



**HOPE**

*Out of ASPIRE, there is HOPE*

# Options in HIV Prevention

## A Participant-Centered Counseling Approach

# Enrollment Visit





Welcome...

...and thank you!

# HOPE Adherence Counseling

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**CHOICE:** Helping you choose the best HIV prevention method for you

**OPEN CONVERSATION:** About decisions regarding using the Ring or any other HIV prevention method

# Helping You Choose

Not every woman wants to use the Ring

In our sessions, we will...

Discuss the Ring or any other HIV prevention method you choose

Help you decide on the best HIV prevention plan for you

Help you adjust your plan



# Open Conversation

## I WILL

- Listen to *your* experience using the ring or other HIV prevention approaches
- Help *you* overcome challenges to HIV prevention
- Help *you* remain HIV negative



## I WILL NOT

- Judge *you*
- Push *you* to use the Ring

# Another Ring Study

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Tell me about *your* decision to enter this study...

What were some benefits from participating in ASPIRE?

What might be some benefits of participating in HOPE?



What have *you* heard about the results  
from ASPIRE??



# Key Results from ASPIRE

- ✓ The Ring can greatly reduce a woman's chance of HIV infection
- ✓ Protection is highest when the Ring is used all the time
- ✓ The Ring is not protective when it is not used
- ✓ The Ring is very safe to use

# The Ring?

“Yes, I want to use the Ring”

“No, I don’t want to use the Ring”

“Maybe, I am still not sure”



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Tell me about your decision

# Your experience with the Ring

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What helped *you* use the Ring in ASPIRE?

What obstacles did *you* overcome?

What are *your* plans for using the Ring in this study?

# Concerns About the Ring

It's not comfortable

It's dirty

It's bad for my health

I don't like to keep it in all the time

....

Others tell me I shouldn't use it

It might fall out

My partner won't like it

It makes me feel sick



# HIV Prevention Options

Use ring consistently

Use condoms consistently

Encourage partner to get circumcised

Use oral PrEP



If your partner is HIV+, encourage ARV adherence

Encourage partner to get tested for HIV

Get treatment for STIs

Reduce your number of sex partners

Engage in lower-risk sexual behaviours


# Your plans for HIV prevention

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What are *your* plans for using the HIV prevention approaches *you* selected?

What might *you* do to ensure *your* success in using those approaches?

# Challenges to HIV Prevention



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It's hard to talk to my partner

I don't always have condoms

I forget to use condoms

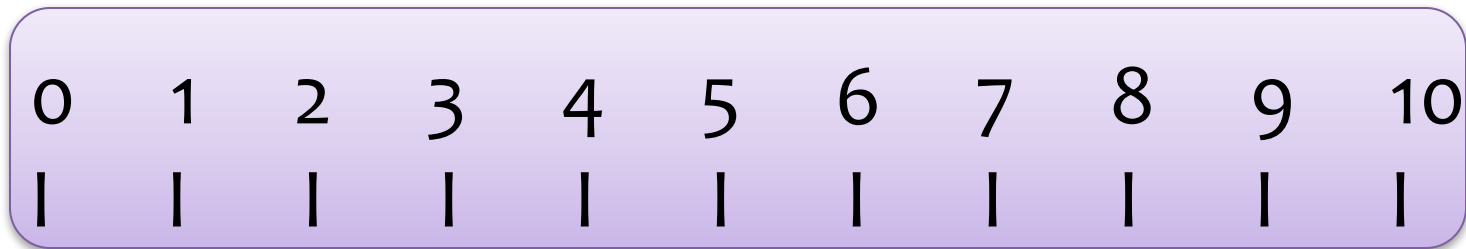
I got caught up in the moment

My partner is not willing

I was drinking and wasn't thinking

# Importance Ruler

On a scale of 0 to 10 where 0 is not important at all and 10 is extremely important, how important is it for you to use the approaches you selected to avoid becoming infected with HIV?



Not important  
at all

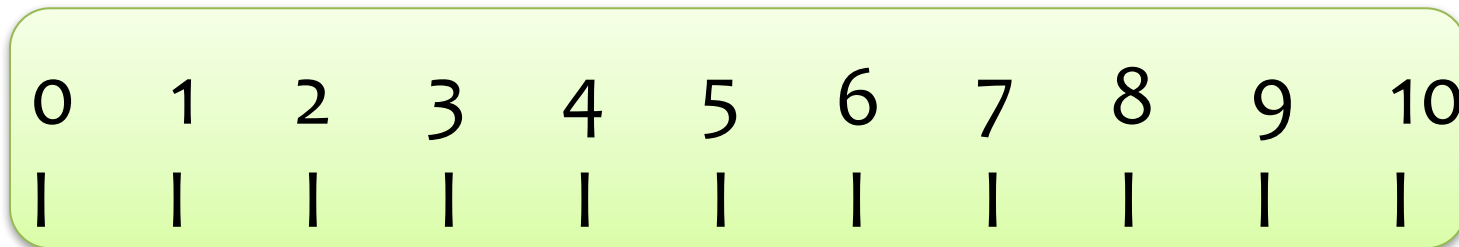
Extremely  
important

What are some reasons why you chose that number and not a 0 or a 1?



