

APPENDICES

APPENDIX I

LIST OF INVESTIGATORS

FOR THE HIV PREVENTION PARTNER COUNSELING AND TESTING STUDY IN QUANG NINH, HAI PHONG AND HAI DUONG, NORTHERN PROVINCES, VIET NAM

1. Nguyen Van Hai, Medical doctor of the Center for Venero - Dermatology of Quang ninh province
2. Nong Thi Tham, Medical doctor of the Center for Preventive Medicine of Quang ninh province
3. Nguyen Chi Lung, Medical doctor of the Provincial AIDS Bureau of Quang ninh
4. Nguyen Thi Chi, Medical doctor of the Cam pha Health Center of Quang ninh
5. Nguyen Thi Bich Thu, Medical doctor of Ha long Health Center of Quang ninh
6. Dao Tuyet Mai, Medical doctor of Hai phong AIDS Bureau of Hai phong city
7. Le Thi Minh Nguyet, Medical doctor of Hong bang Distict Health Center of Hai phong
8. Nguyen Tra My, Medical doctor of Ngo quyen District Health Center of Hai phong

9. Tran Thi Dieu Associate medical doctor of Le tran District Health Center, Hai phong
10. Le Van Thuyet Medical doctor of Do son District Health Center, Hai phong
11. Nguyen Thi Hong Cam Medical doctor of the Center for Preventive Medicine of Hai duong province
12. Nguyen Thi Ty Laboratory technician of the Center for Preventive Medicine of Hai duong
13. Le Van Thuyet Medical doctor of the Hai duong Health Center, Hai duong province

APPENDIX II

SCRIPT FOR INVITING HIV INFECTED MALES AND
THEIR STEADY SEX PARTNER IN QUANG NINH, HAI
PHONG, AND HAI DUONG, NORTHER PROVINCE TO
PARTICIPATE IN INTERVIEWS.

To be orally presented to selected participants before interviewing.

Introduction

The Quang Ninh and Hai Phong province AIDS Committee (PAC) and the National AIDS Bureau (NAB) and the United States Centers for Disease Control and Prevention (CDC) are studying infection with HIV, the virus that causes AIDS. Based on our work we believe that the regular sex partner of HIV infected persons in Quang Ninh, Hai Phong and Hai Duong are at risk for contracting HIV. This is a very serious issue; if we want to do something about the situation we need to know the frequency and mode of transmission.

Therefore, we are planning a large research study which is an assessment of the prevalence of HIV among sex partners of HIV infected individuals. In order to obtain informative data for this study, we would like to request your cooperation and help. You can assist us by answering the all relevant questions in the questionnaire. The questions focus on: Socio-demographic Characteristics, Drug Use Behaviors, Sex

Behaviors and other aspects related to HIV transmission. These are some reasons why we are inviting you to participate in the survey.

Procedure

The interviews will be conducted by health officials from the Center for Preventive Medicine who serve as counselors or doctors for PAC, NAC. The interviewers will read the questions to the participants and write down relevant answers into the questionnaire. The interviews will not be tape-recorded and no identifying information will be recorded. Each participant will be assigned a code and names will not be recorded.

Risks of participation

Talking about sex, drug use, HIV and STDs may make you feel uncomfortable. Also, it may raise suspicion about your own involvement and may make you feel uneasy or embarrassed. However, you are not required to answer any question and can leave the interview at any time.

Benefits of participation

By taking part in the interview you will help us to plan our research study carefully and make it successful. This in turn will benefit HIV, STD and drug use education programs for people in Quang Ninh, Hai Phong, Hai Duong and elsewhere. Also, you will received \$6USD as an incentive for your participation.

Confidentiality

The researchers will not share what is being discussed during the interviews with anyone. The information collected will be used for research purposes only. No name will be recorded in the questionnaire during the interview. We will make sure that nothing you say during the interview can be traced back to you. All the information from the interview will be stored in a confidential manner.

Right to refuse or withdraw

Whether or not you want to take part in the interview is entirely up to you. If you decide to participate, you are not required to answer any questions that you do not feel comfortable answering. Also, you can withdraw from the interview at any time. Whatever your decision, you not be reported to local authorities or any institution.

If you have questions about the study or if you believe you have been injured as a result of being in the study you can talk to research coordinator Chu Van Tien at the National AIDS Bureau (tel 04-7335726 / 8232678).

If you have questions or concerns about the study or about your participation, you can talk to Miss Ha, Vice Chair Woman of Quang Ninh AIDS Committee and Dr. Vy, Vice Chair Man of Hai Phong AIDS Committee, and Dr. Nhanh, AIDS Specialist of Hai Duong AIDS Committee. They would be glad to help answer your questions.

If you have questions about your rights , please feel free to contact the people mentioned earlier.

