

# AIDSFree Prevention Update



## June 2015

This is the June 2015 edition of the AIDSFree Prevention Update, an initiative of the Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project. The AIDSFree Prevention Update is your monthly snapshot of current peer-reviewed literature and state-of-the-art program resources, tools, and curricula on HIV prevention.

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## Addressing HIV Risk in Adolescent Girls and Young Women

Fleischman, J., & Peck, K. A. Report of the Center for Strategic and International Studies (CSIS) Global Health Policy Center (April 2015).

In eastern and southern Africa, girls account for 80 percent of new HIV infections among adolescents, and HIV and AIDS is the main cause of death among girls aged 15–19 years. The \$210 million Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS) Partnership seeks to address HIV risks among adolescent girls and young women in 10 countries in eastern and southern Africa. The goal of DREAMS is to reduce HIV incidence in high-burden areas by 25 percent in two years, and by 40 percent in three years. The authors of this paper described examples of innovative programs and new strategies for reaching these populations, such as cash transfer programs and improved access to integrated HIV and family planning services—programs that have proven to be effective in reducing HIV-related risk behaviors and HIV prevalence among adolescent girls. The article also highlighted challenges for these programs, especially operationalization, measurement, and sustainability. The authors stressed the importance of engaging adolescent girls and young women in program design and implementation. They also argued that DREAMS would require the involvement of a wider range of government stakeholders to facilitate the development and implementation of comprehensive interventions, including activities to create safe spaces and prevent gender-based violence.

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## Risk of Death among Those Awaiting Treatment for HIV Infection in Zimbabwe: Adolescents Are at Particular Risk

Shroufi, A., Ndebele, W., Nyathi, M., et al. *Journal of the International AIDS Society* (February 2015), Vol. 18 Issue 1, doi: 10.7448/IAS.18.1.19247, eCollection 2015.

This retrospective cohort study showed that adolescents seek care for HIV at a later clinical stage compared to adults, and face greater risk of death while awaiting initiation of antiretroviral therapy (ART). The study population comprised 1,382 adolescents aged 10–19 years and 7,557 adults (including both treatment-naïve and ART-experienced patients) who registered in an ART clinic in Zimbabwe between April 2004 and December 2010. Analysis showed that adolescents were more likely than adults to register for ART at a later stage of the disease (83 percent versus 73 percent), and that the median wait for ART initiation was longer for adolescents than for adults (21 days versus 15 days). For eligible patients who did not start ART, the mortality rate was significantly higher among adolescents than among adults (3 percent versus 1.8 percent). The authors pointed out that earlier identification of HIV-positive adolescents would require the development of new interventions, given that current approaches generally fail older children and adolescents. They recommended including adolescents who are not yet eligible for ART within social support models, such as peer support clubs; historically, such clubs have focused on adolescents who have already initiated ART.

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## Sexual Stigma, Criminalization, Investment, and Access to HIV Services among Men Who Have Sex with Men Worldwide

Arreola, S., Santos, G. M., Beck, J., et al. *AIDS and Behavior* (February 2015), doi: 10.1007/s10461-014-0869-x.

The authors of this online survey study investigated the association between access to HIV services and (1) perceived sexual stigma at the individual level; (2) country-level criminalization of homosexuality; and (3) country-level investment in HIV services for men who have sex with men (MSM). A total of 3,340 MSM from 115 countries completed the anonymous online survey. The authors then combined their responses with data gathered from external sources on criminalization of homosexual behavior and country-level investment in HIV services. The study found that MSM had limited access to HIV protection: only 47 percent reported having easy access to condoms; 48 percent reported access to HIV testing; and 29 percent had easy access to lubricants. Of MSM living with HIV (n = 493), 54 percent reported that treatment was easily accessible. The authors reported that an increase in perceived sexual stigma was associated with a significant decrease in access to free condoms and lubricants, HIV testing, and antiretroviral treatment. Reduced access to HIV services was associated with lower levels of country investment in HIV services. The authors concluded that effectively increasing access to HIV services for MSM will require increased funding for HIV services, combined with efforts to decriminalize homosexual behavior and reduce sexual stigma against MSM.