# Confidence Ruler

On a scale of 0 to 10 where 0 is not confident at all and 10 is extremely confident, how confident are you that you will be able to use consistently the HIV prevention method you selected?



Not confident  
at all

Extremely  
confident

What makes your confidence that number and not a 0 or a 1?

What would help to move it up?

How might you achieve that?



What else would you like to discuss today...

...about the Ring?

...about the other HIV prevention approaches you selected?

# Next Visit

When do we meet again?

What will we do?

Remember:

Bring back your Ring

I will share result of drug levels starting on  
Month 3

# Follow-up Visits

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Months 1, 2, 3, 6, 9



Welcome... ..and thank you!

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Our session today...

# Achieving goals can be difficult

## Success



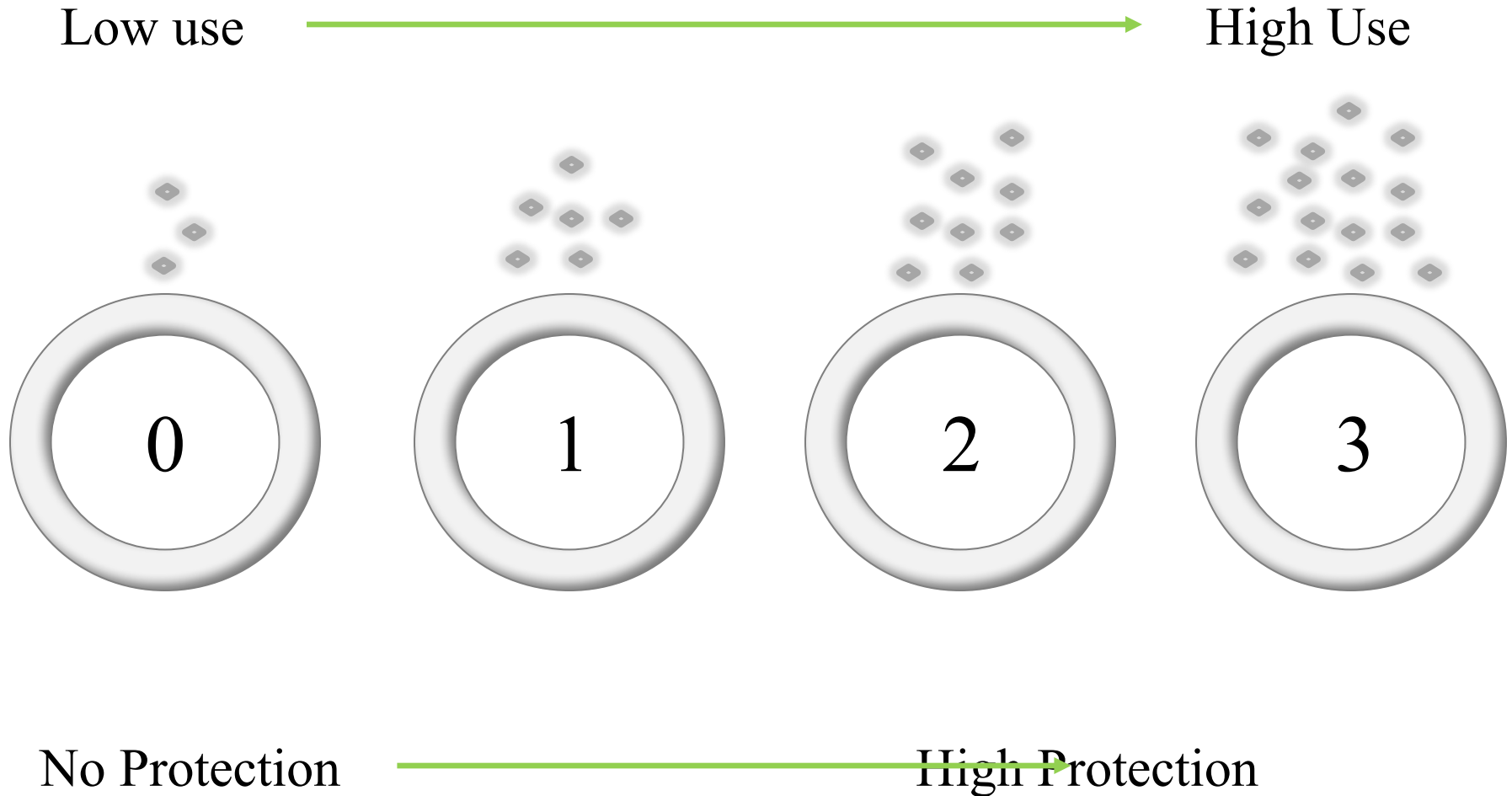
- Good job, you achieved your goal!
- If you would like, we can talk about how to keep going

## Disappointment



- Don't worry; I'm not here to judge
- If you would like, we can work together to find some solutions

# Drug Levels in Ring



# Keep in mind...

The drug level results may not be 100% accurate

We share the results with you...