APPENDIX III

ADDENDUM FOR SEX PARTNERS

Testing for HIV

We feel very strongly that everyone has a right to know their HIV status, especially if they feel they are at risk for contracting the virus. All sex partners will have the option of being tested for HIV via the Rapid Test. This involves pricking the thumb and obtaining a small blood sample that will be analyzed immediately. The test has a very low rate of false negatives, therefore those who test negative are most likely not infected with HIV. Those who test positive will be referred to the Provincial Preventive Medicine Center for confirmation of the test result using a more accurate and sensitive test. Counseling will be offered to those who request it.

No names will be recorded at any time. Individuals who test positive will be given a referral form with a code number in the upper right hand corner. No identifying information will be recorded. A copy of this form will also be sent to the Provincial Preventive Medicine Center so that they may assist you when you come in with your form.

Again, this test is not mandatory and it is solely up to you whether or not you want to be tested.

APPENDIX IV**HIV COUNSELING TRAINING, TRAINING PROCESS
EVALUATION QUESTIONNAIRES FOR HEALTH WORKERS****A. Please rate your opinion of each course component using the following scale.**

5=Strongly agree, 4=Agree, 3=No opinion, 2=Disagree, 1=Strongly disagree

1. Pretesting questionnaires helped me to study more effectively
2. The role plays on counseling skills were helpful in improving my counseling skills
3. There was sufficient time schedule for practicing counseling skills in classroom using role plays
4. There was sufficient time schedule for practicing counseling skills with clients in the clinic
5. I am now confident in counseling clients
6. Training approach used in this course make it easier for me to learn how to provide HIV counseling and testing services

B. Please rate your opinion of the training methodologies using the following scale

5=Strongly agree, 4=Agree, 3=No opinion, 2=Disagree, 1=Strongly disagree

1. The trainers clearly stated their learning objectives
2. The trainers communicated clearly and effectively
3. The information presented in course was new to me
4. The trainer was enthusiastic about the subject they taught
5. The course content was too theoretical
6. The session was well organized
7. The trainers asked questions and involved me in the session
8. Content of the course was useful to my work
9. The course made me feel more competent and skillful in my work

C. Additional comment

1. What did you like most in this training ?
2. What did you dislike most in this training ?
3. Did the course achieve its objectives ?
4. What topics (if any) should be added (and why) to improve the course ?
5. What topics (if nay) should be deleted (and why) to improve the course ?

APPENDIX V**HIV COUNSELING TRAINING, PRETEST –
POSTTEST QUESTIONNAIRES FOR HEALTH WORKERS**

Please circle in the right statement of the following:

- A. HIV counseling is:
1. An objective and honest advise of provider with regard to how to prevent HIV acquisition/transmission to client.
 2. An interaction in the needs, feeling and idea between client and provider in which provider helps to make decision to choose a best method by the clients.
 3. All of above
 4. None of above
- B. Difference between motivation and counseling is:
1. Only facts are mentioned in the motivation whereas facts and feeling both are mentioned in the counseling.
 2. Counseling can be done in private place whereas motivation can be done anywhere.
 3. Motivation does not try to influence in the practice but counseling tries to encourage client to make decision.
 4. All of above
 5. None of above

C. In counseling process:

1. Asking clients themselves to their matters and provide advise about best method.
2. Asking clients themselves to their matters and provide advise about available method.
3. Asking clients themselves to their matters of HIV counseling needs and evaluate how much they have knowledge about HIV prevention methods.
4. All of above
5. None of above

D. HIV counseling is different from other types of counseling because:

1. It does not give specific advise.
2. It keeps relationship with those persons who without sick.
3. It can be perform by middle level health worker while they are trained.
4. All of above
5. None of above

E. In HIV counseling process, major difference between tell and explain is:

1. Under the telling process, counselor tells to client about all methods based on the client needs whereas under the explain process, counselor explains to the clients about how to use the method of their choice.
2. In fact, there is no difference between tell and explain process of counseling.
3. Under the telling process, counselor tells about which one is best method for the clients whereas under the explain process, counselor explains method of choice by the clients.
4. All of above
5. None of above

APPENDIX -VI

**OBSERVATION CHECKLIST FOR HEALTH WORKERS
BEHAVIOR CHANGE EVALUATION DURING COUNSELING SERVICES**

Observer Name:

Provider Name:

Date:

S.N	Activity	Condition
1	Is patient with the client.	
2.	Is respectful of the client and non-judgmental.	
3	Is knowledgeable of HIV prevention methods.	
4	Reassure the clients that the information in the counseling session is confidential.	
5	Listen to client actively; gives client complete attention	
6	Is brief, gives only important points about the method.	
7	Use body language to show interest in and concern for client	
8	Ask questions appropriately.	
9	Ask questions that need more answer than “Yes” or “No” questions.	

