

# IMPACT OF A PEER-GROUP INTERVENTION FOR HIV PREVENTION ON RURAL ADULTS IN MALAWI



# Adults: Authors



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# Adults: Purpose



- To describe the impact of the *Mzake ndi Mzake* peer group intervention on rural adults' HIV-related knowledge, attitudes and behaviors

# Adults: Implementation



- 2,242 rural adults participated in the 6-session peer group series over an 18 month period
- Trained community leaders and rural health workers were the peer group facilitators, assisted by project staff

An aerial photograph of a village nestled on a hillside. The houses are small, rectangular structures with walls made of reddish-brown earth and conical roofs made of thick, grey thatch. Some houses have corrugated metal roofs. The surrounding landscape is a mix of green trees and dry, yellowish-brown grass. In the background, a large, dark rock formation is visible on the hillside.

# A Participating Village

# Adults: Method – Evaluation



- For the evaluation, we compared independent random samples of adults in intervention and control communities at 3 points in time

District	Baseline	Midterm: 2-8 mo. post- intervention	Final: 15-21 mo. post- intervention
Control	523	176	419
Intervention	629	180	415
Total	1152	356	834

# Adults: Demographics



- In both districts, the sample at baseline differed from midterm and final samples.
  - There were more females and more people over 50 years at baseline
- We were unable to locate younger men away for seasonal work at baseline
- Later, community leaders encouraged people to be available during specific data collection days

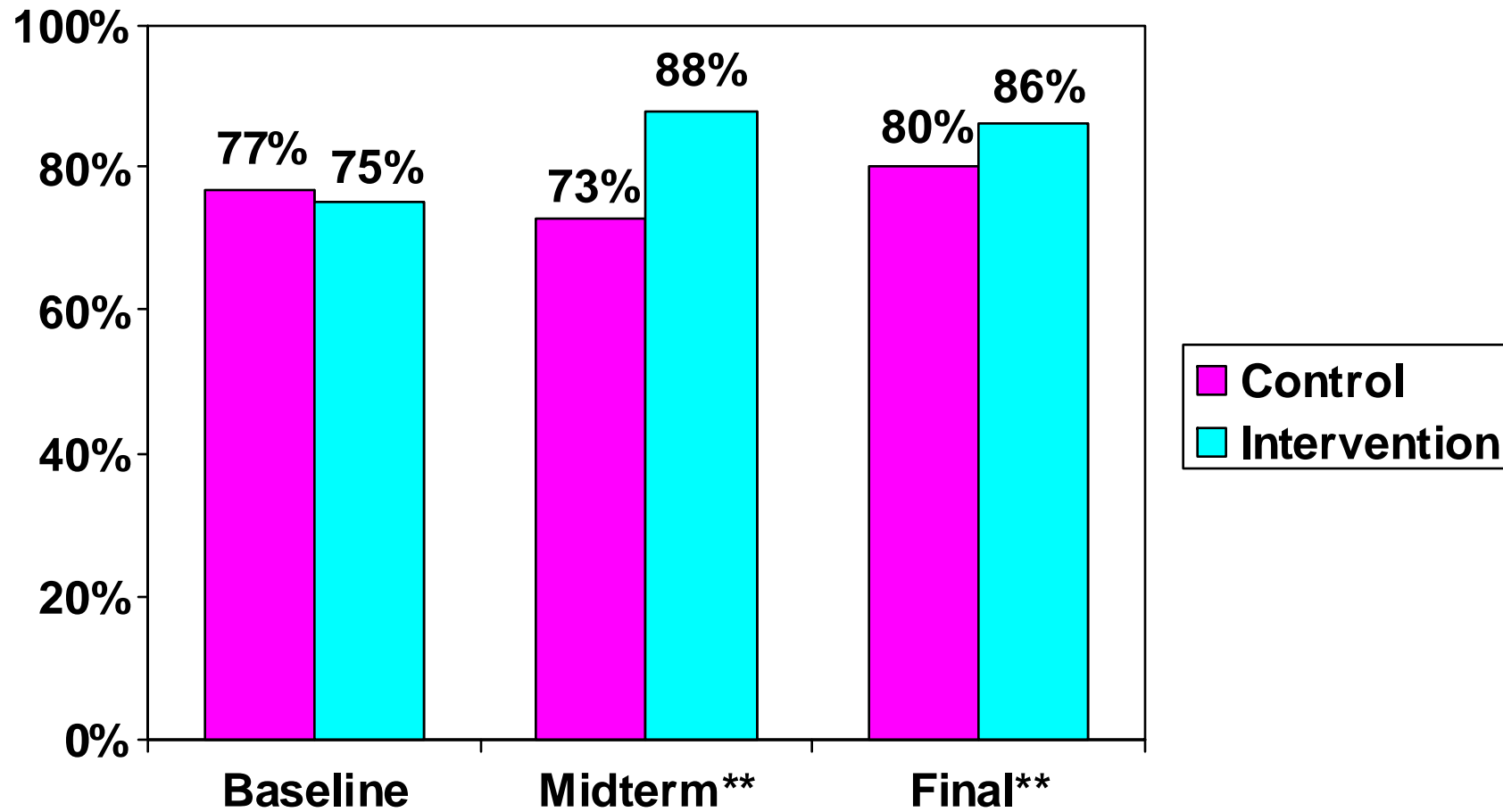
# Adults: Demographics (cont.)



