

Use of HIV prevention services in the East Africa Cross-Border Integrated Health Study, 2016

Arti Virkud, MPH¹; Jessie Edwards, PhD¹; Milissa Markiewicz, MPH²; Grace Mulholland, MSPH¹; Peter Arimi, MD, MSc³

¹University of North Carolina at Chapel Hill, ²MEASURE Evaluation, ³United States Agency for International Development (USAID)/East Africa

East African Cross-Border Sites

East African cross-border sites are visited by mobile populations and others at greater risk of acquiring HIV: young women, female sex workers, fisherfolk, workers at public places, truck drivers, men who have sex with men, and people who inject drugs. These groups may not benefit from HIV treatment and prevention interventions conducted at their places of residence. The objective of this analysis was to explore whether venues that these populations visit in East African cross-border areas receive adequate HIV prevention services.

Cross-Border Integrated Health Study

MEASURE Evaluation—funded by the United States Agency for International Development (USAID) and the United States President's Emergency Plan for AIDS Relief (PEPFAR) and based at the University of North Carolina at Chapel Hill, USA—collected cross-sectional data using the project's Priorities for Local AIDS Control Efforts (PLACE) sampling method at 14 cross-border locations near or along the land and lake borders of Kenya, Rwanda, Tanzania, and Uganda from August 2016–January 2017. This biobehavioral survey captured information from 11,428 people at 833 venues (e.g., bars, hotels, and guest houses) across all sites. Data were weighted using survey sampling weights and analyzed using methods to account for the complex sampling design.

Study Sample Characteristics

Of the 11,428 participants, most were male with some secondary education or more and employed. Several respondents were members of populations at greater risk of acquiring HIV: 13% young women, 3% female sex workers, 9% men who have sex with men, 2% fisher folk, 1% truck drivers, and 0.4% workers at public places.

