behavior change are greater seeing that the individuals are taking responsibility of their own health
- Given that there is no cure for or vaccine to prevent HIV transmission to date, HIV prevention interventions ought to continue focusing on behavior and behavioural change.

Recommendations

- TVETs explore further post-test counselling and testing support for students (social workers, psychologists) in order to help them translate their intentions to change their risky behavior into action.
- Further research to follow up on the derived themes of the pledge wall is required as these give a hint to the issues affecting students from preventing HIV infections or re-infections through dialogues and focus group discussions.
- Interventions should also focus on strengthening peer education training as a way of cascading information which is correct and accurate to fellow students at a peer to peer level (**following health calendar**)
- Methodologically; The pledge wall offers a unique platform to extrapolate the lived experiences of the youth with regards to their uptake of HTS and should continue to be used during FTF activations. Themes could be used to develop behavioural change communication intervention messages on social media platforms like twitter and TVET facebook pages


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