- The intervention district differed significantly from the control district:
  - Tribe (more Ngoni and fewer Chewa in intervention district)
  - Higher levels of education in intervention district (at midterm & final)
  - More food security in intervention district (at final only)
  - Differences between Intervention and Control reported below are still statistically significant when controlling for those factors



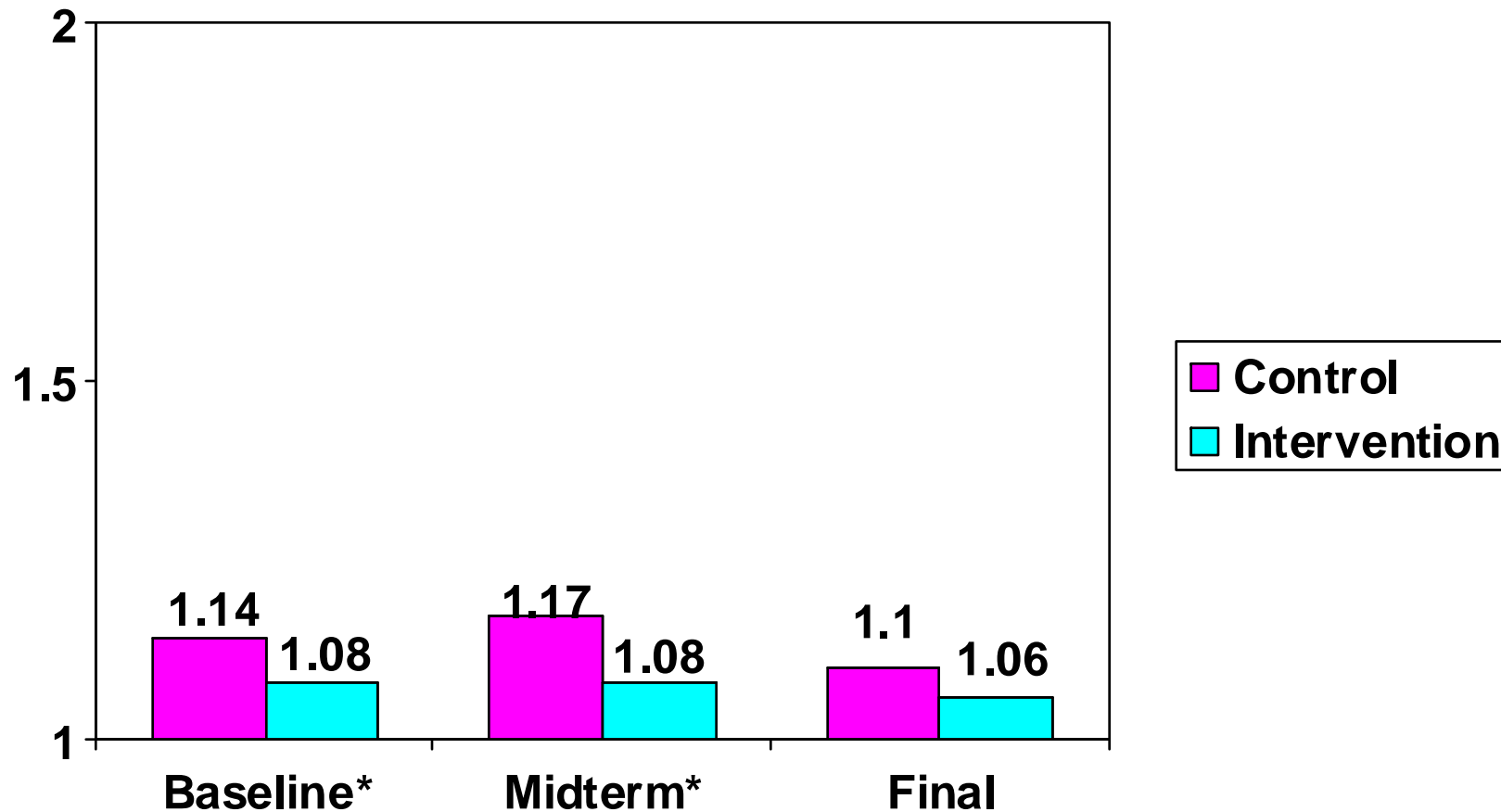
# Adults: AIDS Knowledge Score (6 items, % correct)