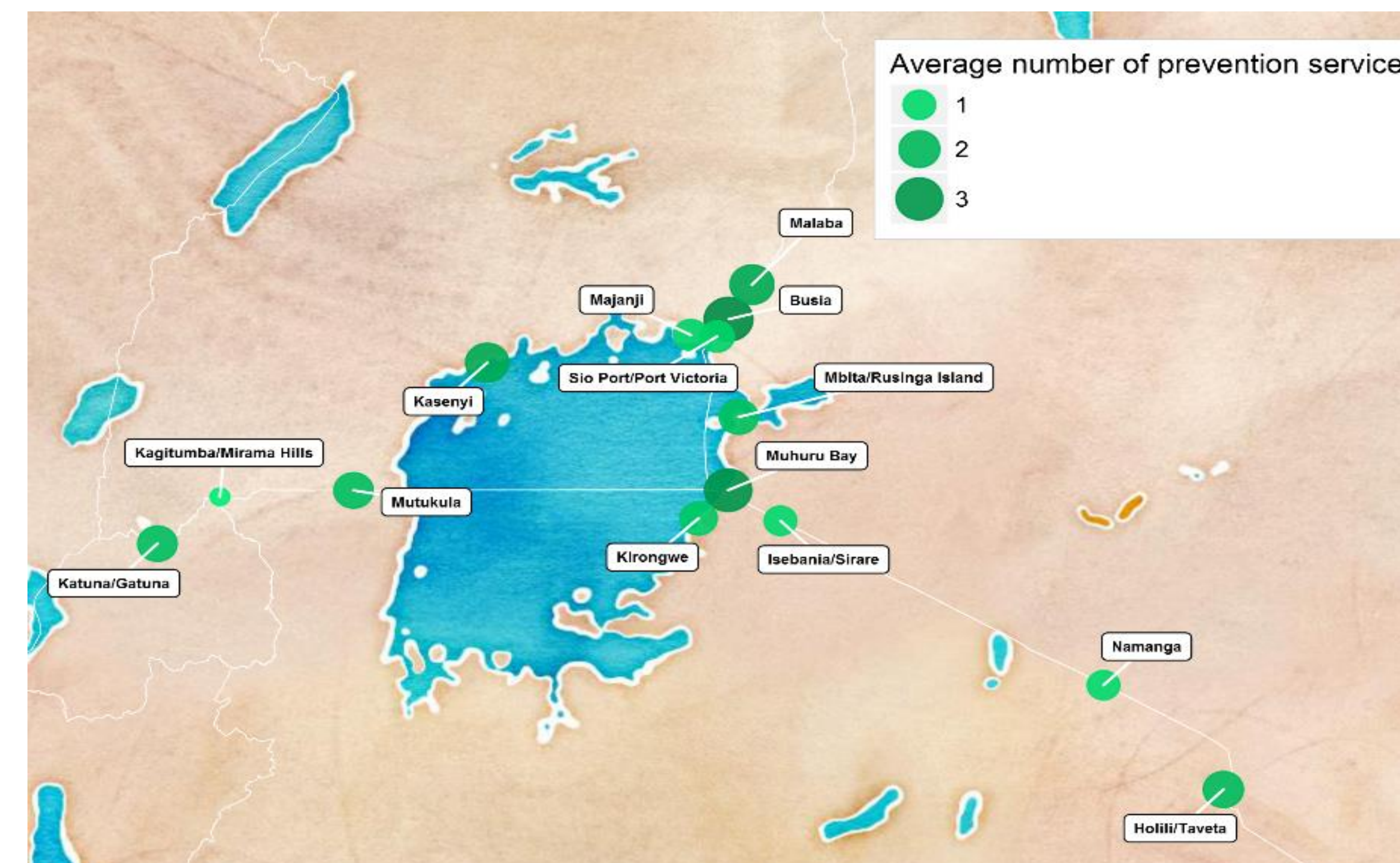


Figure 1. Average number of HIV prevention services in the cross-border area in the East Africa Cross-Border Integrated Health Study, 2016