- So you have a general idea of the level of protection you are receiving from the Ring
- To help you decide whether you want to use the Ring differently so that it gives you more protection from HIV

What you do with this information is your choice

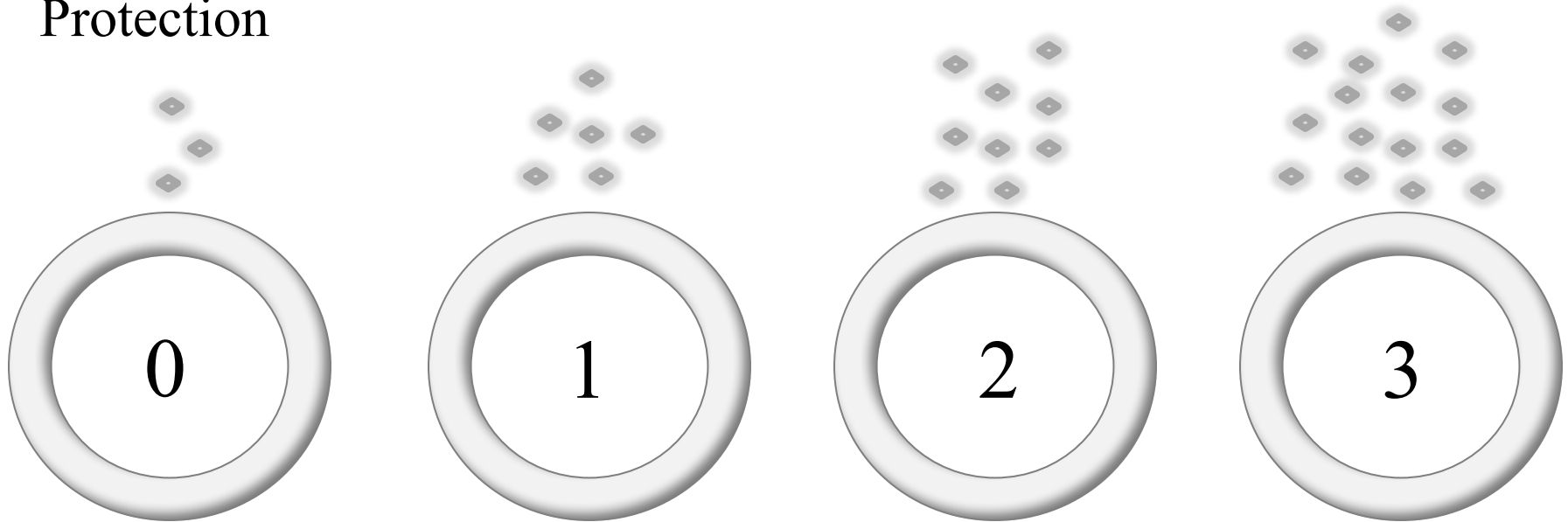


# Your level of protection

No Protection  
Protection

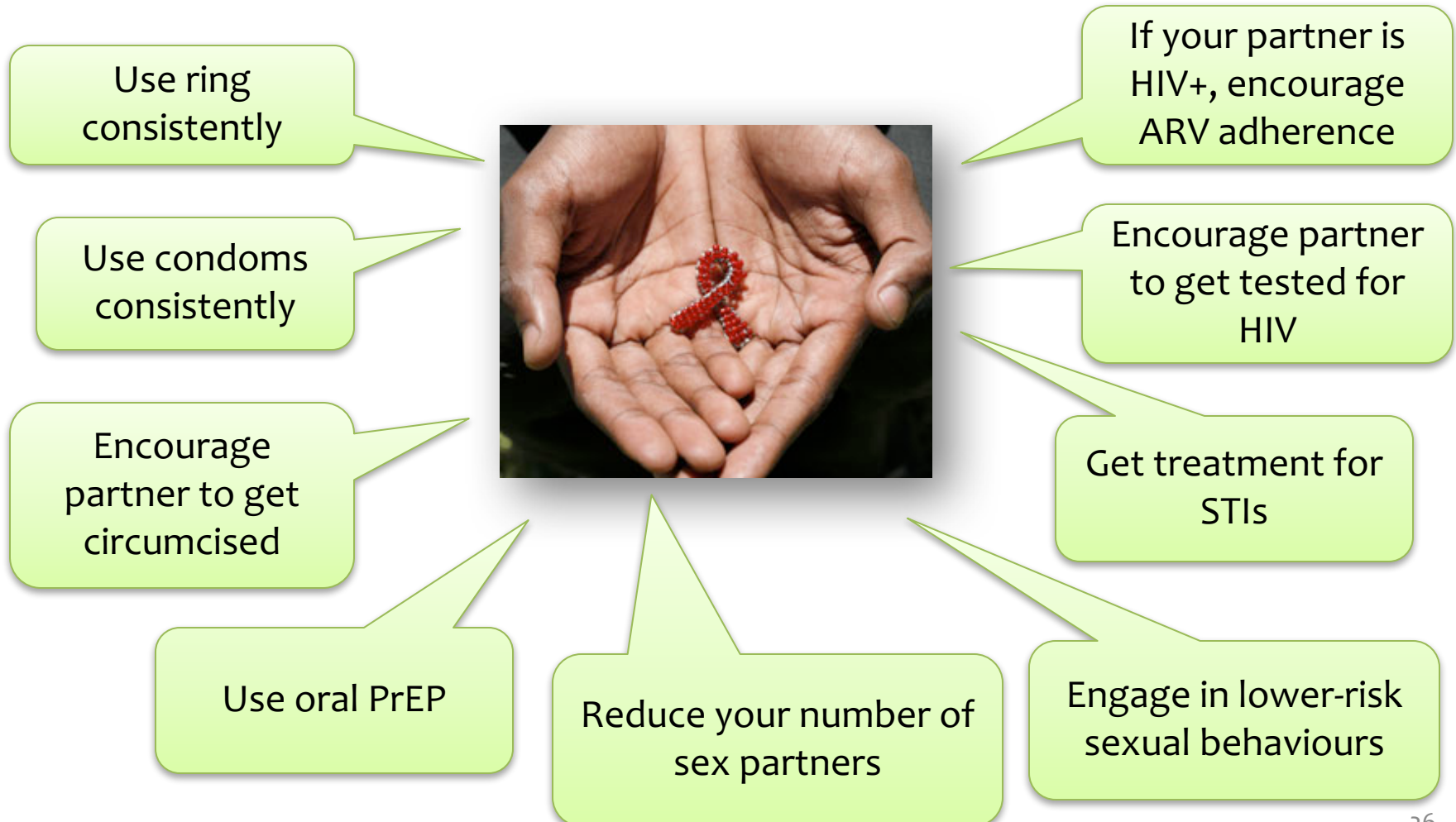


High