\*\*p<.01

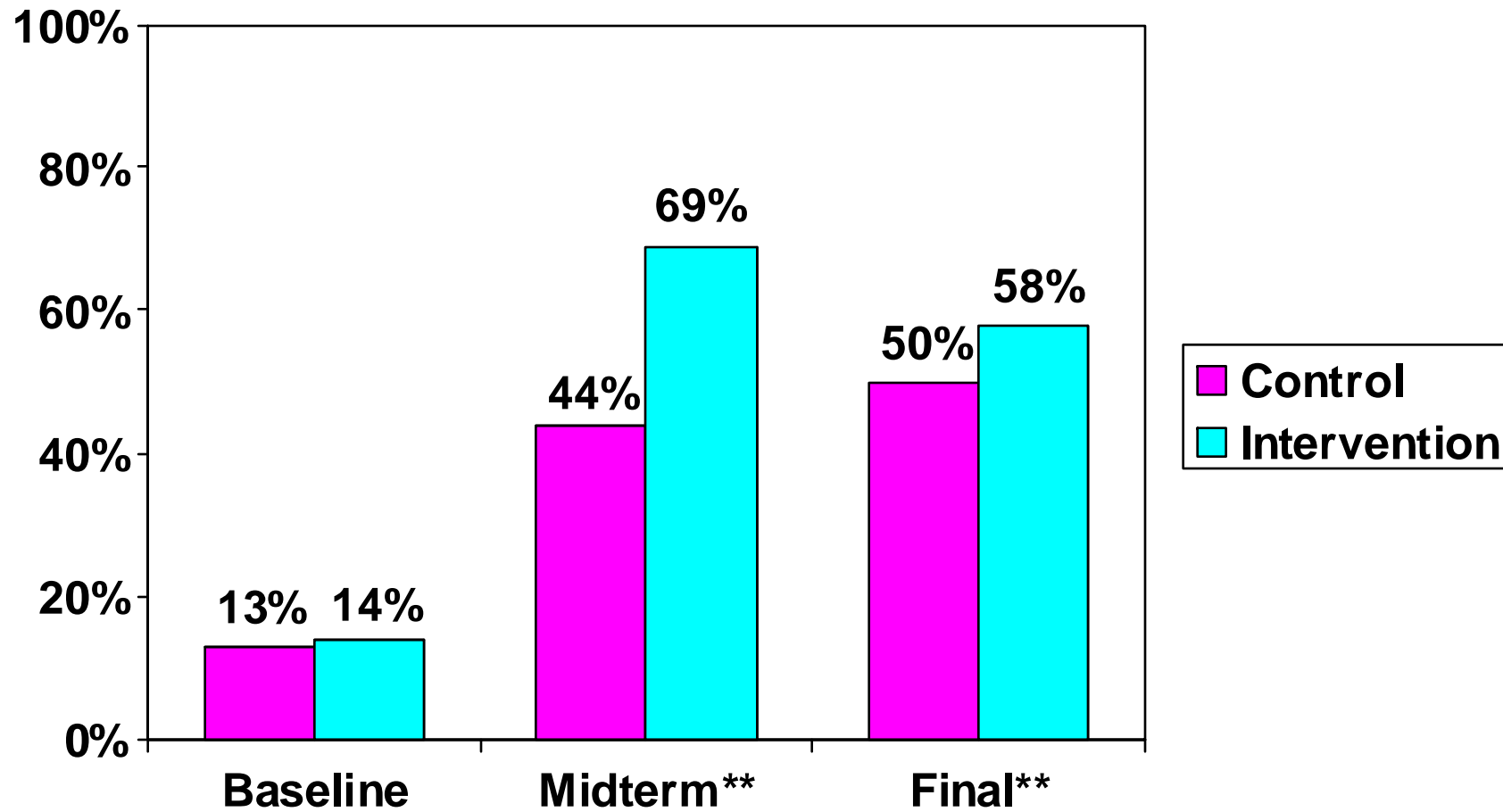
# Adults: Blame Person with HIV

(Single item, 1=no, 2=not sure, 3=yes)