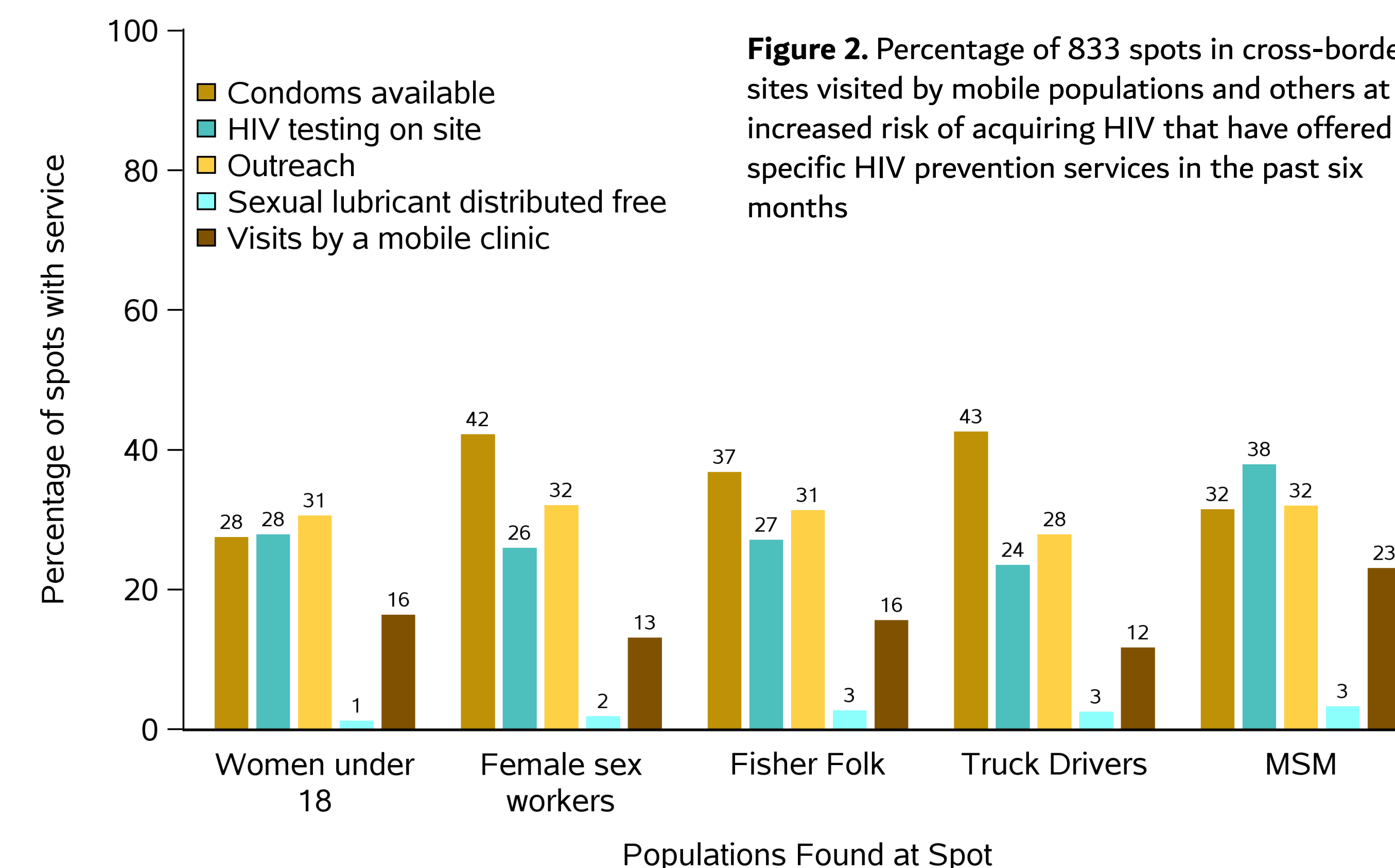


Figure 2. Percentage of 833 spots in cross-border sites visited by mobile populations and others at increased risk of acquiring HIV that have offered specific HIV prevention services in the past six months

Results

Across all venues, informants reported offering an average of two HIV prevention activities in the six months preceding the survey. The average number of prevention services offered at each venue varied by country, with the highest in Uganda (2.46 [95% CI: 2.14, 2.79]) and the lowest in Rwanda (0.95 [95% CI: 2.14, 2.79]). More than 40% of venues with sex on site (48.3% of all venues) or with FSWs living there (17.9% of all venues) did not have condoms available.

Of the biobehavioral survey respondents, only 4.2% (95% CI: 3.2, 5.2) reported that it was easy to access sexual lubricants. Among respondents reporting vaginal and anal sex, the share reporting use of a condom at last sexual encounter was 38.1% (95% CI: 36.3, 39.9) and 62.9% (95% CI: 56.5, 69.2), respectively. Few participants had a condom on them at the time of the interview (4.2%, 95% CI: 3.5, 4.9). However, most participants reported that getting a condom was easy (77.1%, 95% CI: 75.6, 78.6).

Of all participants, 13.3% (95% CI: 11.8, 14.7) of men and 19.3% (95% CI: 17.4, 21.2) of women reported having had symptoms of a sexually transmitted infection (STI) in the past 12 months. Among those reporting symptoms, 72.7% (95% CI: 69.5, 75.8) of men and 78.0% (95% CI: 74.2, 81.8) of women had sought care at a health facility.

Discussion

Prevention activities appear to be appropriately targeted to venues where behaviors associated with high prevalence of HIV are common (e.g., sex work, sex on site, or alcohol use). However, gaps exist in access to condoms and sexual lubricants, use of condoms, and seeking care for STI symptoms. There are opportunities to improve prevention service access at sites visited by mobile populations and others at high risk for HIV.

Contact

Arti Virkud, MPH, at avirkud@unc.edu, Dr. Jessie Edwards, MSPH, PhD, at jkedwar@email.unc.edu, Dr. Peter Arimi, MD, MSc, at parimi@usaid.gov