What are your thoughts about this?  
How do you feel about the level of protection you got from the Ring?  
What might this mean for you remaining HIV negative?

# Which HIV Prevention Options did you choose last time?



# Check-In

How did things go with your HIV prevention plan?

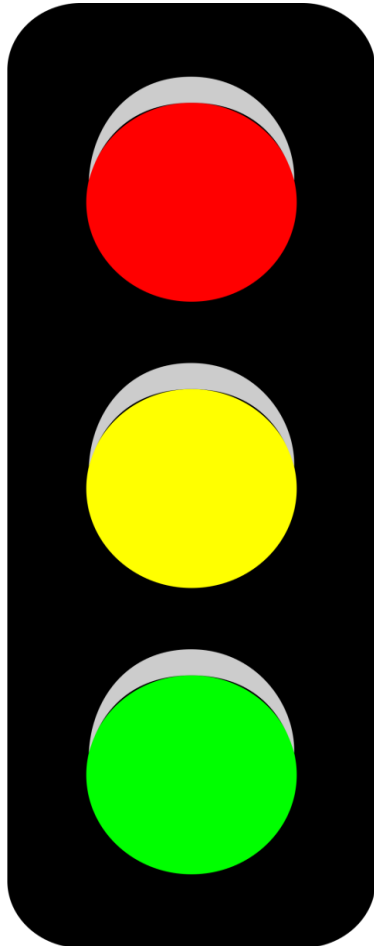
What worked?

What didn't?

What obstacles did you encounter?

How did you overcome them?