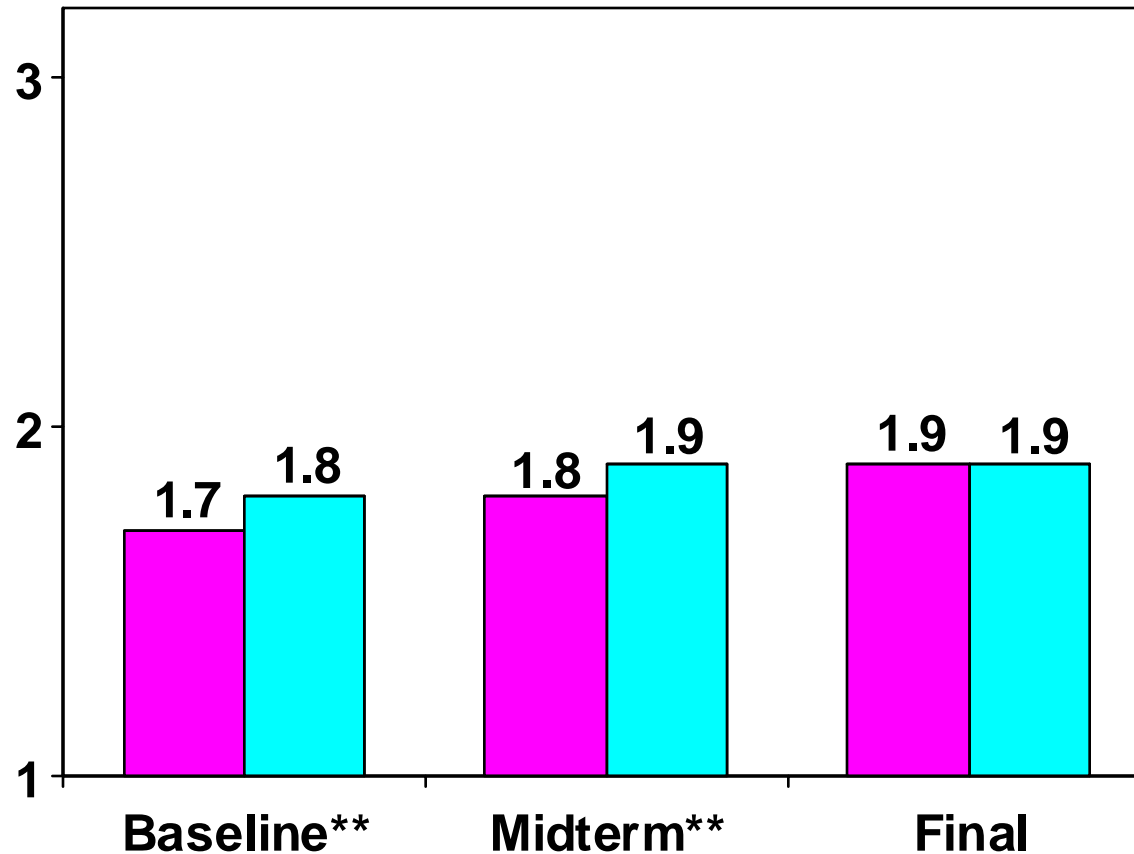
\*p < .05

# Adults: Condom Attitudes (10 items, % answered positively)



\*\*p<.01

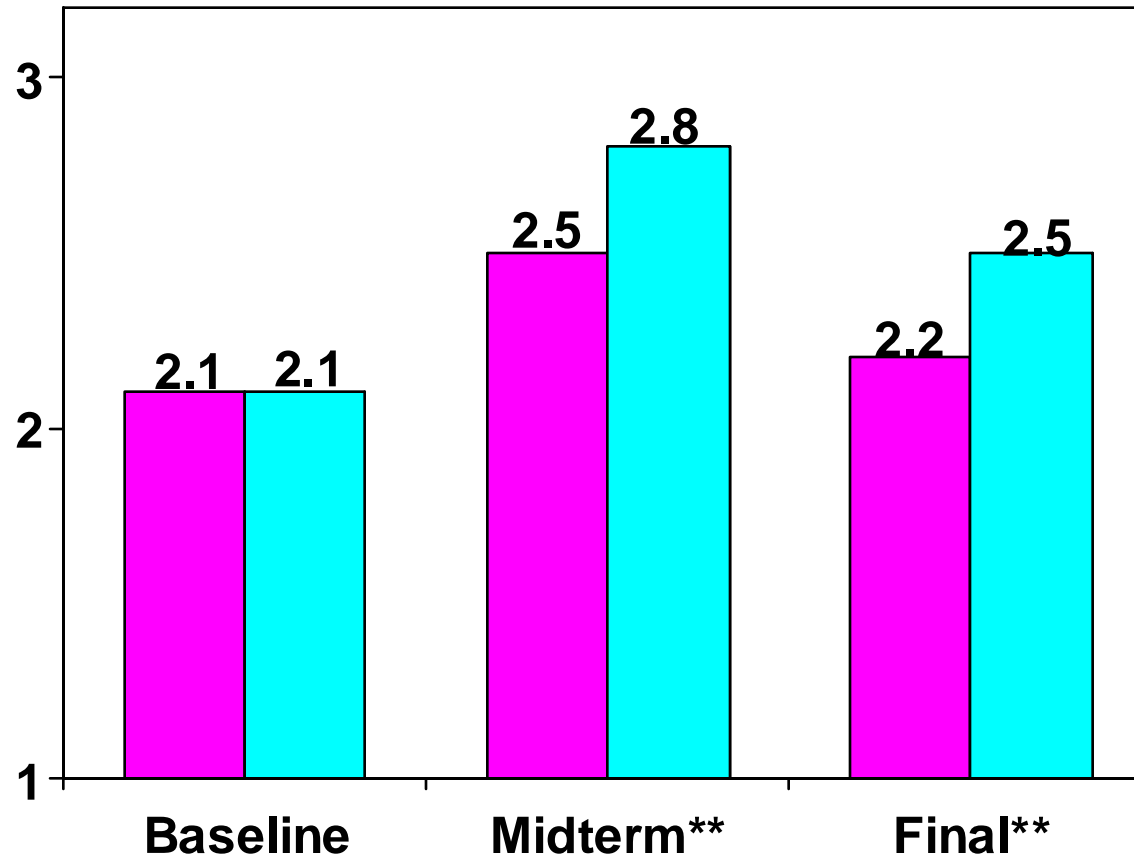
# Adults: Attitude Toward HIV Testing (2 items, range 1-3, 3=most positive)



\*\*p<.01

# Adults: Self-Efficacy for Safer Sex

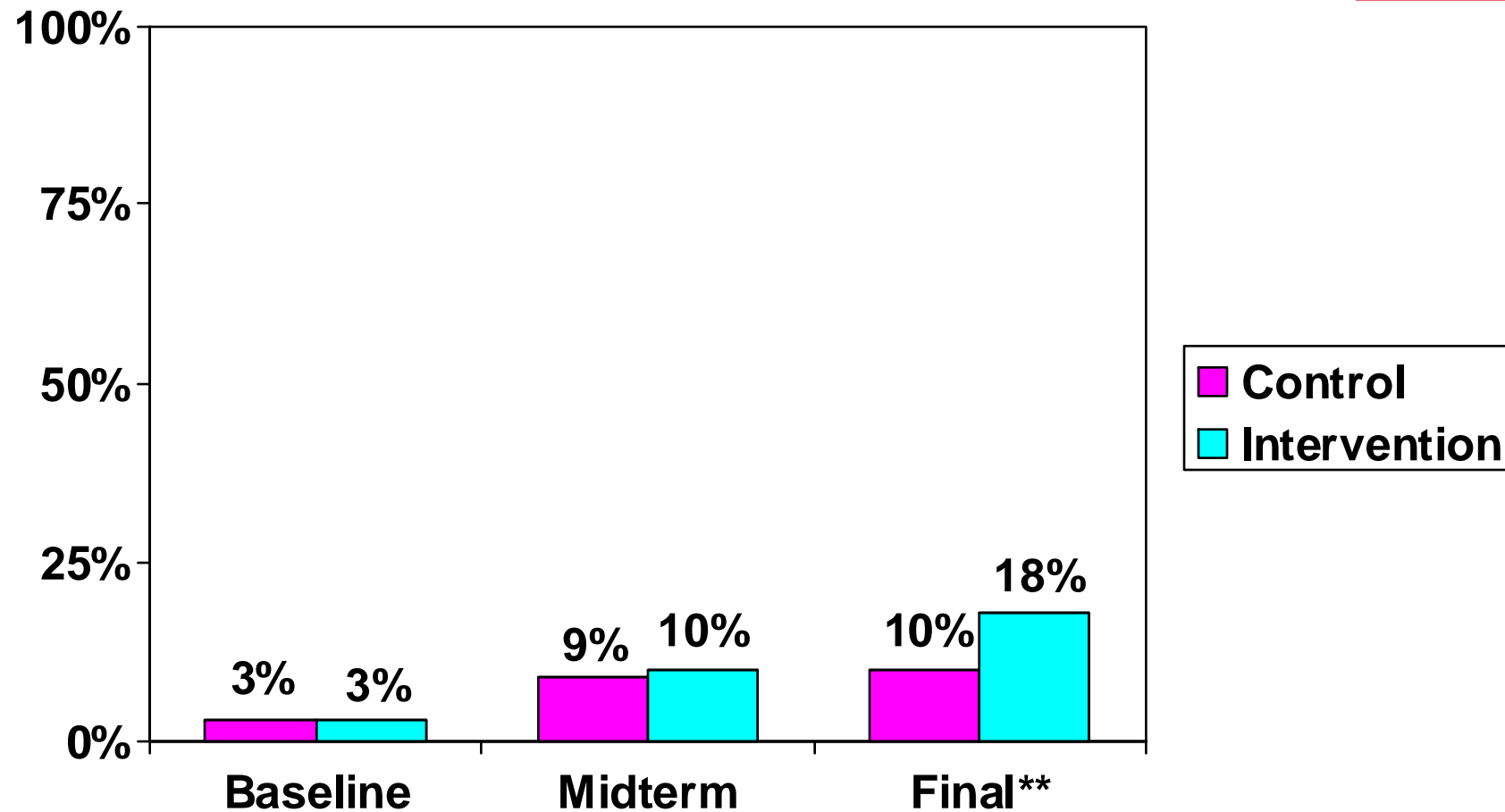
(6 items, range 1-3, 3= very confident)



