Dissertation Defense

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Promotion and integration of couples’ HIV voluntary counseling and testing (CVCT) with other health services for HIV prevention

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Room 3001, RSPH/CNR

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Abstract:
Couples’ HIV voluntary counseling and testing (CVCT) is a high-impact testing strategy in which sexual partners jointly test for HIV, disclose their results, and formulate risk reduction plans with a counselor. CVCT decreases HIV transmission and HIV risk behaviors. The WHO 2012 CVCT guidelines emphasize the need for increased access to CVCT, as well as the synergistic impact of CVCT when integrated with other couple-focused health services on outcomes including increased family planning access and reduced intimate partner violence (IPV). This dissertation is comprised of three studies focusing on strategies for CVCT promotion and integration with family planning and IPV services, which remain operational challenges despite clear mandates.

In our first study, we identify predictors of CVCT uptake in Lusaka, Zambia to improve CVCT promotional strategies. Using multivariable logistic regression models with generalized estimating equation methods, we found recruiting CVCT promoters who had previously tested with partners, inviting acquaintances of CVCT promoters, inviting couples (versus individuals) in discreet locations, and utilizing CVCT promoters from non-government and health (versus private) networks significantly increased CVCT uptake.

Our second study evaluated the impact of a family planning intervention on incident pregnancy among HIV sero-discordant couples receiving CVCT services in Lusaka, Zambia. The analysis of this factorial randomized controlled trial (RCT) of two video-based interventions showed that, among baseline contraceptive users, viewing a video focusing on longer-acting contraceptive methods was associated with a significantly lower pregnancy incidence. The effect was strongest in couples in which the woman was positive.

Given that CVCT provides an opportunity to identify IPV, which is an HIV risk factor, our final study identified factors associated with experiencing recent IPV or coercion within men who have sex with men (MSM) couples enrolled in a RCT of CVCT in the US. Using multilevel actor-partner interdependence models, factors associated with experiencing recent IPV were non-black/African American actor race, lower actor education, and lower partner education. Factors associated with experiencing coercion were younger actor age and lower partner education.

These findings will inform the design of CVCT promotional strategies, family planning interventions for CVCT clients, and screening tools for IPV and coercion among CVCT clients to further leverage the impact of CVCT and couple-focused health services in these populations. Our results can be extended as a framework to understanding CVCT promotions and integration with health services in other populations at high risk for HIV, including in other sub-Saharan African countries and MSM couples outside of research settings.