



# The Phaphama brief risk reduction intervention to reduce both alcohol use and HIV/STI risks in clinical and community settings

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# Acknowledgement

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# Outline

- **Introduction**
- **Original Phaphama study in clinical setting**
- **Phaphama alcohol study in clinical setting**
- **Phaphama alcohol study in community setting**
- **Implications for Policies and Programmes**

# Introduction

- **The aim of the presentation is to share with you how we developed an IMB theory-based brief (60-min) HIV risk reduction intervention known as Phaphama which also addresses the closely related issue of alcohol use over the past decade in a clinical setting, then converted it into a 3-hour small group intervention for use in the community**
- **I will also give you a brief update on the current status of our work.**
- **The work commenced as a collaboration between myself and Prof Seth Kalichman of the University of Connecticut in USA as we were both independently working on the issue of STD patients in our respective countries at the time.**

# University of Connecticut and The Human Sciences Research Council, Cape Town South Africa



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# **Original Phaphama study in clinical setting**

# 60-min Phaphama Risk Reduction Session

## Information

- Local HIV prevalence
- Modes of HIV transmission
- HIV transmission myths
- Continuum of risk behaviors

## AIDS Destigmatization

- Risk reduction values clarification
- Risk reduction goal setting

## Behavioral Skills Building

- Drinking and risky sex
- Examination of risk situations
- Identifying risk antecedents
- Sexual communication skills
- Condom skills



# Research Context

- **In the original Phaphama pilot we did among 228 STI patients, both males and females, attending treatment for a STI at a PHC clinic in Cape Town we found that the 60-minute motivational/skills risk reduction counselling demonstrated the following:**
  - **significantly greater risk reduction practices,**
  - **lower rates of unprotected intercourse, and**
  - **greater likelihood of receiving HIV testing after the intervention than did a 20-minute HIV information/education session (Simbayi et al., 2004, STDs, 31(12),727-733; also see Mathiti et al., 2005, SAHARAJ, 2(2), 267-272)**



# **Phaphama alcohol study in clinical setting**

# Research Context

- **In a study that we conducted in Cape Town in 2003, we found that 42% of men and 12% of women receiving STI clinic services reported drinking before sex.**
- **The rate of alcohol use before sex jumped to 61% among STI clinic patients who are problem drinkers.**
- **This was also confirmed by the nursing manager of the PHC clinic**

# **Description of Research - Phaphama Alcohol (1A)**

- **The intervention model tested was adapted from our original Phaphama model to include a substantial component to address alcohol use directly in sexual contexts.**
- **We included a 15-min risk reduction intervention developed by WHO which depends on level of alcohol use as measured by the participant's Alcohol Use Disorders Identification Test (AUDIT) score.**
- **We then piloted the adapted Phaphama Alcohol (1A) in 2004 to test a *Phaphama "Alcohol"* HIV risk reduction counseling intervention for 122 men and 21 women who used alcohol and were receiving STI clinic services in a PHC clinic in Cape Town, South Africa**
- **We reasoned that HIV behavioural risk reduction interventions for STI clinic patients may therefore require particular attention to alcohol use, especially in terms of drinking in sexual contexts.**

# Findings

- The *Phaphama* brief HIV risk reduction counselling intervention was found to be efficacious as it reduced HIV transmission risks for up to 6 months among STI patients within a clinic setting.
  - There was more than a 25% increase in condom use
  - A 65% reduction in unprotected intercourse
- However, there was only a short-lived reduction in alcohol use in sexual contexts and expectancies that alcohol enhances sexual experiences.



# **Phaphama alcohol study in community setting**

# Research context 2

- **The short-lived effects of Phaphama 1A intervention suggested to us that the effect might be sustained with structural interventions within communities to reduce alcohol use in sexual contexts and support risk reduction behaviour changes over the long term.**
- **We undertook a survey among 500 men and 500 women living in or around racially mixed township in Cape Town in 2004.**
- **The survey results suggested the need for an HIV prevention program for both men and women in the community who drink alcohol.**
- **We then adapted the 60-min Phaphama 1A into a Phaphama “Community Alcohol” RCT for men and women who patronise informal drinking places (or shebeens) in community settings**

# Phaphama “Community Alcohol” Risk Reduction Session

- We then adapted the *Phaphama* alcohol for STIs risk reduction model for use in community-based groups (8 < n < 12).
- Extended the duration of groups from 60 min vs 20 min to 3-hour (n = 183) vs. 1-hour (n = 170) to allow groups for more group interactions [Kalichman, Simbayi et al., 2008, *Annals Behav Med*, 36(3),270-279]



# Findings

- **Alcohol is associated with HIV transmission risks in South Africa.**
- **Skills building workshops for alcohol and HIV risk reduction can be effective.**

# Implications for Policies and Programmes

- **The Phaphama Alcohol interventions have been classified as promising interventions which could be used to address the converging epidemics of alcohol use and HIV in Southern Africa**
- **The intervention for STI patients has been packaged as a promising intervention by USAID's AIDSTAR-ONE programme.**
- **The Phaphama interventions have also been reviewed positively by the Global Health Literature Digest produced by UCSF Global Health Sciences (GHS) on <http://hivinsite.ucsf.edu/InSite?page=jl-00-00> Part 1.**
- **There is a need to undertake translational research with NGOs and other organisations wishing utilise this evidence-based interventions to jointly address the problems of alcohol use and HIV in their work.**

Thank you for your attention





**Other completed, current and  
planned follow-up Phaphama  
alcohol studies in both clinical  
and community settings**

# Other Phaphama Alcohol studies (1)

- We have successfully completed two studies:
  1. A larger RCT using 617 STI patients, 414 men and 203 women, which again has shown the **effectiveness** of **Phaphama** including reducing STI incidence.
  2. A demonstration project *Phaphama* Alcohol for HIV-negative people who had just undergone VCT - 543 HIV negatively diagnosed persons (males =383, females =163) in 13 PHC clinics in Mpumalanga Province (Peltzer, Tabane, Matseke, & Simbayi, 2009, J Psych Africa, 19(4), 541-548).
    - We found that *Phaphama* **was effective** and could be implemented successfully using regular VCT counsellors who are used in the HIV Counselling and Testing (HCT) campaign.

# Other Phaphama Alcohol studies (2)

- We strongly believe that there is a strong need to expand the intervention to be at multiple levels such as individual, social network and community levels in order to **change social norms around drinking and sex.**
- We are currently undertaking a 5-year RCT on *Phaphama Alcohol and Neighbours* (for men's networks and communities in which they live) among 12 communities in Cape Town, six for the intervention and six controls.
  - Based on the IMB Model as well as also both social cognitive and social networking theories, *Phaphama Alcohol and Neighbours* involves multiple levels of interventions, namely, among the men themselves, their social networks and at community level.

# Other Phaphama Alcohol studies (2)

- **We are currently planning to undertake two more projects each lasting for 5 years:**
  - 1. Another multi-level project whereby, if we are funded, we plan to implement throughout the African townships of Cape Town.**
    - **the server intervention in shebeens and bars,**
    - **work with some NGOs in running small groups using Phaphama alcohol, and finally,**
    - **working together with other NGOs and local government structures who are implementing their projects in various communities.**
  - 2. Extending (scaling up) the demonstration project from 13 clinics in Mpumalanga to all nearly 300 clinics in the province.**