Enhancing ART adherence readiness and disclosure confidence among newly diagnosed HIV-positive patients: results from assessing the impact of lay counsellors trained in motivational interviewing counselling in Johannesburg, South Africa

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BACKGROUND

- South Africa's move to immediate ART for all persons diagnosed with HIV resulted in increased treatment uptake with hopes of reducing patient losses from care after ART initiation.
- However, early attrition after diagnosis and treatment initiation, a form of silent refusal of HIV care remains pervasive.
- ART adherence and disclosure readiness are critical for ensuring patients remain engaged in care, preventing early attrition after diagnosis and treatment initiation, and ultimately achieving better long-term health outcomes.

We report the effect diagnosed of the Thusa-Thuso training intervention on newly HIV-positive patients immediately after counselling.

METHODS

- We randomized eight primary healthcare clinics in Johannesburg to either the intervention (n=4 clinics, n=293 ART patients where all enrolled lay counsellors were supported for 12 months before adult (>18 years) People living with HIV (PLHIV) enrolment) or the standard care (n=4 clinics, n=261 patients).
- HIV-positive patients were recruited via referral from the testing HIV counsellor and interviewed on their confidence in taking medication in public, ART, disclosure concerns, and counselling experience.
    - Secondary outcomes: **Disclosure readiness, ART self-efficacy**
    - Process indicators: **Self-reported experience of pre/post-test counselling**
- These were analyzed using Poisson regression reporting risk ratios (RR) with 95% confidence intervals (CIs).

Table 1. Characteristics of PLHIV by site randomisation allocation (n=554)