Control  
Intervention

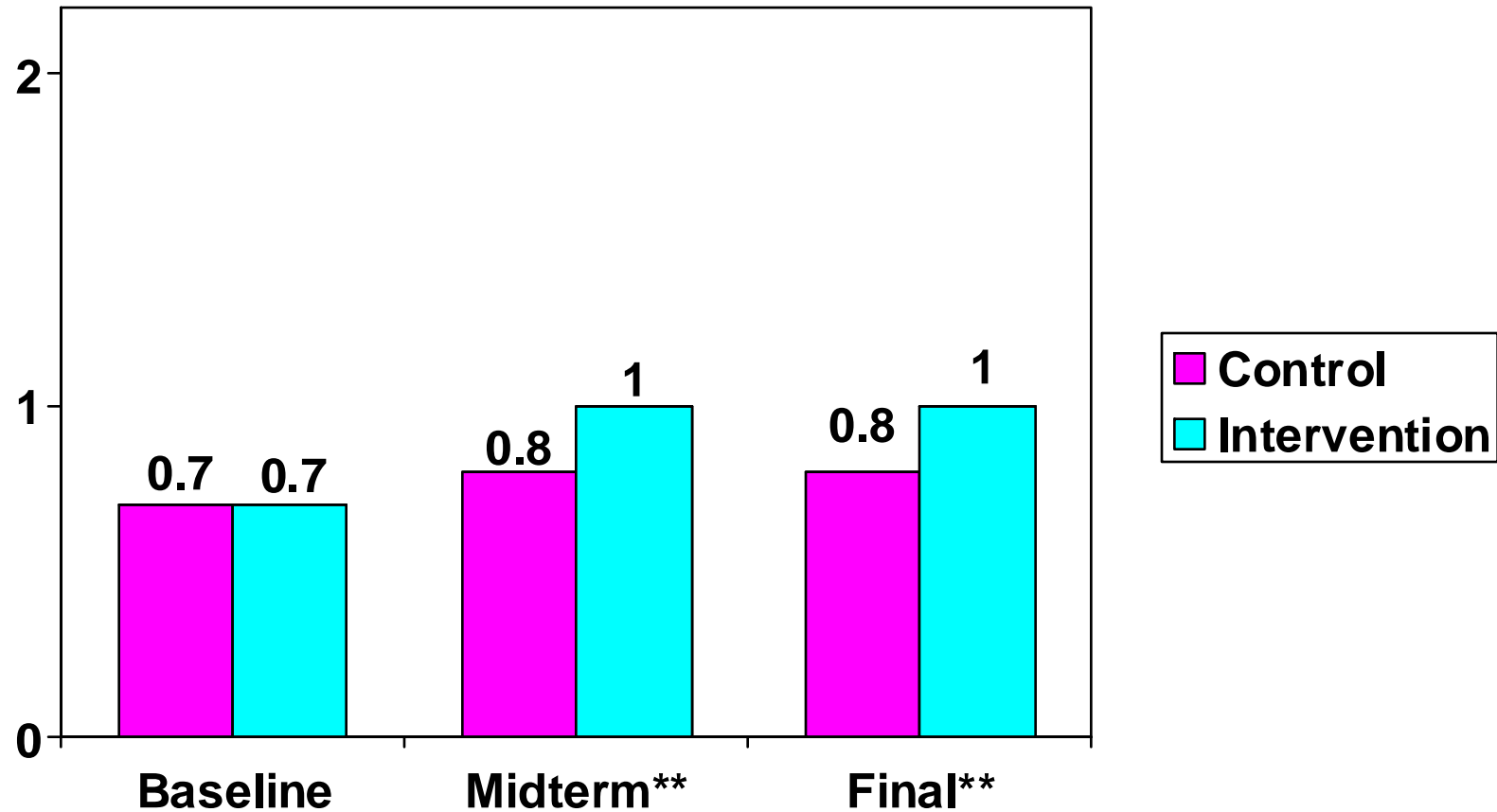
\*\*p<.01

# Adults: HIV Test in Last Year (% reported having test)



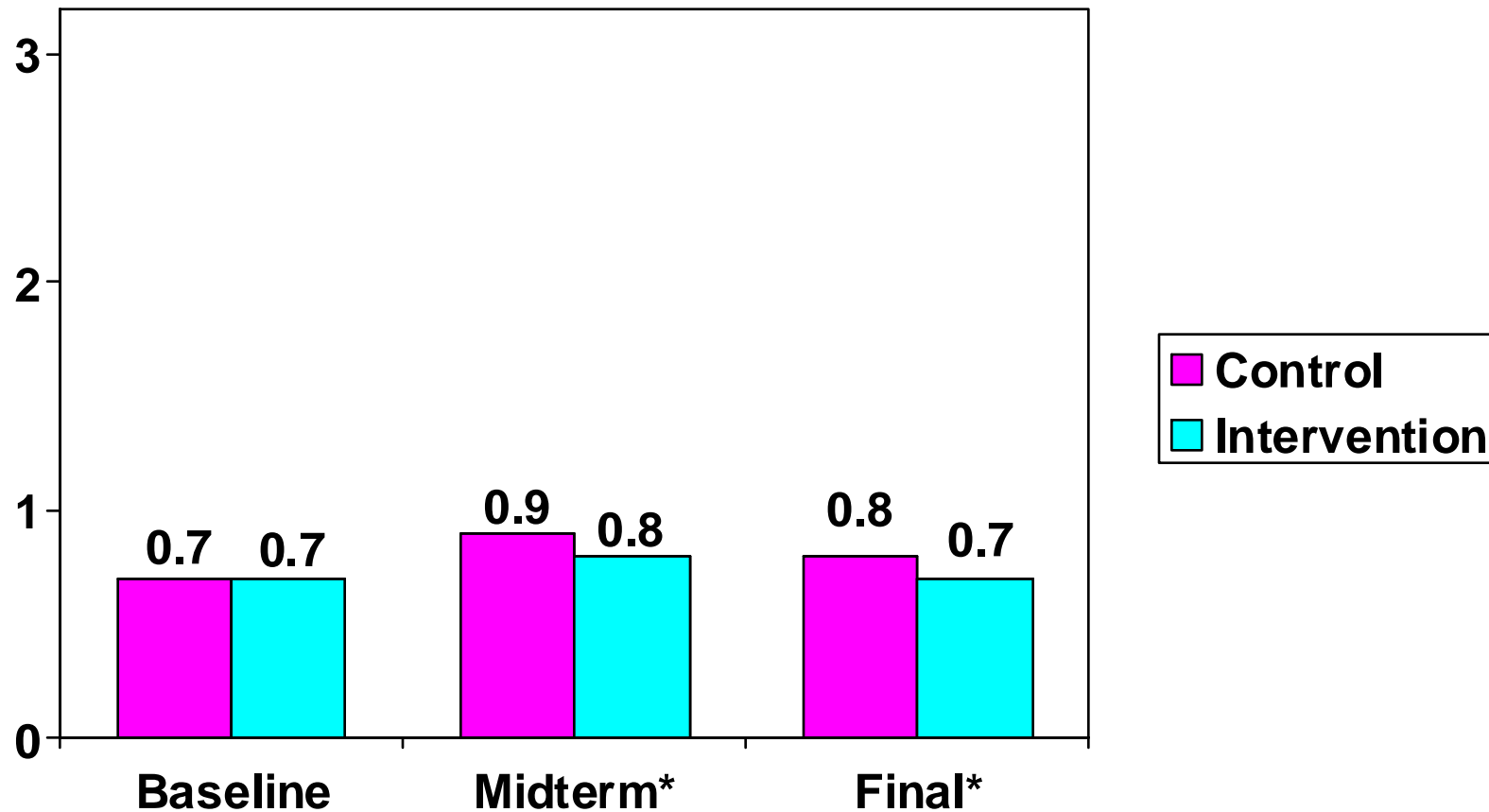
\*\*p<.01