S.N	Activity	Condition
10	Encourage the client to ask questions.	
11	Use language that the client can understand.	
12	Gives specific and concrete instructions to the client.	
13	Explains information in different ways to be sure the client understands.	
14	Uses visual aids such as posters, flipcharts, drawings, samples of methods and anatomic model.	
15	Ask the client to repeat what she has understood as a way to be sure that she has the correct information.	

Please rate your opinion in the performance of each task/activity observed using the following rating scale in the cases

1. **Needs Improvement:** Step not performed correctly or out of sequence (if required) or omitted.
2. **Competently performed:** Step performed correctly in proper sequence (if required) but health worker does not progress from step to step efficiently.
3. **Proficiently performed:** step efficiently and precisely performed in proper sequence (if required).

N/O. Not observed: Step not performed by health worker during observation.

APPENDIX VII

HIV PARTNER COUNSELING AND TESTING

IN-DEPTH INTERVIEW GUIDE FOR FEMALE SEX PARTNERS

1. Purpose

Introduce yourself (researcher) and tell the purpose of data collection.

(Note: for probing use mirror technique and paraphrasing in order to maintain neutrality)

2. Introduction

- Please tell me little about yourself and your worker (make sure that you get information about their age, education, type of work and place of origin)
- Please tell me your family (family situation, family member, how many children, and relationship)
- Please tell me about your current sex partner (age, education, how long living together, HIV and STDs status of your partner)

3. Sexual partners

- Do you have other partners? How many sex partners do you have in the lifetime?
- Please tell me why you have other partners (reason to have other partners, physical need, emotional need, away from spouse/home, no community check, peer norm, financial affluence, alcohol/drug, more sexual enjoyment etc).

- What particular type of partners do they prefer? (young, school girl, rural, modern).
- Do you want to reduce number of sexual partners? What difficulties you face in this effort? (stress, away from home, alcohol, peer pressure, other).
- What support you would receive in your effort to reduce number of partners? From whom? (emotional, educational, husband, peers, others).

4. Sexual act

- What you like about your sex partner? (young, smart, gentle, fresh, sexually more pleasure, others).
- Do you think your sex partner can give more sexual pleasure? (different position of sex, anal, oral, others).
- What about other types of sex? (non penetrative sex, sex during menstruation) What exactly they do? (sex between thigh, breast, other parts) Do you enjoy?
- What do you do when alone? (sexual gratification)
- What problem you would face not to do risky sex acts: anal sex and sex during menstruation or do non penetrative sex? (loss of pleasure, loss of partner, habit, others).
- What support you would receive in this effort? From whom? (emotional, educational, from friends, family etc).

5. Condom use

- Do you use any protection? What? (condom, lubricant, spermicide, take antibiotic, lemon, other methods).
- What are your and partner perception about condom? (less pleasure, breakage, not healthy, difficult to wear, expensive, not available, other).
- Where can you get condom (shops, free in clinics) is it near?
- What you do for lubrication? (you like it dry, use local oil, others)
- What protection do you use with current sex partner? Why? (nothing, condom, other contraceptives).
- Do you always use condom? When and with whom they do not use? Why? (husband, clients, male partner, other).
- What difficulties would you face in always use a condom? (peer norm, no pleasure, storage, others).

6. STDs treatment

- What are common illness you suffer? (STDs).
- Where do you go for treatment? What treatment? (hospital, pharmacy, NGO clinic, traditional healers, nothing).
- When do you go? Do you wait for certain symptoms to appear? (immediately after sex, immediately after symptoms appear, wait till symptoms become severe). Why do you go late?
- Do you take/send your partners also for treatment? Which partners? Why? (embarrassment, loss of partner, money, unknown partners, others).

- What support you would receive if you wanted to treat your partners also? By whom? (friend, families, others).

7. Knowledge and risk perception

- What do you say about AIDS? (incubation period, window period, blood testing, prevention, treatments, number/persons infected, others).
- What are your common beliefs about AIDS? (not real, medicine will come, traditional healing, others).
- Are you afraid of AIDS? Why? (no treatment, STDs, no condom use, IDU, other).
- Do you consider yourself at risk of HIV infection? Why? Why not? (enough protection, can not happen to me, other).

8. Suggestions/closure

- Please tell me about your specific needs? What would you value most? (money, praise, consumer items, treatment, medicine, others).
- To whom do you listen to most? With whom do you interact most? (peers, friends, elder family members, husbands, other partners, police, pharmacists, others).
- Any suggestion for us for HIV prevention program?