RESULTS

median age 34 years

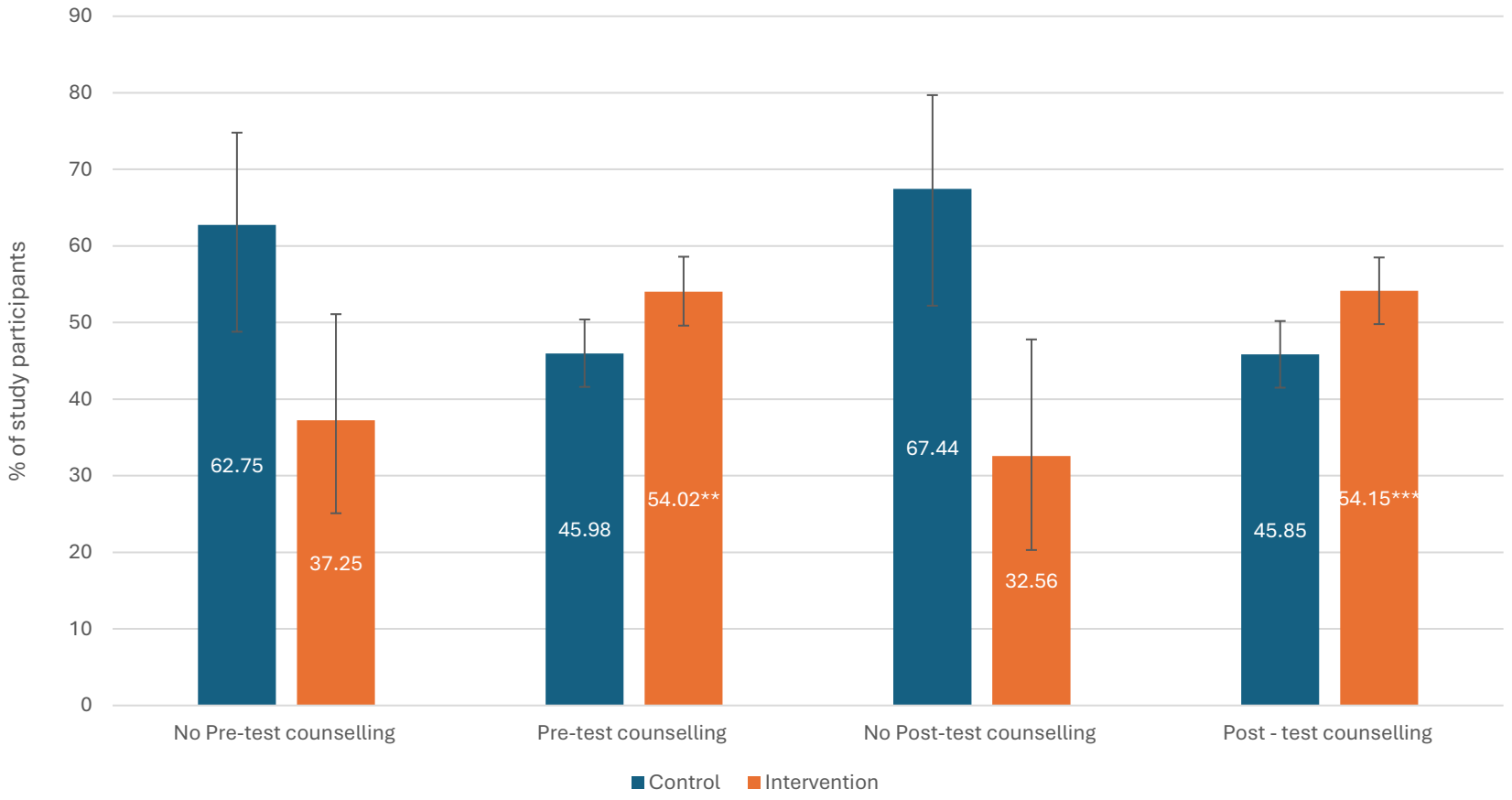
61% FEMALE

66,1% <GRADE 12 EDUCATION

	Control		Intervention		Total	
	N=261	*% (95% CI)*	*N=293*	*% (95% CI)*	*N=554*	*% (95% CI)*
Sex						
Female	151	57.9 (51.7-63.7)	187	63.8 (58.1-69.4)	338	61 (56.9-64.9)
Male	110	42.1 (36.3-48.3)	106	36.2 (30.9-41.9)	216	39 (35.0-43.1)
Age at study enrolment						
18-29,99	77	29.5 (24.3-35.3)	79	27 (22.1-32.4)	156	28.2 (24.6-32.1)
30-39,99	108	41.4 (35.5-47.5)	138	47.1 (41.4-52.9)	246	44.4 (40.3-48.6)
40+	76	29.1 (23.9-34.9)	76	25.9 (21.2-31.3)	152	27.4 (21.2-31.3)
Highest education level						
Primary school or less	25	9.7 (6.5-13.9)	55	19 (14.9-23.9)	80	14.6 (11.9-17.8)
High school	118	45.6 (39.6-51.7)	164	56.7 (50.9-62.4)	282	51.5 (47.3-55.6)
Completed Matric	89	34.4 (28.8-40.4)	39	13.5 (10.0-17.9)	128	23.4 (19.9-27.1)
Post-matric	27	10.4 (7.2-14.8)	31	10.7 (7.6-14.9)	58	10.6 (8.3-14.5)
English proficiency						
I can read very well	164	62.8 (56.8-68.5)	209	72.3 (66.9-77.2)	373	67.8 (63.8-71.6)
I can read somewhat	84	32.2 (26.8-38.1)	55	19 (14.9-23.9)	139	25.3 (21.8-29.1)
I cannot read	13	5 (2.9-8.4)	25	8.7 (5.9-12.5)	38	6.9 (5.1-9.4)
Marital status						
Single, no partner	49	18.8 (14.4-24.0)	58	20.1 (15.8-25.1)	107	19.5 (16.4-22.9)
In a relationship	181	69.3 (63.4-74.7)	195	67.5 (61.8-72.6)	376	68.4 (64.3-72.1)
Married (including customary marriage)	31	11.9 (8.4-16.4)	36	12.5 (9.1-16.8)	67	12.2 (9.7-12.2)
Employment status						
Employed	177	67.8 (61.9-73.2)	175	60.6 (54.8-66.0)	352	64 (59.9-67.9)
Unemployed	84	32.2 (26.8-38.1)	114	39.4 (33.9-45.2)	198	36 (32.1-40.1)
HIV knowledge						
Low HIV knowledge	77	30.1 (24.8-36.0)	95	33.5 (28.2-39.2)	172	31.9 (28.0-35.9)
High HIV knowledge	179	69.9 (63.9-75.2)	189	66.5 (60.8-71.8)	368	68.1 (64.1-71.9)

RESULTS

Figure 1. Pre and Post-counselling for intervention and control



Unadjusted Risk Ratio (RR 1.4, 95% CI: 1.0–2.3) and (cRR 1.7, 95% CI: 1.0–2.8) respectively.

