



# **ATTITUDES TOWARDS COUPLES- BASED HIV COUNSELING AND TESTING AMONG MSM CAPE TOWN**



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## STUDY RATIONALE

- The rationale for this study arises from 3 main facts
  1. MSM are at heightened risk for HIV/AIDS
    - range of prevalence estimates for MSM in RSA 12-24%
  2. Most new HIV infections among MSM in the US are attributable to sex with main partners – makes sense the same pattern may occur in RSA
  3. Couples Voluntary Counseling and Testing (CVCT) has proven to reduce HIV transmission among heterosexual couples in Africa
    - Now considered a “*high leverage prevention*”
    - Reduction in sero-conversion among sero-discordant to 8%
    - Significant gains in condom use post-CVCT



# MSM, COUPLES AND HIV

- CDC analysis estimates that 68% of new HIV infections among US MSM are ascribed to main sex partners
- MSM more likely to have anal sex with main partner
- Less likely to use condoms with main partner
- More overall sex acts per year with main partner
- Research to date has largely ignored the MSM dyad, and has focused on individual prevention efforts
- In the African context, MSM significantly overlooked in research and programmatic efforts
  - Role of male-male dyad is largely ignored
  - RSA – feasible social and legal environment for adaptation of CVCT for MSM



## AWARENESS OF SERO-STATUS AMONG MSM

- Although prevalence of testing among MSM is high, many are unaware of their sero-status
- In US: Estimated that approx 48% of MSM recruited through venues not aware of positive sero-status
- Potential for misrepresentation of results to partner
- CVCT provides a mechanism for two MSM to learn and share their results in the presence of a counselor



# COUPLES VOLUNTARY COUNSELING AND TESTING - CVCT

- Work of Susan Allen has proven that CVCT can substantially lower HIV transmission among sero-discordant heterosexual couples
- In the CVCT model, couples receive pre and post-test counseling as well as test results together
- Mutual and shared knowledge allows couples to adopt a prevention plan
- Some key differences to VCT
  - CVCT is prospective in nature
  - Focus is on the couple and developing a plan



## AIMS

- CVCT has proven to be a successful intervention for reducing HIV transmission among heterosexual couples
- Can we take this successful intervention that targets the largest at risk group in Africa (heterosexual couples) and apply it to MSM in South Africa?
- First step is to establish attitudes towards CVCT among RSA MSM
  - Are MSM in the RSA open to CVCT?
  - How would the current model of CVCT need to be adapted to suit RSA MSM?



# METHODS

- Focus group discussions and in-depth interviews were conducted with MSM Cape Town July-January 2010-2011
- MSM were recruited through CBOs and advertisements in local gay themed publications/ venues
- Participants had to be self-identifying MSM, over 18 and in a relationship with another man
- Seven FGD and 29 IDI were conducted
- FGD examine acceptability of CVCT, perceived impact of CVCT on relationships and behavior, and adaptation of CVCT
- Thematic analysis was conducted on transcribed data to identify key themes and compare themes across background characteristics



## ACCEPTABILITY OF CVCT AMONG MSM

- Universal acceptance of the notion of CVCT for MSM – no participants reported that they would not be open to testing with a male partner
- Emotional support was seen as the main benefit of CVCT

*“Because some other people who feel anger, they want to kill themselves when they know they are HIV-positive. And then that’s what, they are going to know that, ‘Okay here is my partner. He is going to help me, so now I’m free. I have somebody to talk to every time I need to talk.’ So that is why I say it is needed.”*



## OPPORTUNITY TO DISCLOSE SERO-STATUS

- For many, CVCT would provide an opportunity to share sero-status and to discuss the results with a third party who could offer guidance

*“...It’s going to be much better because if I go in as an individual and my partner doesn’t know, I just keep quiet if I find out I’m positive...But if you go with your partner, then you’ll both start coming to your senses because then you’ll both know what to do now.”*

*“so many stories of people in relationships not knowing that the other one is actually HIV-positive.”*

- Those who self-identified as HIV+ noted that CVCT would provide a forum for them to share their sero-status with their new partner in a more supportive environment

*“I knew I was HIV positive and I didn’t know how to tell him, we hadn’t had sex yet, we were just flirting around with each other. But he was so damn persistent about being tested, but for whatever reason back then I just couldn’t say it, so I said let’s just go get tested”*

# TRUST, HONESTY AND RELATIONSHIPS

- Related to the disclosure of sero-status, many participants suggested CVCT would lead to more honest sharing of test results and could strengthen relationships