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## Behavioral Prevention

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### Behavioral Interventions to Reduce Sexual Risk Behavior in Adults with HIV/AIDS Receiving HIV Care: A Systematic Review

Laisaar, K-T., Raag, M., Rosenthal, M., and Uusküla, A. *AIDS Patient Care and STDs* (May 2015), Vol. 29 Issue 5, doi:10.1089/apc.2014.0240.

The authors searched electronic biomedical databases and conference abstracts from 1981 to 2013 to identify and synthesize research on individual-level, facility-based behavioral interventions for people living with HIV (PLHIV) to determine their efficacy in reducing sexual risk behavior. The five studies they identified reported widely varying sexual behaviors, since some studies only recruited people who had engaged in sexual acts without condoms during the past three months, while others had no history of recent sexual activity. Overall, the quality of evidence in the included studies was low; only two of the five studies showed low risk of bias. The authors found no evidence on the effect of sexual risk reduction interventions on biological measures, since none of the studies measured the acquisition of hepatitis or sexually transmitted infections. They also found limited evidence that individually administered sexual risk reduction interventions reduced the number of casual sex partners or increased the consistency of condom use in acts posing a risk of HIV transmission. Nevertheless, the authors found that regular interactions between HIV care providers and PLHIV provided valuable opportunities to implement sexual risk reduction interventions to restrain the spread of HIV.

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### **The Impact of Adherence to Preexposure Prophylaxis on the Risk of HIV Infection among People Who Inject Drugs**

Martin, M., Vanichseni, S., Suntharasamai, P., et al. *AIDS* (April 2015), Vol. 29 Issue 7, pp. 819–824.

The 2005–2012 Bangkok Tenofovir Study (BTS), a randomized, double-blind, placebo-controlled study, examined participants' adherence to daily oral tenofovir in an HIV pre-exposure prophylaxis (PrEP) trial; identified factors associated with adherence; and assessed the impact of adherence on the risk of HIV infection among people who inject drugs (PWID). The study took place in 17 Bangkok Metropolitan Administration drug treatment facilities that offer an HIV-prevention package, social services, and medical care. The 2,413 participants attended either daily or monthly visits during which nurses observed participants swallowing the study drug, and participants from both groups initialed a diary, which the authors used to assess adherence. Higher levels of adherence were associated with reduced risk of HIV infection (83.5 percent among participants with at least 97.5 percent adherence, compared to a 48.9 percent reduction overall). Analysis showed better adherence among participants aged 40 years and over, and among women. Participants who had been incarcerated or had injected methamphetamine before enrollment were more likely to report below 95 percent adherence, suggesting poor adherence among some at-risk participants. These findings were consistent with findings from trials among men who have sex with men and HIV-discordant heterosexual couples. The authors suggested that PrEP could provide high levels of protection against HIV for PWID, provided adherence is high.

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### **Informing the Scaling Up of Voluntary Medical Male Circumcision Efforts Through the Use of Theory of Reasoned Action: Survey Findings among Uncircumcised Young Men in Swaziland**

Gurman, T., Dhillon, P., Greene, J., et al. *AIDS Education and Prevention* (April 2015), Vol. 27 No. 2, pp. 153-166.

This study used the theory of reasoned action (TRA) to identify predictors of intention to accept voluntary medical male circumcision (VMMC) among 1,257 men in Swaziland aged 13–29. The TRA framework holds that an individual's beliefs and attitudes influence intention—the closest determinant of any given behavior. The survey respondents were divided into two categories: those with intention (men who reported that they intended to be circumcised within the next six months) and those with no intention (men who reported that they planned to be circumcised after more than six months, or not at all). The study found that the strongest predictors were one's views about whether (or not): sex was more painful for a circumcised man; a Christian man should not be circumcised; and circumcision made penetration more painful. Other strong predictors were having been tested for HIV in the past 12 months and having greater knowledge about the relationship between circumcision and penile cancer, cervical cancer, and sexually transmitted infections. Additionally, social support, specifically support from parents, friends, and sexual partners, was strongly associated with a Swazi man's intention to be circumcised. The authors recommended that interventions address the benefits and risks associated with the procedure, including religious beliefs with regard to VMMC.