*p<0.10, **p<0.05, ***p<0.01

Participants enrolled from intervention sites were more likely to report receiving pre and post test counselling

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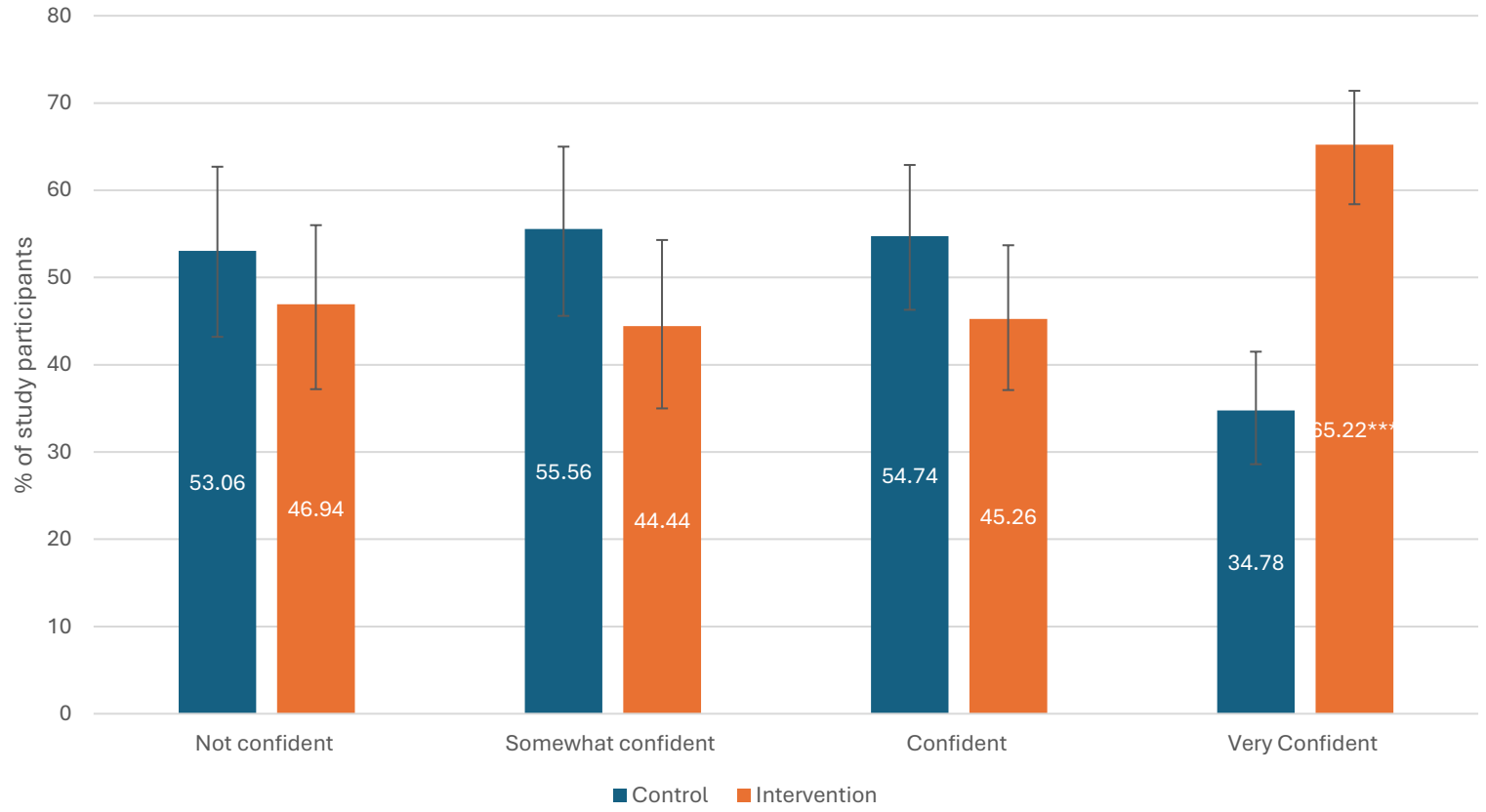
RESULTS

Figure 2. Confidence to take up ART in the presence of others for intervention and control



Unadjusted Risk Ratio (65.2% intervention vs 34.8% controls) (RR 1.4, 95% CI: 1.0–1.9).