# Adults: Discussed Safer Sex with Partner (2 items, # discussed)



\*\*p<.01

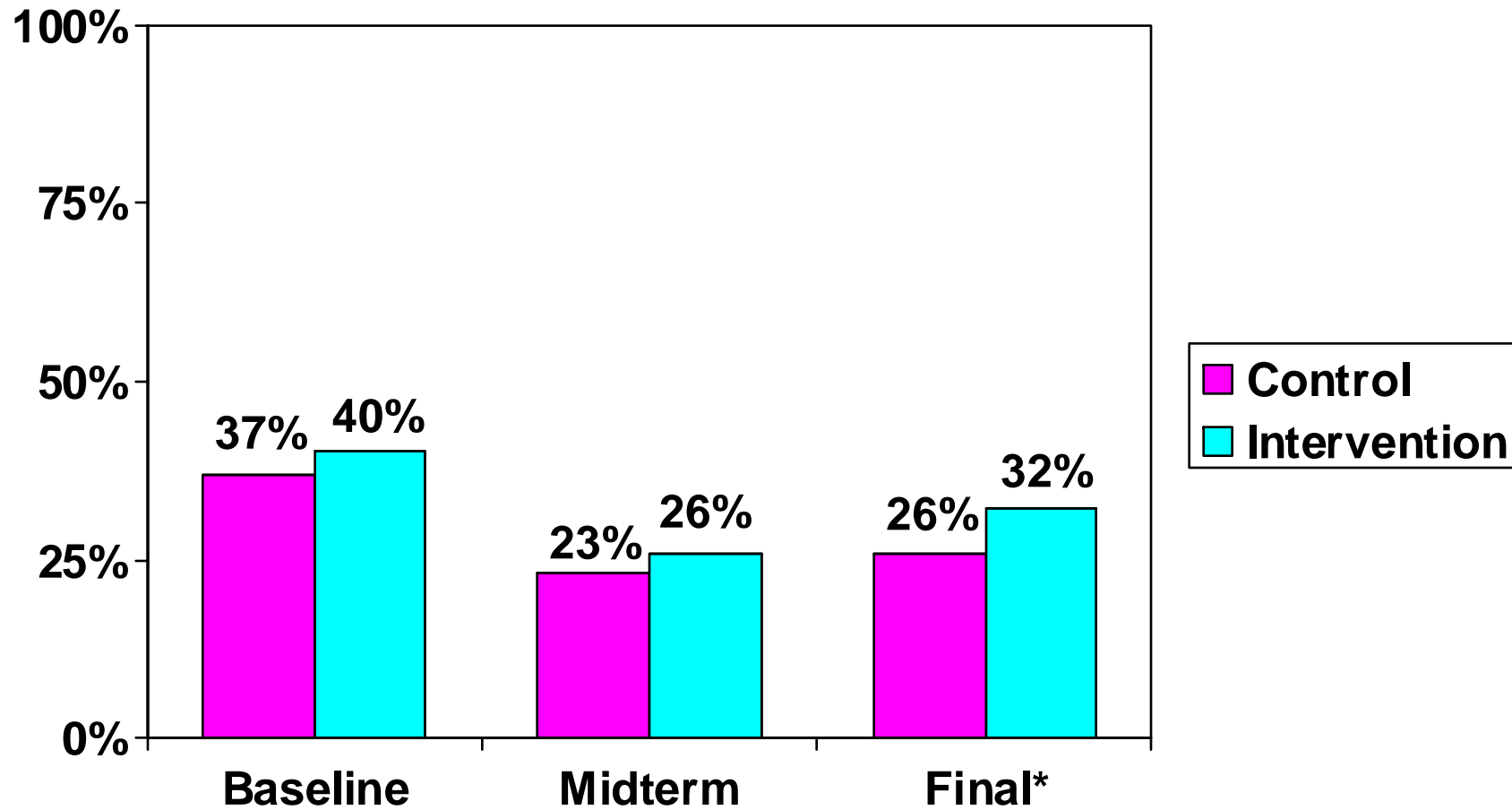
# Adults: Risky Sex Practices (5 items, # reported for last 2 mo.)