# Feelings about Prevention Plan

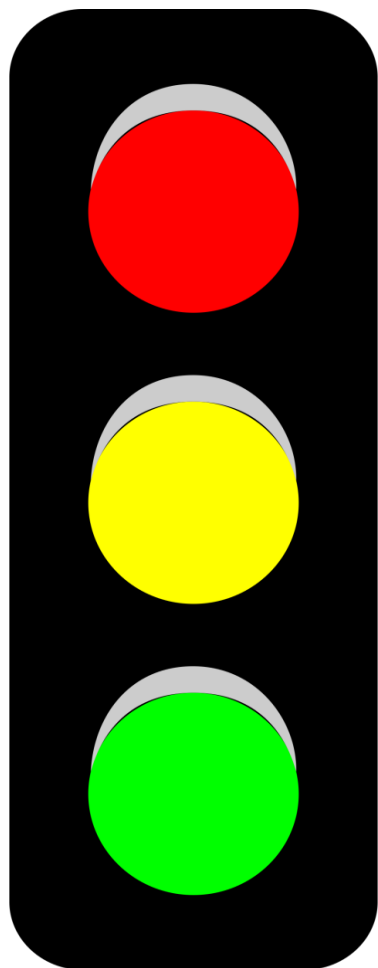


My plan did not work. I need to do something totally different so I don't get HIV

My plan went so-so. I need to change some things so I can protect myself better from HIV

My plan went really well, I just have to keep doing what I am doing to protect myself from HIV

# Overcoming Obstacles



What other HIV prevention options might work better for you?  
What can you do to make this option more successful for you?

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What obstacles do you need to overcome in order to succeed?  
What might you do differently in order to succeed?  
What can we do during our session that will help you succeed?

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What helped you to succeed with your prevention plan?  
What can you do to continue to succeed with your prevention plan?

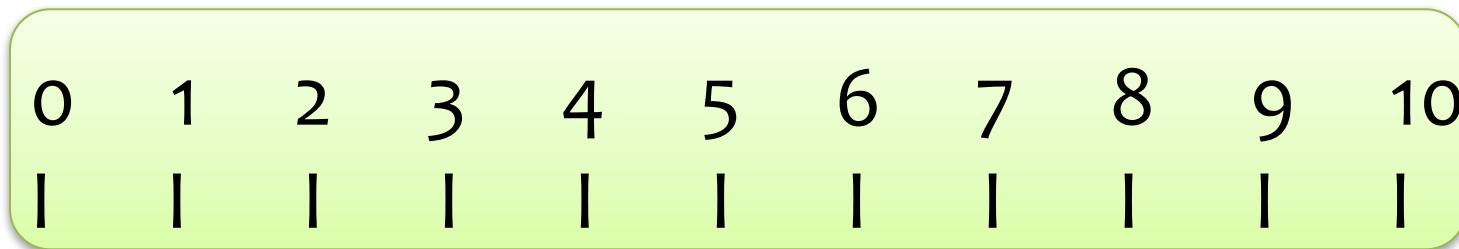
# Planning for the weeks ahead

Anything happening in the next few weeks that might affect *your* HIV prevention plan?



# Confidence Ruler

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...about the other HIV prevention approaches you selected?



# Next Visit

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# End Visit

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Month 12



Welcome... ..and thank you!