*p<0.10, **p<0.05, ***p<0.01

Participants enrolled from intervention sites were more likely to express confidence in taking their treatment in the presence of others

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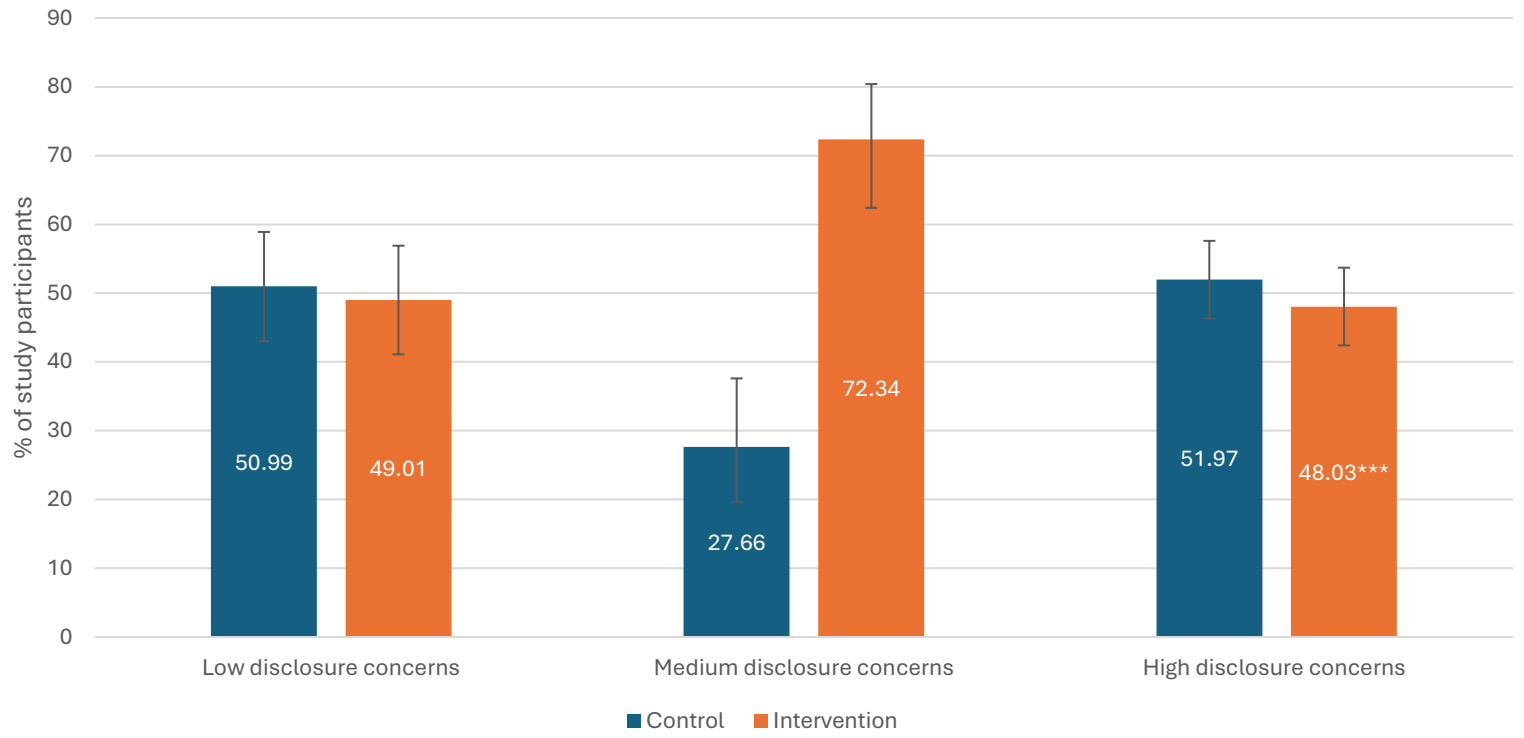
Figure 3. HIV status disclosure fears for intervention and control