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## **Sexual Relationships Outside Primary Partnerships and Abstinence Are Associated With Lower Adherence and Adherence Gaps: Data From the Partners PrEP Ancillary Adherence Study**

Kintu, A., Hankinson, S., Balasubramanian, R., et al. *Journal of Acquired Immune Deficiency Syndromes* (May 2015), Vol 69 Issue 1, pp. 36–43.

The authors enrolled 1,147 HIV-negative individuals in long-term serodiscordant relationships from the Partners Pre-exposure Prophylaxis (PrEP) Study (a randomized placebo-controlled trial of daily oral tenofovir and emtricitabine/tenofovir) in three sites in Uganda to assess the role of sexual relationship on degrees and patterns of adherence to PrEP. The study found that participants who reported sex with only their primary partners were more likely to have 100 percent condom use, compared to those who had sex with both primary partners and other partner(s), and those who had sex only with other partners (79 percent, 33 percent, and 36 percent, respectively). Men were 34 percent more likely than women to be low adherers (defined for this study as < 80 percent condom use). Additionally, participants who reported sex with other partners only, and those who had below 100 percent condom use, had a 50 percent higher chance of having gaps in adherence compared with those who had sex only with primary partners and 100 percent condom use. The authors concluded that people who have multiple partners but are not in polygamous marriages may require additional adherence support during PrEP implementation programs.

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## **"Why Should I Take Drugs For Your Infection?" Outcomes of Formative Research on the Use of HIV Pre-Exposure Prophylaxis in Nigeria**

Idoko, J., Folayan, M. O., Dadem, N. Y., et al. *BMC Public Health* (April 2015), e-publication ahead of print.

The authors conducted 238 telephone interviews, 113 in-depth interviews, and 13 focus group discussions, and used data from 70 online surveys and a consultative meeting with 22 stakeholders, to explore public opinion, community interest, and perceptions about use and acceptability of pre-exposure prophylaxis (PrEP) in Nigeria. Overall, respondents prioritized HIV-serodiscordant couples for PrEP because such couples were considered to be at high risk of HIV infection. Participants identified several challenges to PrEP use and access, especially the potential for stigma associated with use of antiretrovirals, and the likelihood of index partners being women, since most serodiscordant couples are identified through HIV screening of women attending antenatal clinics. In a male-dominated country like Nigeria, this could have significant implications for the uptake and use of PrEP by HIV-negative male partners in serodiscordant relationships. Marital counselling may therefore be necessary at PrEP sites. The authors also identified potential models for delivering PrEP—for example, integrating PrEP into routine outpatient care, which could reduce the potential for stigma. Interviewees also believed that a national PrEP program will only be successful if the government can ensure sustained access to medications.

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## Combination Prevention

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### Evaluating the Effect of HIV Prevention Strategies on Uptake of HIV Counselling and Testing among Male Most-At-Risk-Populations in Nigeria; A Cross-Sectional Analysis

Adebajo, S., Eluwa, G., Njab, J., et al. *Sexually Transmitted Infections* (April 2015), doi: 10.1136/sextrans-2014-051659.

This cross-sectional study evaluated the effects of three strategies to increase the uptake of HIV counseling and testing (HCT) in Nigeria among 1,988 male most-at-risk populations (M-MARPs), such as men who have sex with men (MSM) and people who inject drugs (PWID). In the first strategy (S1), key opinion leaders referred M-MARPs to health facilities for HCT; in the second (S2), opinion leaders referred them to nearby mobile HCT teams; and in the third strategy (S3), mobile M-MARPs' peers conducted the HCT. HCT uptake was 78 percent with S1, 84 percent with S2, and 94 percent with S3. Among M-MARPs who tested HIV-positive, 84 percent, 83 percent, and 98 percent of those reached via S1, S2 and S3, respectively, received their results. Among the first-time testers, S3 accounted for the highest proportion of HIV-positive clients (13 percent) while S2 reported the lowest proportion (3 percent). MSM and PWID reached through S1 and S2 were less likely to accept HCT compared to those reached through S3. The authors concluded that S3 (peer-led HCT) provided the highest impact on the number of M-MARPs reached, the identification of HIV-positive M-MARPs and new testers, and called for interventions to train M-MARPs peers to provide HCT.

