

# HIV/AIDS Prevention

# Objectives



- Discuss Primary and Secondary Prevention
- Discuss areas of risk reduction and causative factors
- Describe the mainstays of a successful HIV/AIDS program
- Emphasize the importance of other health services like STI management, VCT, PMTCT, care and treatment on prevention

# Prevention



## Prevention in the HIV/AIDS context

### Primary prevention

- \* Preventing people who don't have HIV from ever getting it

### Secondary prevention

- \* Preventing people with HIV from spreading it

There are opportunities for prevention in all care encounters

# Primary Prevention of HIV: The ABCs



## PRIMARY PREVENTION

### Abstinence

- Delay age of onset of sexual activity
- Avoid intergeneration sex
- Empower women: freedom from coercion

### Be faithful

- To your sexual partner[s] (who is HIV-negative!)
- For women *and men*

### Condoms

- Must be used consistently and correctly
- IF A PERSON CHEATS, THEY SHOULD ALWAYS USE A CONDOM (should discourage cheating, but *if* it happens, use a condom!!!)

### Determine HIV status (unofficial part of ABCs, but important)

- Your own and your partner's!

# Secondary prevention



## SECONDARY PREVENTION

- Requires educating those with HIV not to put others at risk
- Keep in mind: only those with HIV can spread it!!!

So, prevention efforts need to address those:

- \* who don't have it (to prevent them from ever getting it)
- AND
- \* those who have it (to prevent further transmission)

# RISK REDUCTION AND CAUSATIVE FACTORS

## RISK REDUCTION AND CAUSATIVE FACTORS

A successful prevention program should **AIM** to:

- Decrease the risk of infection
- Address causative factors, including vulnerability
- Include the effective management of other diseases including STIs and TB

# Risk Reduction and Causative Factors



A successful prevention program should address

## A. MODES OF TRANSMISSION

- Unprotected sexual intercourse
- Mother to child transmission
- Blood or blood products

# Risk Reduction and Causative Factors



## B. VULNERABILITY

Vulnerability is the result of individual and societal factors that increase the risk of HIV infection

Interventions to decrease vulnerability include those that aim to:

- Change adverse policies, social norms, and harmful cultural practices
- Create income generation schemes and programs for women as well as orphans and other vulnerable children
- Prolong education, especially for females

# Risk Reduction and Causative Factors



## Examples of vulnerability include:

- Women and girls who are financially dependent, illiterate, unemployed or who have limited access to health services are more likely to engage in unprotected sex for money
- Orphaned girls may have to provide favors for teachers or other adult men to stay in school or support their siblings
- Females may feel pressured to have sex to obtain/maintain a job or be accepted in male-dominated society

*Behavior change interventions need to take into account the factors that increase vulnerability*

## C. INTERGENERATIONAL SEX

- Transmission of HIV from older to younger people is necessary to maintain virus in population- without sex between older and younger populations epidemic would fade as infected persons age
  - \* If all 16 year olds started HIV-negative and only had sex with people their age, they would never get HIV
- Pressures on young women to have sex or marry older men
  - \* Dominance of older males in society
  - \* Family pressure
  - \* Economic
  - \* Social status

# What about the men!!!



- While it is important to address vulnerable people, men also need to hear prevention talk
- May need to make efforts that don't challenge gender roles, as some men may ignore message
  - Ex: analogy of the masculine trait of protection
    - \* If a man would protect his loved ones (wife, girlfriend, child) from an armed robber, would he not also want to protect his loved ones from a virus?
      - Perhaps this may lead to VCT, abstinence, faithfulness, or increased condom use if having sex outside of main relationship
      - May lead the man to encourage the wife to undergo PMTCT to protect the unborn child



# MAINSTAYS OF A SUCCESSFUL HIV/AIDS PROGRAM

# Mainstays of a Successful Prevention Program



## A. REDUCE HIV TRANSMISSION

### 1. SEXUAL BEHAVIOUR

- Sexual abstinence or delayed onset of sex, especially for adolescents
- Fewer sexual partners
- Faithfulness amongst partners
- Safer sex practices, including consistent, correct use of condoms