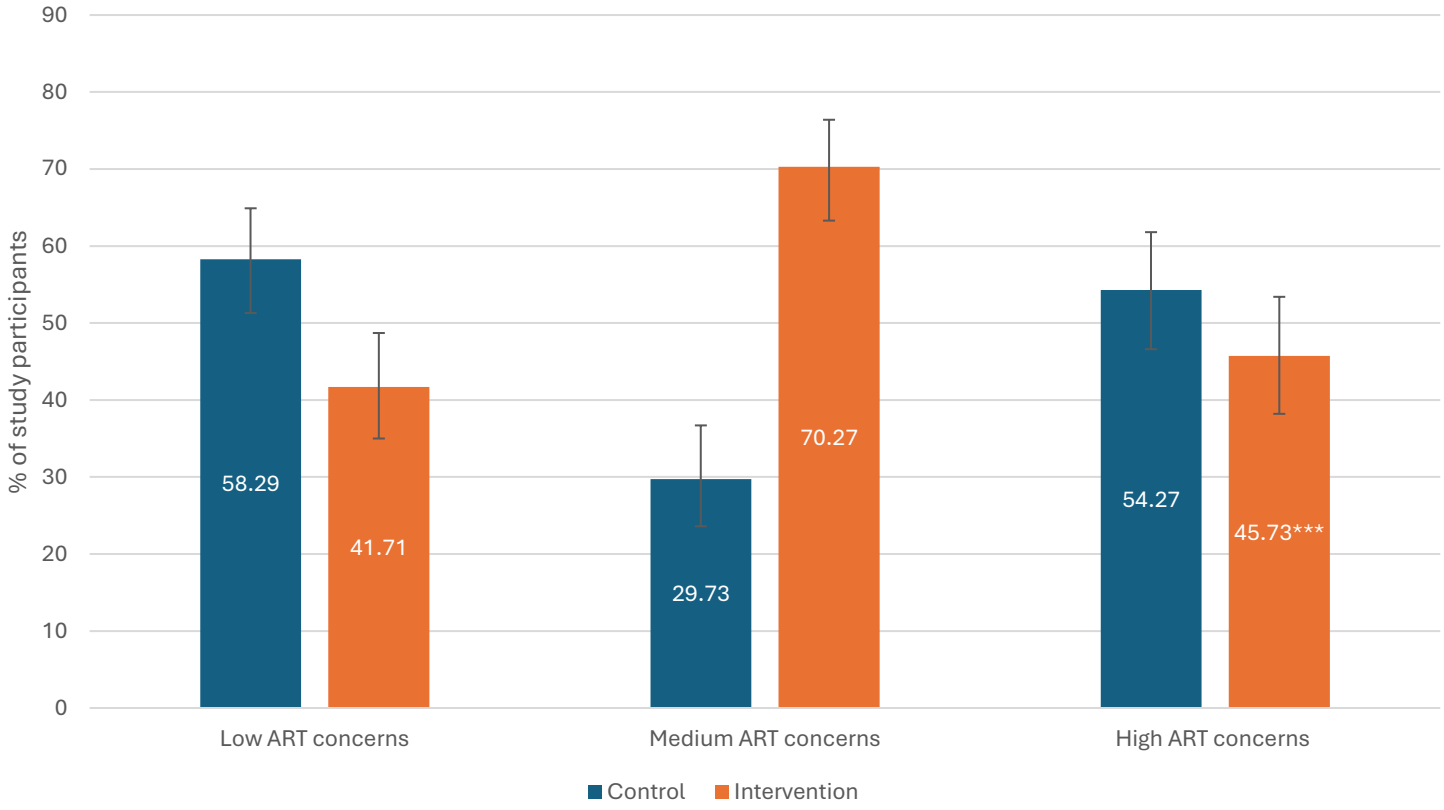
Unadjusted Risk Ratio (48.0% intervention vs 52% controls) (cRR 0.9, 95% CI: 0.7–1.0).

*p<0.10, **p<0.05, ***p<0.01

Participants enrolled from intervention sites were less likely to express high disclosure concerns

RESULTS

Figure 4. Concerns about taking up ART for intervention and control



Unadjusted Risk Ratio (46% intervention vs 54% control, aRR 0.7 for high vs low, 95% CI: 0.5–0.9).