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## Structural Prevention

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### Food Insecurity is a Barrier to Prevention of Mother-To-Child HIV Transmission Services in Zimbabwe: A Cross-Sectional Study

McCoy, S. I., Buzdugan, R., Mushavi, A., et al. *BMC Public Health* (April 2015), E-publication ahead of print.

This study examined the relationship between food insecurity (FI) and prevention of mother-to-child HIV transmission (PMTCT). The authors used data from a 2012 cross-sectional survey of mother/caregiver-infant pairs conducted as part of Zimbabwe's Accelerated National PMTCT Program, which was developed to examine HIV transmission patterns for mothers or caregivers aged 16 years or older during pregnancy, delivery, and breastfeeding. The authors found that the degree of FI significantly influenced use of antenatal care (ANC): attendance of at least one ANC visit was 95 percent among women from food-secure households, 94 percent for women with moderate FI, and 92 percent for women with severe FI. Furthermore, women from moderately or severely food-insecure households were significantly less likely to know their HIV status during pregnancy, or labor and delivery, or to deliver in a health facility; and were less likely to report attending the postnatal visit. Overall, completion of all key steps in the PMTCT cascade was reported by 49 percent of women from food-secure households, 45 percent of women with moderate FI, and 38 percent of women with severe FI. The authors concluded that FI may be an important barrier to uptake of some PMTCT services, and called for integrated food and nutrition programs for pregnant women.

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## **"Protect Your Loved Ones From Fataki": Discouraging Cross-Generational Sex in Tanzania**

Kaufman, M. R., Tsang, S. W., Mooney, A., et al. *Qualitative Health Research* (April 2015), E-publication ahead of print.

The Fataki campaign (about a girl-chasing older man) aired on Tanzanian radio from 2008 to 2011 and addressed cross-generational sex, a major driver of HIV in the region. The authors conducted individual interviews and focus groups with community members and leaders in Pwani and Iringa regions of Tanzania to assess community reactions to the Fataki campaign, its reach, and how it affected interpersonal communication about cross-generational sex (CGS) two years after the campaign was completed. They found that the Fataki campaign was generally well received; participants commented on the importance of messages about protecting loved ones from CGS. Exposure to the campaign was associated with a higher likelihood of engaging in interpersonal discussions about CGS, and participants reported having discussed CGS and Fataki with other young women as a result of the campaign. Most commonly, discussions focused on encouraging young women to avoid "Fatakis" and to focus on school rather than risk pregnancy because of the cost and value of education. Participants also reported discussing strategies young women could use to avoid Fatakis. These often included approaches modeled in campaign messages, such as refusing offers of rides, money, and gifts from Fatakis. The authors concluded that the Fataki campaign was successful in encouraging interpersonal communication about CGS, and suggested that future campaigns should model both men and girls to avoid such relationships.

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## **Gender and HIV Infection in the Context of Alcoholism in Kenya**

Muturi, N. *African Journal of AIDS Research* (March 2015), doi: 10.2989/16085906.2015.1016986.

This study assessed the perspectives of rural communities on risk factors for HIV infection among women who are in alcohol-discordant relationships with male partners who consume alcohol excessively. The authors conducted seven focus group discussions with 30 men and 30 women aged 27 to 57 years, who were recruited through community-based organizations. Both male and female participants described the severe alcoholism in Central Kenya, especially affecting men aged 15 and older, and exerting widespread impacts on the socioeconomic welfare of rural families. Participants reported that since alcoholism has become widespread, more women are engaging in extramarital relationships. Women in these relationships also engaged in risky sexual practices for economic reasons, since their partners were spending more money on alcohol. An additional consequence of excessive alcohol consumption was the escalation of sexual violence in rural communities, which made women and girls more vulnerable to HIV infection. The authors concluded that considering the widespread prevalence of alcoholism, and the association between alcoholism and HIV infection, there is an urgent need for HIV prevention programs to focus on older married women in rural areas and include remediation measures for alcoholism.