### 2. SERVICES

- Improved access to VCT
- Safe blood transfusion due to widespread testing of donors
- Behavior change communication
- Improved access to condoms to reduce the risk of infection and decrease vulnerability to HIV

# Mainstays of a Successful Prevention Program



## 3. SOCIAL ENVIRONMENT

- Change in social norms to support behavior change
- Supportive social environment to sustain behavioral change
- Reduced stigma and discrimination against people with HIV

## 4. HEALTH CARE WORKERS

- Rigorous application of universal precautions and PEP in health care settings
- Better recognition of the symptoms of STIs and improved behavior in seeking treatment
- Better management of STIs

## 5. POLICY

- Partner notification
- Involvement of PLWHA

# Multisector approach to prevention



## B. MULTISECTOR APPROACH

### i. Government

- \* Political will is critical in prevention efforts

### ii. Businesses

- \* Need to realize that HIV affects worker productivity and may lead to increased staff turnover

### iii. Cultural, Community, Religious and Local Leaders

- \* Play a significant role in reducing (or increasing) stigma
- \* Can help to promote (or negate) prevention efforts

All of these sectors must form a unified front for optimizing prevention efforts

# Examples of Risk Reduction Interventions



## C. EXAMPLES

- Peer education sessions including youths, health care workers, journalists
- Targeted messages
- Community drama
- Social marketing of condoms
- Creating social norm change to support risk reduction

*What are a few other strategies to reduce or prevent HIV transmissions?*

*Are these strategies feasible or culturally acceptable in Nigeria?*

# SERVICES

# Voluntary Counseling and Testing



## VCT

Counseling and testing is an essential step in the prevention of HIV

- Counseling is an important component of prevention
- Counseling identifies individual risk factors and should establish dialogue about reducing risk
- A randomized control trial in Kenya, Tanzania, and Trinidad showed that VCT significantly reduced high risk sexual behavior among individuals and couples

# Effective Management of STIs



## STIs

- Worldwide, more than 300 million new cases of STIs occur each year
- STIs increase the transmission and acquisition of HIV
- Effective management of STIs can therefore reduce the risk of HIV infection in a high-risk population

# Care and Treatment



## Care and treatment:

### Enhances the efficacy of prevention by:

- Restoring dignity to PLHA and thereby reduce the stigma associated with HIV infection
- Reduction of viral load which decreases risk of transmission
- Encourages people to seek VCT services
- Provides additional counseling opportunities for preventing further spread of HIV

## Care and Treatment (2)



### Care and treatment:

#### **Creates opportunity for prevention**

- Clinic waiting room: posters, videos, brochures, peer education and condoms
  - So long as this does not stigmatize the clinic
- Provider-patient interaction:
  - Remind clients about prevention of HIV transmission—ABCs
- Home care: visitors to the homes of PLHAs can carry condoms and talk about proper precautions

# Prevention as Part of Care and Treatment



## Opportunities for integrating prevention into care and treatment:

- At each encounter, assess (and document)
  - Patient's understanding of HIV transmission
  - Patient's transmission behaviors since last visit
- Caution patient not to let ARV access lead to increased risk behavior
  - Has been seen in the US

# Prevention of mother-to-child transmission of HIV: Principles



## PMTCT

- MTCT of HIV is preventable
- Test, counsel, engage, and track the HIV-infected woman and her child and family
- Apply effective prevention strategies: early & potent antiretroviral prophylaxis
- Feeding the HIV-exposed infant: AFASS
- Co-operative, integrated, family-centered approach: A model for public health
- PMTCT: A big first step in controlling HIV

# Conclusion



- Prevention efforts must be aimed at those who are HIV –ve and those who are HIV+ve
- Prevention programs need multisector approach
- Interventions must address causative factors, including vulnerability
- Care and treatment provides additional counseling opportunities to prevent further spread of HIV
- Prevention of mother to child transmission is an integral part of HIV prevention

THANK YOU