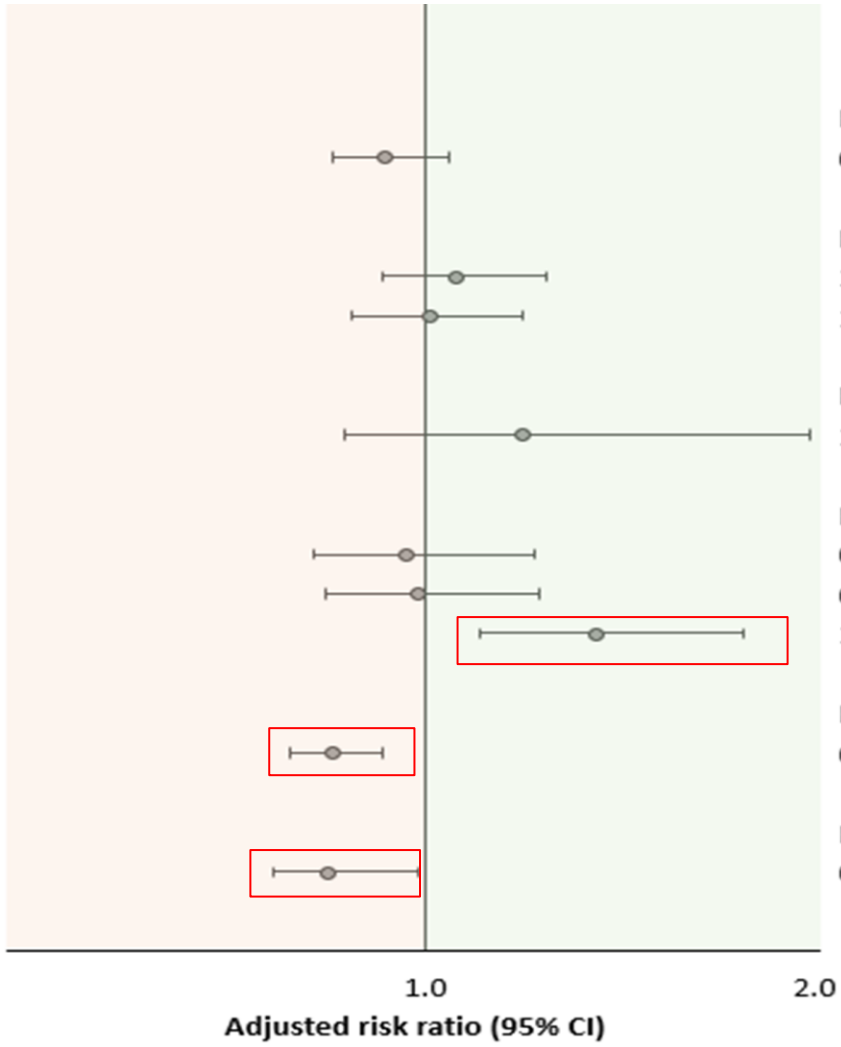
*p<0.10, **p<0.05, ***p<0.01

Participants enrolled from intervention sites were also less likely to report high concerns about starting ART

RESULTS

Figure 5. Adherence efficacy and disclosure and ART concerns among newly HIV-positive healthcare clients immediately after HIV counselling

	N (col%)	*Adjusted RR [95% CI]*
Sex		
Female (Ref)	187 (63,8)	Ref
Male	106 (36,2)	0,90 [0,76-1,06]
Age at study enrolment		
18-29,99 (Ref)	79 (27,0)	Ref
30-39,99	138 (47,1)	1,08 [0,89-1,31]
40+	76 (25,9)	1,01 [0,81-1,25]
Received post-test counselling		
No (Ref)	14 (4,9)	Ref
Yes	274 (95,1)	1,25 [0,79-1,99]
Taking medication in the presence of others		
Not confident (Ref)	46 (16,0)	Ref
Confident	44 (15,3)	0,95 [0,71-1,28]
Somewhat confident	62 (21,6)	0,98 [0,74-1,29]
very confident	135 (47,0)	1,44 [1,14-1,82]
HIV status disclosure fears		
Low - Medium (Ref)	142 (49,3)	Ref
High	146 (50,7)	0,76 [0,65-0,89]
ART concerns		
Low - Medium (Ref)	213 (73,9)	Ref
High	75 (26,1)	0,75 [0,61-0,98]



CONCLUSION

- Intervention participants received comprehensive counselling indicating that the MI approach enhanced the depth of HIV-related counseling.
- Findings suggest noteworthy improvements in HIV disclosure as expressed by the reduced concerns about taking up ART and ART adherence preparedness among patients who underwent MI counselling compared to those receiving the standard counselling approach.
- This reflects the success of MI counseling in reducing the stigma associated with ART.
- The Thusa-Thuso program, integrating MI counselling among lay counsellors, is a promising model for effective healthcare client-centered approaches.

THANK YOU FOR YOUR ATTENTION

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