\*p < .05

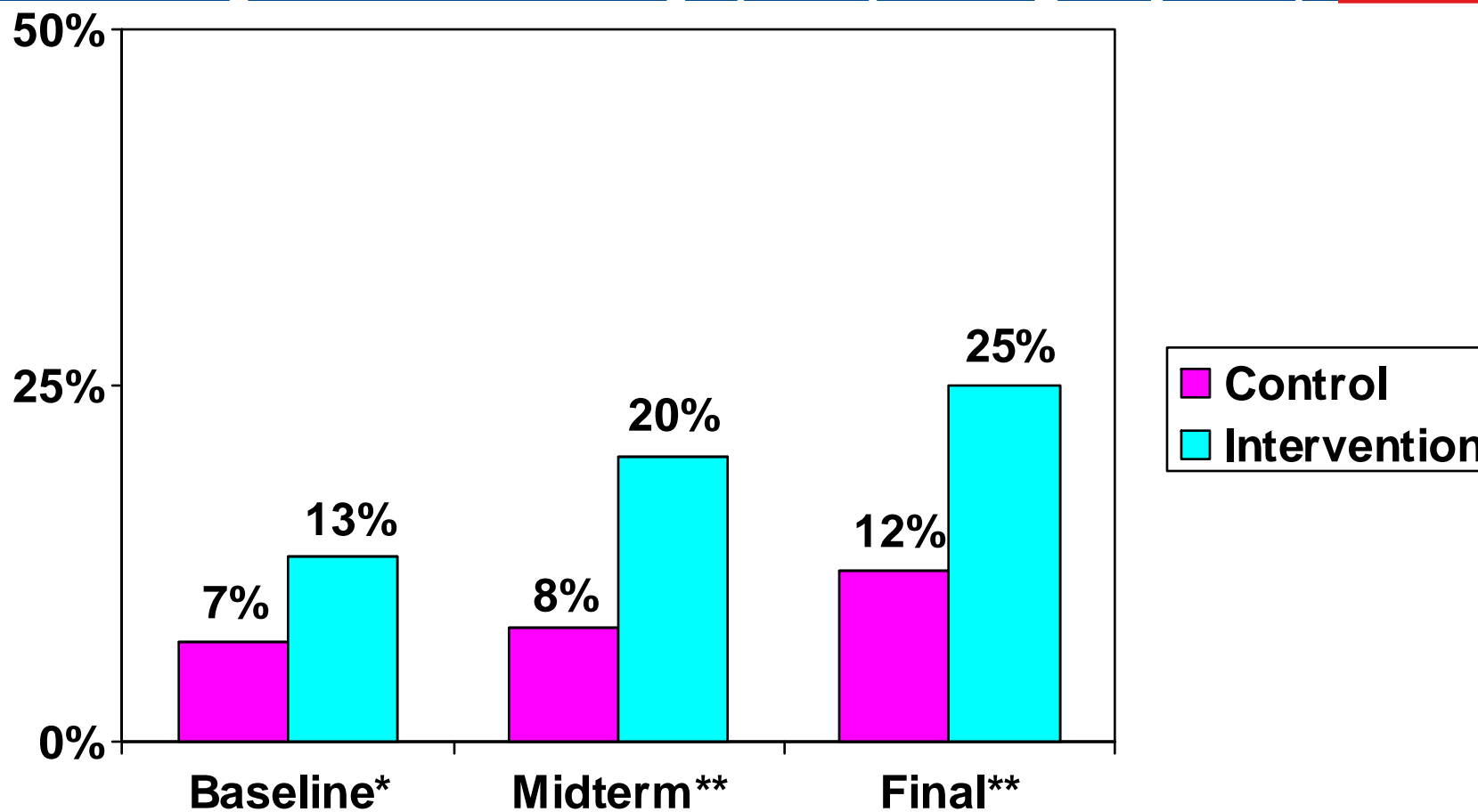


# Adults: Abstaining in Last 2 Mos. (% reporting no sexual relations)



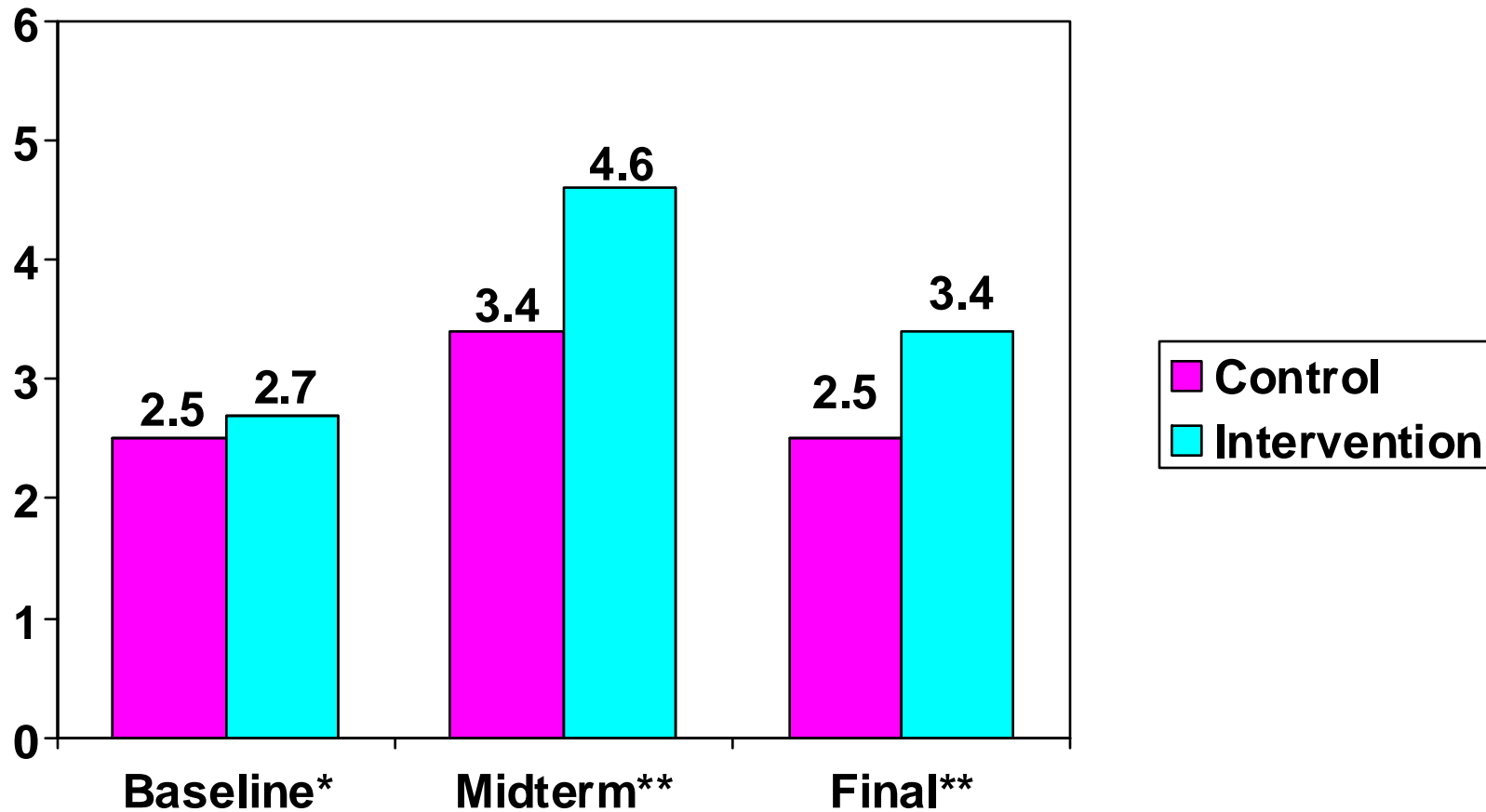
\*p<.05

# Adults: Condom Use Last 2 Mos. Sexually Active Only (% reporting any use)



\*p < .05; \*\* p < .01

# Adults: Community HIV Prevention (6 activities, # done in last 2 mos.)



\*p<.05; \*\*p<.01

# Adults: Summary



- Greater **knowledge** about HIV and AIDS and HIV prevention
- More positive **attitudes**
  - Less blame of those living with with HIV
  - More positive towards condoms and HIV testing
  - Higher self efficacy for practicing safer sex

# Adults: Summary



- **Behavior** changes
  - More HIV tests (final only)
  - More communication with partner about HIV risk
  - Fewer risky sexual practices
  - More safer sex behaviors (abstaining, condom use)
  - More involvement in community HIV prevention
- These changes persisted over time and remained significant after controlling for gender, education, age and food security

# Adults: Discussion



- Rural adults are eager for HIV prevention programs
- Community members can effectively collaborate with rural health workers to bring HIV prevention to their communities
- The *Mzake ndi Mzake* peer group program for HIV prevention should be expanded to other communities.

# Acknowledgements



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  - The National Institute for Nursing Research (R01 NR08058), National Institutes of Health, USA
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  - National AIDS Commission
  - Community leaders and members
