Peer educators as an effective tool to increase acceptance of HIV testing in PMTCT programs

Penner J1,2, Marima R1, Olubwayo C1, Onunga S3, Bukusi EA1, Cohen CR4
1Kenya Medical Research Institute; 2University of British Columbia; 3Kisumu City Council; 4University of California, San Francisco

Issue

• HIV testing is an essential step in PMTCT
• Not all pregnant women agree to testing, and not all are offered testing
• A major barrier to expand testing has been insufficient staff to devote to HIV pre- and post-test counselling

Description of Intervention

Lumumba Health Centre, Kisumu, Kenya

• Busiest municipal antenatal service in Kisumu, with 150 new antenatal clients per month
• At baseline, only 77% were agreeing to HIV testing
• In October 2005, FACES (Family AIDS Care and Education Services), a PEPFAR-funded HIV care and treatment program at Lumumba Health Centre, initiated a Peer Educator service for its patients

Role of FACES Peer Educators

• Provide orientation about clinic and services to new patients
• Facilitate HIV education sessions: transmission, disease progression, treatment, nutrition, prevention for positives, stigma, disclosure
• Provide medication adherence counselling and support

Selection criteria for Peer Educators

• “Positive” living: being open about having HIV, healthy living, healthy HIV treatment choices, etc.
• Ability to communicate with others in a caring and non-judgmental manner
• Knowledge about HIV disease, treatment and prevention
• Good clinic attendance record at FACES (i.e., understands the importance of adhering to care schedule)

The first Peer Educator selected by Lumumba Health Centre was a former PMTCT patient. She received an initial 4 days of training on Treatment Literacy conducted by Medecins Sans Frontieres Belgium, and FACES staff provide ongoing mentoring. The peer educator is compensated ~$2.50 daily for her services.

Role of the PMTCT Peer Educator

• Speak with all women presenting for antenatal care
• Share her personal testimony
• Explain the PMTCT process
• Discuss the benefits of involving the male partner in the process
• Respond to questions and concerns before the women see a PMTCT counsellor
• Facilitate a weekly support group for pregnant women
• Collect “locator” information for women who test positive so that they can be traced if they miss an appointment
• Escort patients to FACES clinic to make an appointment

Lessons Learned

• Due to the services provided by the Peer Educator, before seeing the PMTCT nurse-counsellor patients already understand the PMTCT process, the potential benefits of agreeing to HIV testing, and the majority of the other information to be discussed during pre-test counselling
• Lumumba’s PMTCT nurse-counsellor is now able to reach all antenatal clients due to the decreased time required for pre-test counselling, since patients are already familiar with the process
• HIV testing acceptance rate has increased to 89% (see Figure 1)
• Some women still do not agree to HIV testing because they want their husbands’ permission first
• Permission for testing from the husband is less likely to be granted if the husband does not attend any of the antenatal visits with the wife

Recommendations

• Peer educators should be incorporated into PMTCT programs
• Given that many HIV positive women are not employed, the stipend offered can be an important source of income for the peer educator and remains affordable at the programme level
• More attention to involving the male partner in PMTCT is needed to further improve HIV testing uptake

Contact Information: Jeremy Penner Program Coordinator, FACES Nyanza jeremy@kemri.ucsf.org

AIDS Research Institute
University of California, San Francisco