NON-ENROLLMENT AMONG HIV-POSITIVE KENYAN FEMALE INDEX CLIENTS IN PARTNER NOTIFICATION

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BACKGROUND

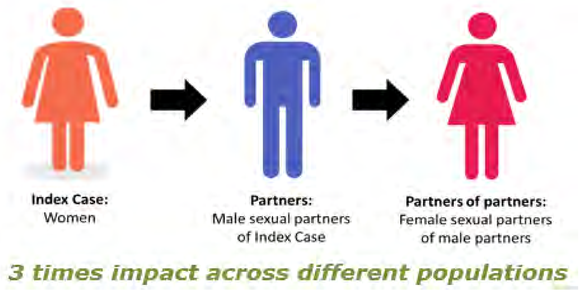
- Assisted partner services (aPS) involves notification and HIV testing for sexual partners of persons diagnosed HIV-positive (index cases).
- Impact of aPS is contingent on high acceptance rates.
- aPS has been scaled up in Kenya since 2016.

OBJECTIVE

- Evaluate the **characteristics** and **reasons for non-enrollment** of female index cases.

METHODS

- **Study design**: Implementation science study of aPS scale-up in western Kenya
- **Study sites:** 31 facilities in Kisumu and Homa Bay
- **Timelines:** May 2018 to August 2019.
- **Study population**: HIV-positive females (age ≥15 years) offered aPS
- **Study procedures**: Newly diagnosed HIV-positive females ≥15 years testing at the 31 facilities were offered aPS. Those who accepted provided contact information for all male sexual partners in the past 3 years, who also gave information on their other female sexual partners. Healthcare providers notified partners of their potential HIV exposure and provided HIV testing and referral services.



- **Descriptive statistics:**
  - Female socio-demographics compared by aPS enrollment status (accepted, refused, ineligible)
  - Reasons for refusal and ineligibility were tabulated.
- **Multivariate statistics:** Multivariate binomial regression to assess the association between demographics and aPS refusal.

RESULTS

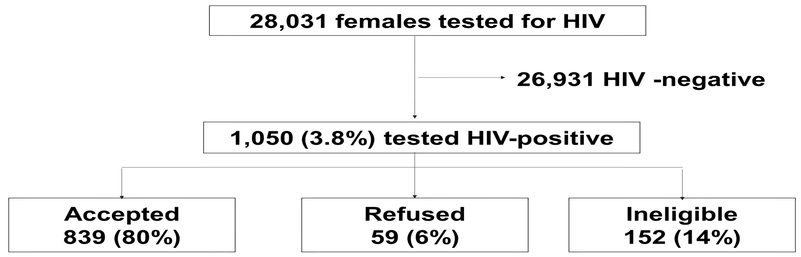
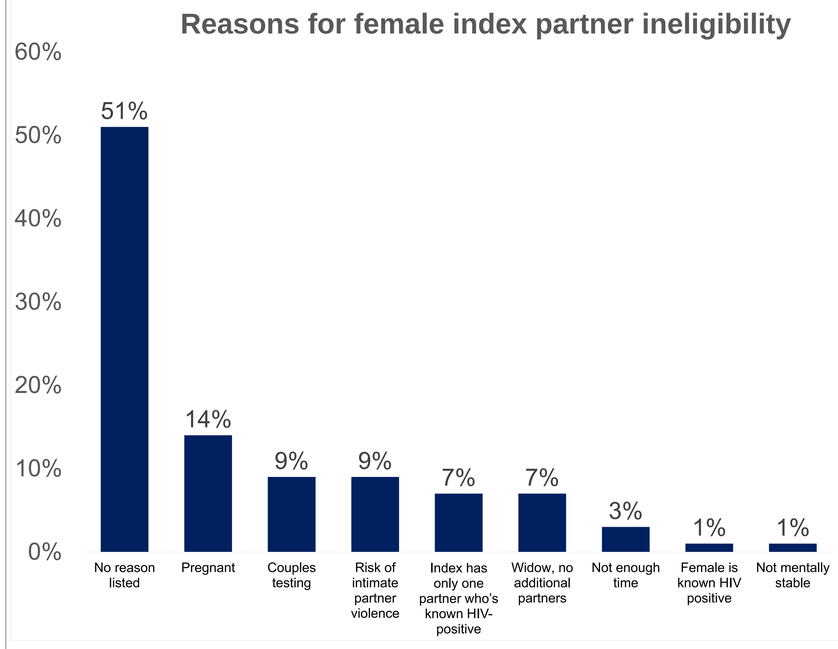


Figure 1: Flowchart of aPS acceptability

- Across facilities, 28,031 females received HIV testing and 1,050 tested HIV-positive (yield: 3.8%)
- Overall, 839 females accepted aPS (80%), 59 refused (6%) and 152 were ineligible (14%).

Assisted partner services (aPS) was highly acceptable among HIV-positive women.

RESULTS



- **Common reasons for aPS ineligibility included fear or risk of intimate partner violence (9%), previous HIV diagnosis (9%) or not enough time for aPS provision (3%).**

RESULTS

Table 1: Association between aPS refusal and demographics of female index cases

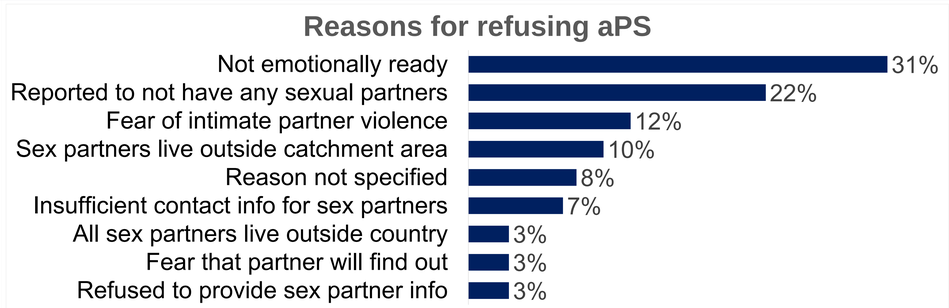
	aRR (95% CI)	P-value
Age (years)	1.03 (0.99 - 1.06)	0.082
Completed secondary school	2.03 (1.13 - 2.82)	0.017
Monthly income > 10,000 Kenyan schillings	1.56 (0.86 - 2.81)	0.145
Marital status		
Married monogamous/cohabitating	Ref.	
Married polygamous	1.08 (0.33 - 3.51)	0.892
Divorced/separated	3.09 (1.39 - 6.86)	0.006
Single, never married	2.66 (1.31 - 5.42)	0.007
Widow	4.41 (2.18 - 8.96)	<0.001

**Ref: Reference*

- APS acceptance did not differ by age, testing history or testing type (provider vs. client initiated).

Additional counseling may be required for females index clients with higher education, and those who are separated or single.

RESULTS



The most common reason for refusing aPS was not feeling emotionally ready (31%).

CONCLUSION

- APS has high acceptability among HIV-positive females regardless of age or testing history.
- More counseling may be needed to increase uptake among females with higher education and those who are separated or single.
- Follow-up for females who are not emotionally ready for aPS or had insufficient time for aPS in their clinic visit can improve program coverage.

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