*“...if the other is negative and the other was positive, I think it wouldn’t destroy that relationship, it would actually make the relationship more stronger because the negative one would dedicate himself to the positive one, so that he would take care of him, tell him what to do.”*

- Initially some participants were worried about having to reveal behaviors

*“There are those people that they know that they are not faithful, are not committed to have one partner. They will feel scared to come to the services, because they know, ‘Okay now if I come to the service, I’m committing myself to this person.’”*



# CVCT AND RELATIONSHIP QUALITY

- Many felt that CVCT would strengthen a relationship and would lead to stronger communication between partners

*“...I think the pre-test counseling will help most ‘cause then they’ll actually get to know – there will be different options...So then you actually know that even if my partner is positive, you know that you can do this and this and that. Even if my partner is negative, I can still do that, you see. So I think it will work for all partners.”*

- For many, CVCT would provide a way to understand how to deal with HIV in a relationship and let them know what the options were

*“...so if I actually receive the results – my boyfriend positive, me, I’m actually negative – I should accept it and actually follow the structures...But I actually know that it’s really difficult such things, but I have to because it’s my boyfriend.”*

- May also lead to greater *“sexual freedom”* – development of an agreement or transition away from condom use



## REASONS TO ADOPT CVCT

- A sense of commitment, or a declaration of togetherness, were the main reasons cited for a MSM couple to attend CVCT  
*“who are building a future together,” “exclusive,” “living together,” “have nothing to hide”*
- Another common reason for a MSM couple to adopt CVCT was that it would allow a monogamous couple to stop using condoms  
*“We don’t wanna use condoms any more...I don’t wanna get fucked with a condom, I don’t wanna fuck you with a condom, so let’s go find out what going on”*
- Many participants also reported that the opportunity that CVCT afforded for them to provide and receive emotional support from a partner was a major factor in the decision to adopt CVCT
- For them to feel respected as a couple



# REASONS NOT TO USE CVCT

- Very few participants cited reasons not to use CVCT services
- A few participants felt that there should already be enough honesty in relationships to allow open discussion of HIV status

*“To me, it’s just an individual thing. I really don’t see the need for a couple going together...If they come to that stage where they are now really settling down as a couple, they should be so trusting of each other that this is, it should have all happened prior to that.”*

- For these people, there was no added value of CVCT
- Those who were least likely to use CVCT were MSM referred to as *“after nines,”* who would not use CVCT especially if it *“were in a gay place”*



## KEY RESULTS

- MSM most likely to want to use CVCT were:
  - In a committed relationship – this varied, a significant number also said that they could imagine people using this early in their relationship
  - Wanted to not only learn their HIV status together, but wanted to learn about options to deal with HIV in a relationship
  - Would be most likely to use it if it were in a gay friendly environment where counselors understood and respected male-male relationships
    - BUT: non gay-identifying MSM said they may feel uncomfortable going to a gay space & would prefer a place for all forms of couples
  - If one partner had an STI or showed signs of illness, this could be a trigger for CVCT



# ADAPTATION OF CVCT FOR US MSM

- Few suggestions were made as to how to adapt current CVCT model for MSM – most were largely happy with current format
- Suggested changes included increased screening to ensure that one partner was not being coerced into the testing
- Others suggested combining CVCT with other couples-focused services for MSM – highlighting the lack of services for same-sex couples
- How to market and package CVCT?
  - It is not a replacement for VCT
  - It is not for everyone – it is an option for those who want it
  - What are the prevention messages / biomedical interventions for different types of couples



## DISCUSSION

- Clear demand exists for CVCT among MSM participants – surprisingly there almost no rejection of the idea of CVCT
  - Evidence from CDC also supports the notion that couples should be targeted
- CVCT provides a forum for the disclosure of sero-status, development of protection plans, and future planning behaviors
- CVCT provides a forum to reduce misrepresentation of sero-status to main partners
- CVCT may also provide a mechanism for validating male same-sex relationships
  - Internally by promoting communication, responsibility and trust
  - Externally by promoting the male couple as a unit of intervention

## CONCLUSION

- Few interventions have proven to be effective at reducing HIV among MSM
- CVCT provides an opportunity to translate a proven couples intervention to MSM couples– a highly vulnerable group
- Also, education of MSM and providers is needed to inform them of the workings of CVCT – to reduce fear of the need to disclose
- Next steps? Where do we go from here?
  - Theatre testing of videos of counseling sessions

