The effects of HIV counseling and testing on risk-related practices and help-seeking behavior

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Authors' objectives
To review recent studies to reassess the scientific data regarding the ability of counselling and testing (CT) for human immunodeficiency virus (HIV) to motivate changes in risk-related practices, and to promote help-seeking behaviour.

Searching
MEDLINE and PsycLIT were searched in August 1996 to identify studies. The searches were limited to articles published in the English language since 1990. The reference lists from other published and unpublished reports were also examined for additional references.

Study selection
Study designs of evaluations included in the review
Studies which examined the influence of HIV CT on risk-related practices and help-seeking behaviour were included.

Specific interventions included in the review
Pre-test, post-test, or intensive risk reduction counselling and HIV testing.

Participants included in the review
Men who have sex with men (MSM); intravenous drug users (IDU); women and heterosexual couples; and mixed populations who may also include the first three categories.

Outcomes assessed in the review
The following were assessed: the change in behaviour associated with risk-related practices; the change in help-seeking behaviour; and differences in outcomes of HIV CT behaviour change between those who test positive rather than negative.

How were decisions on the relevance of primary studies made?
The authors do not state how the papers were selected for the review, or how many of the authors performed the selection.

Assessment of study quality
The authors do not state that they assessed validity.

Data extraction
The authors do not state how the data were extracted for the review, or how many of the authors performed the data extraction.

Methods of synthesis
How were the studies combined?
The review outcomes were detailed in the narrative for each of the studies within the four groupings of participants.

How were differences between studies investigated?
The authors do not state how differences between the studies were investigated.
Results of the review
The authors found 35 studies, which were divided into four study populations. Each of the studies was required to provide either an evaluation of HIV CT in a longitudinal design assessing behaviour prior to and following HIV CT, or evaluation of HIV CT in a cross-sectional design comparing groups of patients with different HIV CT histories or outcomes.

The first group, MSM, had 2,984 participants in 7 studies: 4 cross-sectional, 1 longitudinal, and 2 longitudinal with cross-sectional data analysis.

The second group, IUD, had 7,161 participants in 9 studies: 5 cross-sectional, 2 longitudinal, and 2 longitudinal with cross-sectional data analysis.

The third group, women and heterosexual couples, had 7,627 participants in 12 studies: 1 cross-sectional, 4 longitudinal, and 7 longitudinal with cross-sectional data analysis.

The fourth group, mixed population, had 4,398 participants in 7 studies: 1 cross-sectional, 3 longitudinal, 2 records review, and 1 randomised controlled trial.

MSM group: the studies documented a substantial risk-related behaviour change among MSM, but did not provide consistent evidence regarding the effects of HIV CT on sexual risk practices. Similarly, although studies addressing help-seeking behaviour found significant differences between HIV-seronegative and HIV-seropositive men, these differences may in some cases be related to symptomatic disease progression and not HIV CT.

IDU group: most of the studies found some beneficial behaviour changes among IDUs and other drug users who received HIV CT. The beneficial impact of HIV CT was observed for both drug-related and sexual practices. HIV-seropositive drug users were generally most likely to engage in reduced-risk practices following HIV CT, than were HIV-seronegative or untested IDUs. The single study of help-seeking behaviour following HIV CT failed to find significant differences in the use of medical services between HIV-seronegative and HIV-seropositive IDUs with one or no HIV-related symptoms.

Women and heterosexual couples group: the studies found mixed results. Of 4 studies examining the impact of HIV CT on pregnancy rates, 2 found knowledge of serostatus to be unrelated to pregnancy, whilst the other 2 found that women who learned they were HIV-seropositive were significantly less likely to become pregnant than their HIV-seronegative peers. Two studies also reported inconsistent findings concerning the relationship of HIV CT to pregnancy termination, and others provided mixed results concerning the impact of HIV CT on condom use and other birth control methods. Two studies reported no impact of HIV CT on composite risk behaviour scores; however, the studies of HIV-serodiscordant couples reported substantial increases in condom use following HIV CT in some circumstances. None of these studies addressed the impact of HIV CT on help-seeking behaviour.

Mixed population group: 3 of the 4 studies that included only HIV-seropositive individuals found evidence indicating that HIV CT was associated with reductions in sexual risk-related practices among individuals who knew they were HIV infected. Studies in which all or the majority of participants were HIV seronegative provided little consistent evidence regarding the behavioural effects of HIV CT.

Authors' conclusions
Despite the methodological limitations of the studies in the published literature, there is no question that HIV CT can and does motivate behaviour change in some individuals. What is also clear, however, is that HIV CT does not always lead to behaviour change, nor is it equally successful in influencing behaviour across a wide range of settings and populations. Further research is needed to explicitly evaluate the effects of HIV CT.

CRD commentary
The authors searched MEDLINE and PsycLIT electronically and searched the reference lists from published and unpublished data for additional studies. However, since the authors only searched for English language publications, it is unclear how many other relevant studies may have been excluded.
The inclusion and exclusion criteria were stated, although the criteria for judging the validity and relevance of the included studies were not explicit.

The studies were combined in a narrative, qualitative format. The data from each individual study have been tabulated in terms of the study characteristics, the number of participants, and the study outcomes. The quality of the studies was not analysed, and the studies were not weighted for sample size (some studies had very large numbers of participants in comparison with others). In addition, heterogeneity between the individual studies or the four groups was not discussed.

**Implications of the review for practice and research**

This review presents a summary of current research for HIV CT, but as the authors state, further research that is more explicitly directed to the evaluation of the effects of HIV CT is required.

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