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## **Effects of an Adolescent Sexual and Reproductive Health Intervention on Health Service Usage by Young People in Northern Ghana: A Community-Randomised Trial**

Aninanya, G. A., Debpuur, C. Y., Awine, T., et al. *PLOS ONE* (April 2015), doi: 10.1371/journal.pone.0125267.

The study investigated whether a community-based adolescent sexual and reproductive health intervention in northern Ghana was associated with increased adolescent use of selected reproductive health services. A total of 2,664 adolescents in 26 communities were allocated to intervention or comparison groups. The intervention group (n = 1,288) received a school-based curriculum, out-of-school outreach, community mobilization, and

health worker training in youth-friendly health services, while the comparison group (n = 1,376) received community mobilization and youth-friendly health services training only. Comparison of the baseline (2005) and endline (2008) data showed significantly greater increases in the use of services for sexually transmitted infections (STIs) in the intervention group (from 3 to 17 percent) relative to the control group (from 5 percent to 8 percent). More young men than young women used STI services at endline (64 percent versus 36 percent in the intervention communities and 57 percent versus 36 percent in the comparison communities). Use of antenatal services increased in the intervention group (from 3 percent to 12 percent). Satisfaction with services received increased more among adolescents in intervention communities (from 18 percent to 43 percent) than in comparison groups (from 17 percent to 28 percent). The authors concluded that school-based and peer-outreach interventions were associated with increased service usage and could be used in future programming.

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## Reports, Guidelines & Tools

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### **Double Trouble: Injection Drug Use and Sexual Behaviour**

India HIV/AIDS Alliance, April 2015.

This study described factors that influence vulnerability to sexual transmission of HIV between people who inject drugs (PWID) and their sexual partners, and discussed concerns associated with the delivery of various harm reduction services for these couples. The authors conducted 50 separate interviews and four focus group discussions in two districts in the states of Bihar and Manipur. They reported that PWID remained extremely vulnerable to HIV and other sexually transmitted infections. Stigma was reported as a main barrier preventing access to health services. Many PWID reported difficulties accessing harm reduction centers, such as the inconvenient operating hours of needle and syringe exchange programs, which in turn contributed to risky sharing behavior despite ample risk awareness. The authors also noted that group dynamics and social norms were important drivers of vulnerability in instances when reluctance to inject together (and share equipment) was viewed as suspicious. The research also revealed that female sexual partners of male injectors were often unaware of their partner's HIV status, or felt unable to moderate their risk because of power imbalances in their relationships. This pointed to an urgent need to create effective services that meet the unique needs of women partnered with drug injectors, the authors said. They concluded that programs for PWID must address complex vulnerabilities faced by PWID and their sexual partners.

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### **Tool for Rapid Evaluation of Facility-Level Nutrition Assessment, Counseling, and Support: A User's Guide**

Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) (2015).

The Tool for Rapid Evaluation of Facility-Level Nutrition Assessment, Counseling, and Support (REF-NACS) is a generic tool that helps gather information on the capacity of health facilities to implement NACS for pregnant women, children, and people living with HIV. This tool is designed to stimulate discussions, facilitate an analytic process, and develop a prioritized plan for strengthening NACS services. The results from a REF-NACS assessment will help government policymakers, donors, program managers, service providers, and clients to:

- Understand current service provision and human resource capacity to implement quality NACS services

- Identify gaps in available services
- Identify weaknesses in the health system for implementing a continuum of comprehensive NACS services
- Prioritize interventions and identify actions to strengthen NACS-related programming.

REF-NACS is a flexible tool that can be used in a range of applications—to strengthen existing NACS capabilities, design new programs or services, or take a program to scale. It can be implemented in a sample of health facilities, or in all health facilities where a program plans to work, and is easy to administer with a modest budget.

### [Download Tool](#)

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The ***AIDSFree Prevention Update*** provides a representative sample of summaries and abstracts of recent articles on global HIV prevention issues from a variety of scientific, peer-reviewed journals. It also includes state-of-the-art program resources, such as tools, curricula, program reports, and unpublished research findings.

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