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Our session today

# Achieving goals can be difficult

## Success



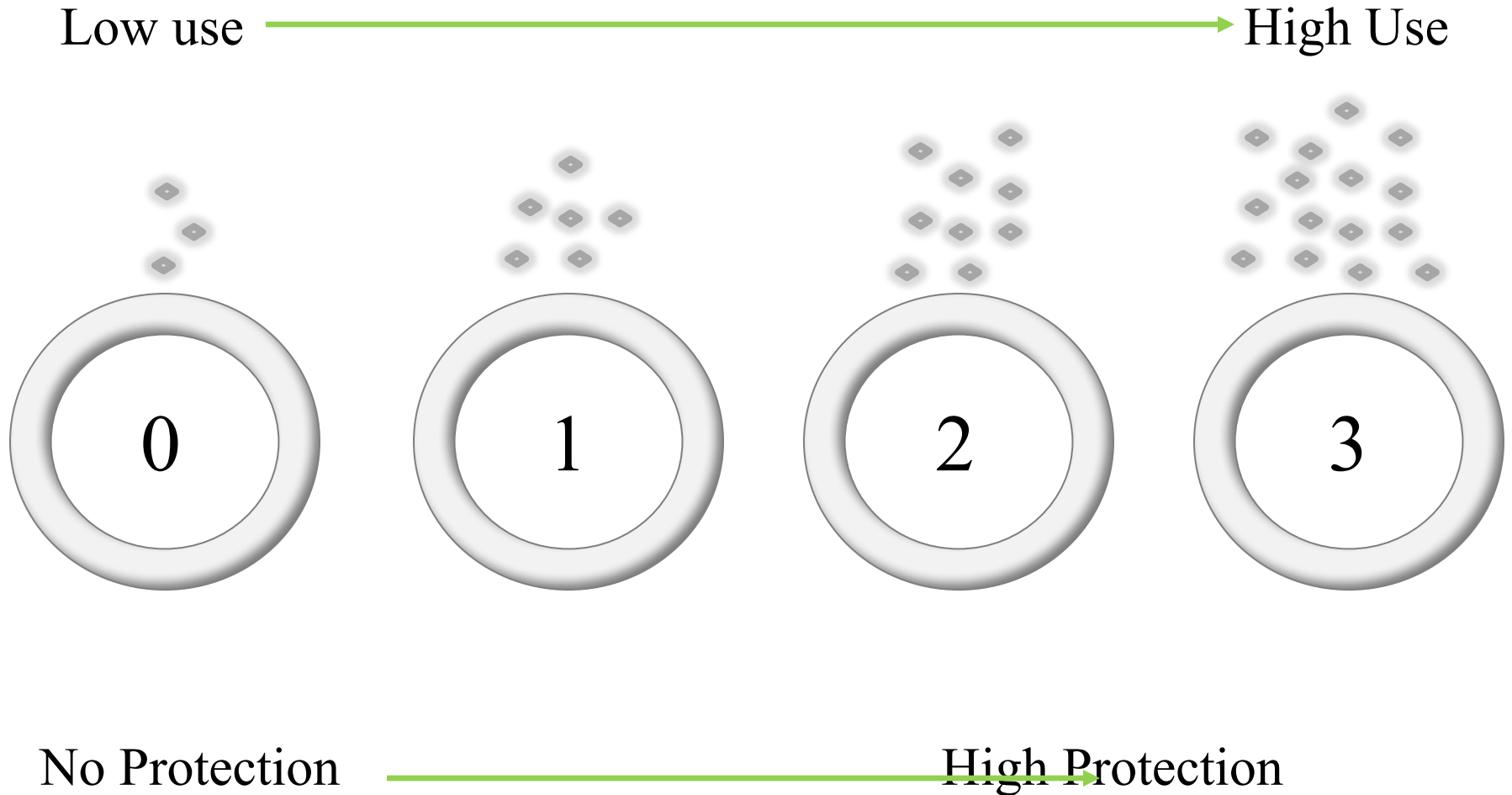
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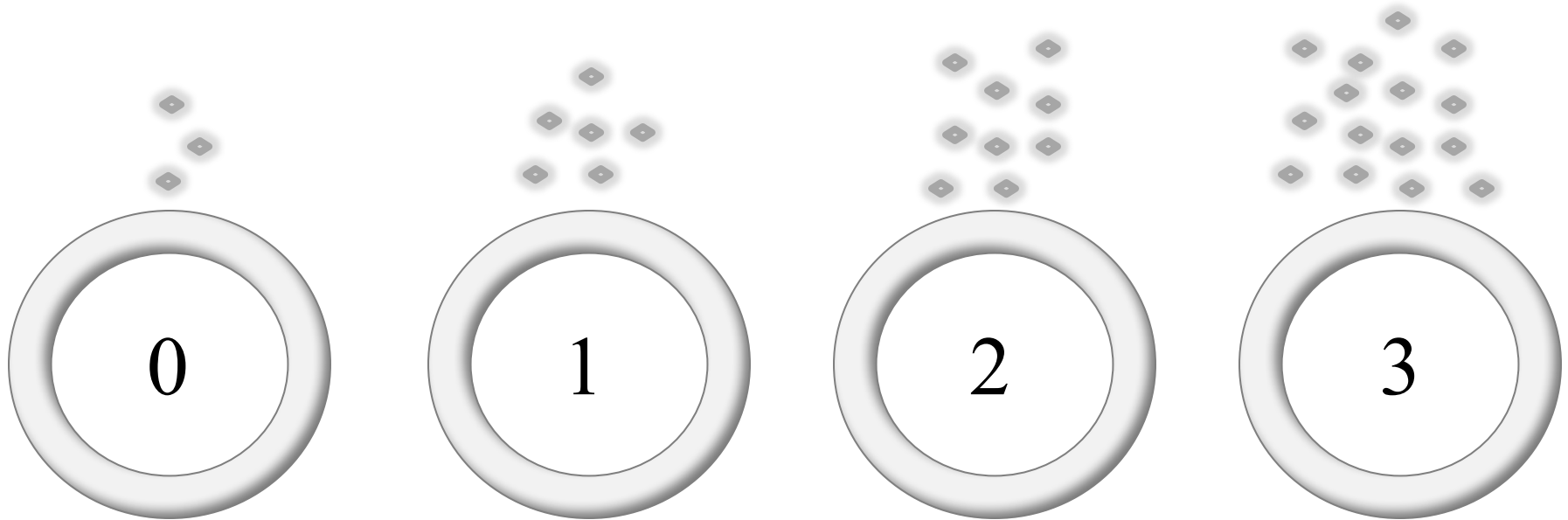
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# Your level of protection

