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BACKGROUND

Clinical trials offering pre-exposure prophylaxis (PrEP) to perinatal women often embed adherence support counselling into study visits. Integrated Next Step Counselling (iNSC) is a person-centered, motivational-interviewing informed discussion that allows participants to create their own goals and develop strategies to reach them. In the IMPAACT 2009 study which enrolled pregnant women wanting to protect themselves against HIV, an embedded iNSC approach was implemented that broadened the scope of brief participant-centred discussions about sexual health protection to include overall mental health and well-being. We report the Zimbabwe site experiences delivering iNSC.

Social and mental health concerns must be addressed prior to discussing issues related to sexual health. In this study, the ability of people at risk of HIV to handle and adapt to social circumstances while on PrEP was enhanced through iNSC/t-iNSC sessions.

DESCRIPTION

Trained counselors implemented iNSC at each study visit regardless of whether participants opted to take PrEP or not. Additionally, for women receiving PrEP, targeted iNSC (t-iNSC) was used to inform and explore together the implications of results from PrEP levels testing. The counselors (n=6) met periodically to discuss their experiences. We used the Objective, Reflective, Interpretive, Decisional framework to collate the counsellors' observations of participants' mental health, well-being, and sexual health during the study.

LESSONS LEARNED

After trying out iNSC/t-iNSC in practice, counselors reported that several advantages over the traditional adherence-focused counseling were immediately apparent. On reflection, a counselor reported that iNSC opened helpful conversations to the contextual and structural challenges women faced. Counselors recalled women sharing that PrEP was not a priority when there is no food on the table or when experiencing stressors related to pregnancy. The interpretation is that concerns about sexual health are secondary to fundamental requirements; before talking about sexual health difficulties, social and mental health issues needed to be addressed first. Furthermore, iNSC/t-iNSC activated and improved participants' abilities to manage and adapt to social situations while taking PrEP. Despite cultural barriers associated with marriage, iNSC/t-iNSC assisted participants in assessing and determining their sexual health protection, regardless of PrEP use.

CONCLUSIONS

iNSC/t-iNSC was a crucial tool used by IMPAACT 2009 counselors working with perinatal participants to support their HIV prevention choices. Discussing sexual and mental health in addition to HIV-related issues created growth opportunities and reflected lived realities of perinatal women with limited resources. iNSC/t-iNSC addressed the overall needs of participants better than the traditional approach.

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TABLE 1. Integrated Next Step Counseling (iNSC) Steps