  - University administrators and other officials

# *Mzake ndi Mzake Outcomes*



## Overall summary of outcomes for all groups

- Rural HWs
- Urban HWs
- Adolescents
- Adults



# *Mzake ndi Mzake:* Overall Summary of Outcomes



- Knowledge higher for all groups (rural and urban HWs, adolescents and adults)
- Attitudes more positive, including:
  - Less blaming (all except youth)
  - More positive attitudes toward condoms (all except youth) and HIV testing (all groups)
- Self-efficacy for practicing safer sex was higher (all groups)

# *Mzake ndi Mzake:* Overall Summary of Outcomes



- Personal Behavior changes
  - More HIV testing – all groups
  - More communication about safer sex – all groups
  - Lower risk from sexual behaviors
    - Rural health workers & adults had lower overall risk
    - Adults & sexually active youth had greater condom use
    - Only urban health workers had no change in sexual risk
  - Increased involvement in community HIV prevention activities – all groups

# Overall Summary: HWs' Job Related Behaviors



- Hand washing and glove wearing increased for urban and rural HWs
- Interactions with clients became more respectful
- General teaching was higher for urban and rural HWs
- HIV-related teaching was higher for the urban HWs

# *Mzake ndi Mzake*: Discussion



- This program builds on the existing health care system and community leadership structure
- Health workers are eager for HIV prevention programs and can be mobilized to lead community HIV prevention programs
- The *Mzake ndi Mzake* program had positive impacts on HIV prevention knowledge, attitudes and behaviors across all groups