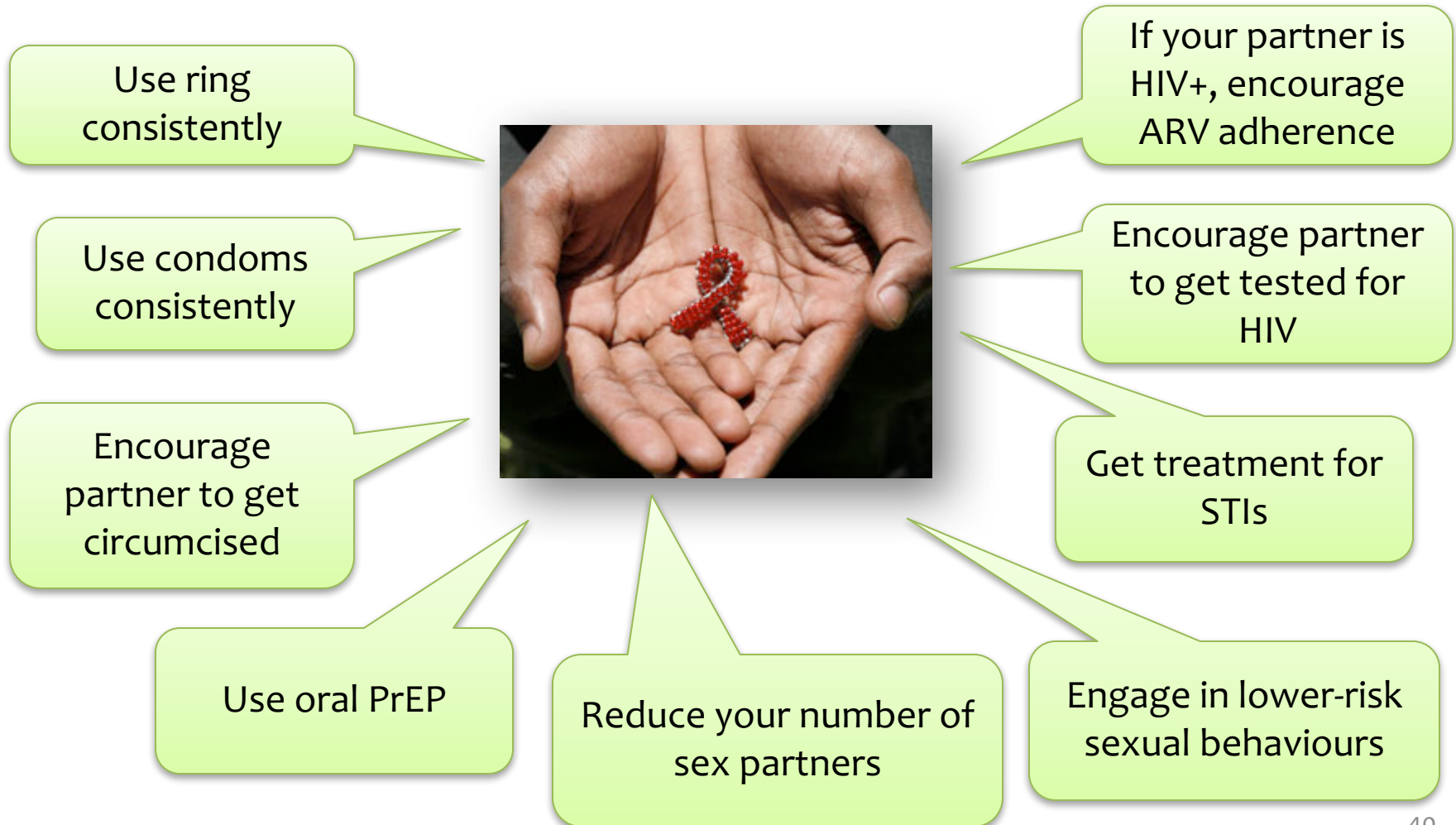
No Protection

High Protection



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# Check-In

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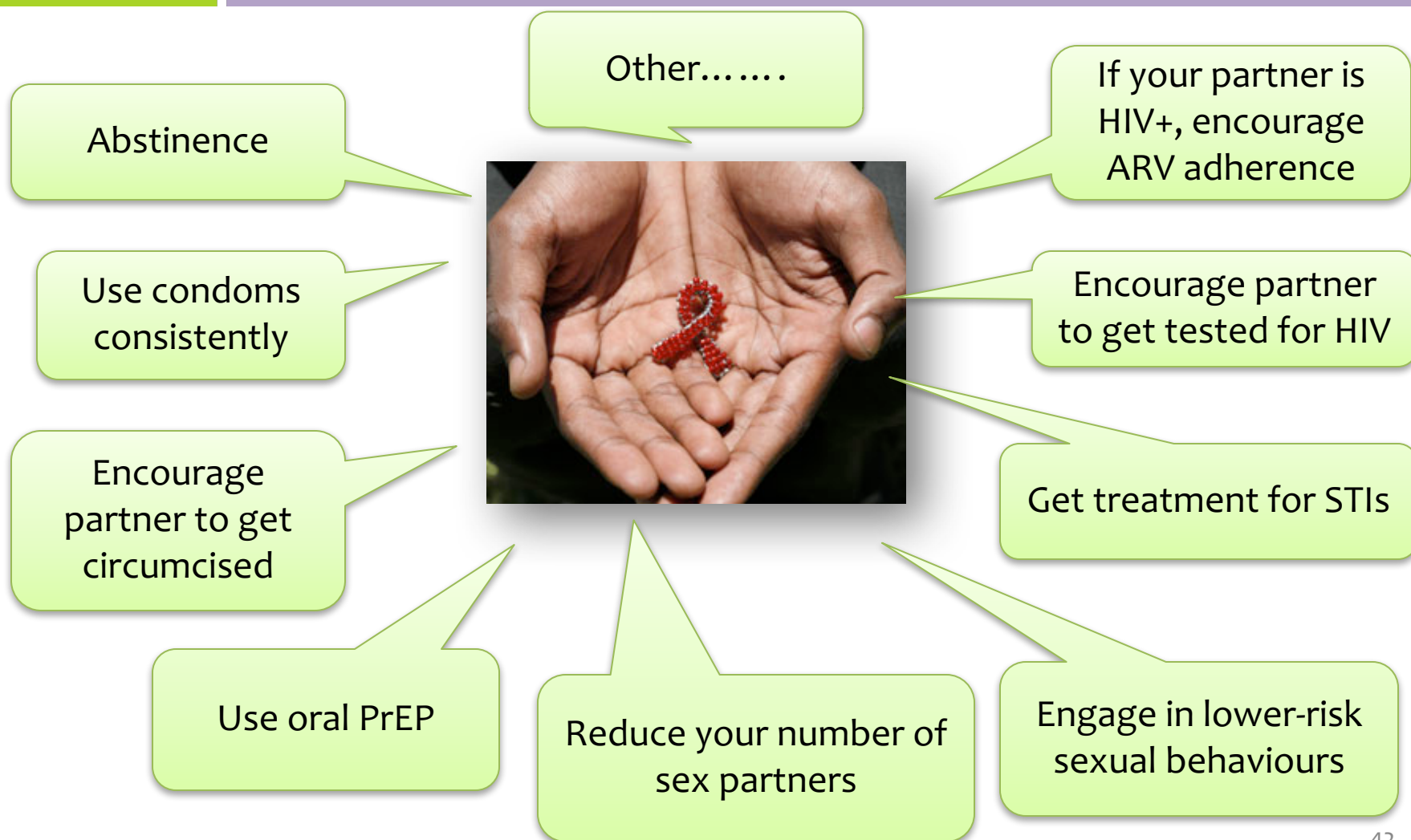
What worked?

What didn't?

Think back...

Which HIV prevention approaches have worked best for you during the study?

# Which HIV Prevention Options do you want to use going forward?



# Future HIV Prevention Plans

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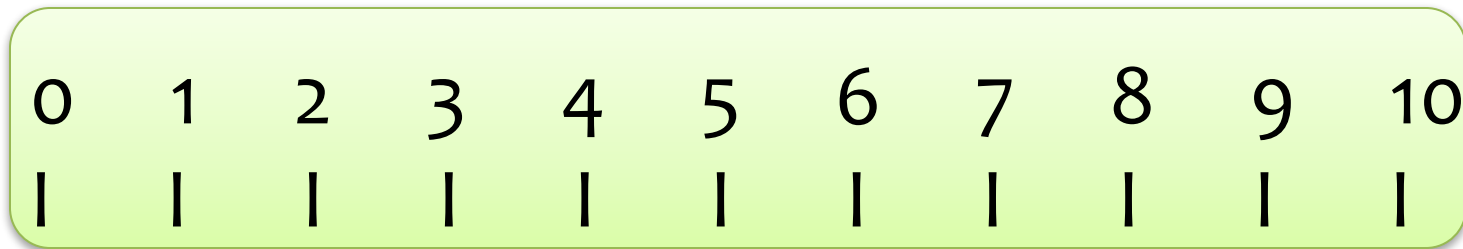
What is *your* plan for using the approaches you selected?

-What can *you* do to make sure *you* succeed?

-What obstacles might come up and how might you overcome them?

# Confidence Ruler

On a scale of 0 to 10 where 0 is not confident at all and 10 is extremely confident, how confident are you that you will remain HIV negative?



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How might you achieve that?



What else would you like to discuss  
today...

# Thank you!!!!

- Your participation in the study
- Your willingness to speak openly
- Your contribution to helping reduce HIV infection among women in Africa



Thank you!