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**Evaluation of a demand-creation intervention for couples' HIV testing services among married or cohabiting individuals in Rakai, Uganda: A cluster-randomized intervention trial**

**Ssenfuma Ronnie**  
Makerere University, Uganda

Uptake of couples' HIV counseling and testing (couples' HCT) services remains largely low in most settings. We report the effect of a demand-creation intervention trial on couples' HCT uptake among married or cohabiting individuals who had never received couples' HCT. This was a cluster-randomized intervention trial implemented in three study regions with differing HIV prevalence levels (range: 9-43%) in Rakai district, Southwestern Uganda, between February 2014 and September 2014. We randomly assigned six clusters (1:1) to receive the intervention or serve as the comparison arm using computer-generated random numbers. In the intervention clusters, individuals attended small group, couple and male-focused interactive sessions, reinforced with testimonies from 'expert couples', and received invitation coupons to test together with their partners at designated health facilities. In the comparison clusters, participants attended general adult health education sessions but received no invitation coupons. The primary outcome was couples' HCT uptake, measured 12 months post-baseline. Baseline data were collected between November 2013 and February 2014 while follow-up data were collected between March and April 2015. We conducted intention-to-treat analysis using a mixed effects Poisson regression model to assess for differences in couples' HCT uptake between the intervention and comparison clusters. Data analysis was conducted using STATA statistical software, version 14.1. Of 2135 married or cohabiting individuals interviewed at baseline, 42% (n=846) had ever received couples' HCT. Of those who had never received couples' HCT (n=1,174), 697 were interviewed in the intervention clusters while 477 were interviewed in the comparison clusters. 73.6 % (n=513) of those interviewed in the intervention and 82.6% (n=394) of those interviewed in the comparison cluster were interviewed at follow-up. Of those interviewed, 72.3% (n=371) in the intervention and 65.2% (n=257) in the comparison clusters received HCT. Couples' HCT uptake was higher in the intervention than in the comparison clusters (20.3% versus 13.7%; adjusted prevalence ratio (aPR)=1.43, 95% CI: 1.02, 2.01, P=0.04). Our findings show that a small group, couple and male-focused, demand-creation intervention reinforced with testimonies from 'expert couples', improved uptake of couples' HCT in this rural setting.

### Biography

Ssenfuma Ronnie is a PhD Research Student at Makerere University School of Public Health. His area of research is HIV/AIDS and has done his PhD research entitled as "Demand creation for couples' HIV counseling and testing among married or cohabiting individuals in Rakai, Uganda: Trends, Motivations, barriers and intervention outcomes". He also works as an Assistant Lecturer/Research Associate at Makerere University.

Ronniessenfuma50@gmail.com

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