.2= Primary school

.4= High school and upper

4. What is your marital status ?

.1= Living together (legal, illegal)

.2= Not living together (divorced, separated, others)

Section 2: Knowledge of HIV/AIDS

For the following statement, we would like your answer that might be yes, no or don't know (DK)

<i>No</i>	<i>Statement</i>	<i>Yes</i>	<i>No</i>	<i>DK</i>
Knowledge of HIV/AIDS epidemic				
5	HIV/AIDS is caused by virus			
6	Some one has HIV or AIDS just looking at them			
7	HIV/AIDS can be cured			
Knowledge of HIV/AIDS transmission				
<i>A person can get HIV/AIDS by:</i>				
8	Sharing syringe and needle			
9	Sex without condom			
10	Having blood transfusion			
11	HIV infected mother to child through delivery			
12	HIV infected mother to child through breast-feeding			
13	Mosquito bite			
14	Routine contact (hand shake, kiss, share toilet, telephone...)			

o Review questions 10-13

- *Ensure that the interviewee has sufficient understanding of what the Human Immunodeficiency Virus and the Acquired Immunodeficiency Syndrome are.*
- *Review the mechanisms by which HIV is and is not transmitted.*
- *Explain the fact that an infected individual may look perfectly healthy and normal.*
- *Explain that there is no cure or vaccine for AIDS, but that there are some treatments available to alleviate the symptoms of the disease and that it is possible for infected individuals to live healthy lives for many years.*

Section 3: Sexual behavior and STD status

Sexual behaviors

15. How old were you when you had sexual intercourse for the first time ?

Age _ _

16. Whom was this with:

.1= Lover, female

.3= Spouse

.2= Lover, male

.4= CSW

17. How many sexual partners (including spouse, casual partner, steady partner, CSW, etc.) have you had in the last twelve months?

Number of partners _ _

18. How many sexual partners (including spouse, casual partner, steady partner, CSW, etc.) have you had in your lifetime?

Number of partners _ _

<i>No</i>	<i>Statement</i>	<i>Yes</i>	<i>No</i>
	<i>For the following statements, please specify whether it is consistent to your actual act or intention to act</i>		
19	Condom used with first sex partner (properly)		
20	Condom used with current sex partner (properly)		
21	Condom used in the future		
22	Have had the vaginal sex		
23	Have had oral sex		
24	Have had anal sex		
STD status			
25.	Have you ever had STD symptoms below:	Yes	No
25.1	Discharge		
25.2	Genital ulcer		
25.3	Other		
26.	If yes, where was you treated:		
26.1	State hospital		
26.2	Private doctor		

- *Review question 15-26.*
- *Counsel the interviewee on the proper usage of condoms to prevent the transmission of HIV.*
- *Counsel the interviewee on the increased risk of HIV transmission when infected with STDs.*

- *Before proceeding to Partner Describing, inform interviewee of the importance of notifying their sexual partners of their exposure to HIV(used for male only).*
- *Emphasize that the information of the interviewees will be kept strictly confidential and that their HIV status will not be revealed to their partners.*
- *Get verbal consent from interviewees to contact partners.*
- *Formulate confidential partner contact strategy and fill out Partner Identification Sheets for every partner listed.*

(Used for males only)

Name: _____ Date: _____ Code:

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Address:

Phone:

Description:

Age:

Height:

Weight::

Other (glasses, etc.):

Preferred Contact Method:

Direct contact by project staff

Home visit

Telephone call, number: _____

Contact via commune physician

Other location/ _____

method _____

Contract referral

- after 3 days, indicate one of the above:

KEEP INFORMATION CONFIDENTIAL.

DESTROY AFTER PARTNER INTERVIEW.

Section 4: Drug use behavior

Please specify whether it is consistent to your actual act

<i>No</i>	<i>Statement</i>	<i>Yes</i>	<i>No</i>
27. Starting drug use:			
27.1	Before 1998		
27.2	Since 1998		
28. At what age groups:			
28.1	Less than/equal 19		
28.2	From 20-29		
28.3	More than/equal 30		
29. What kinds of drug used at the beginning:		<i>Yes</i>	<i>No</i>
29.1	Opium		
29.2	Heroin		
29.3	Other		
30. What kinds of drug used at present:		<i>Yes</i>	
<i>No</i>			
30.1	Opium		
30.2	Heroin		
30.3	Other		
31. What forms of drug used at the beginning:		<i>Yes</i>	<i>No</i>
31.1	Smoking		
31.2	Inhaling		
31.3	Injecting		

32. What form of drug used at present:		<i>Yes</i>	<i>No</i>
32.1	Smoking		
32.2	Injecting		
32.3	No longer drug use		
33. Frequency of injecting drug use:		<i>Yes</i>	<i>No</i>
33.3	One time/day		
33.3	More than one/day		
34.	Have you ever shared syringe/needle ?		
35. Have you ever sterilized syringe/needle:		<i>Yes</i>	<i>No</i>
35.1	Put in boiled water		
35.2	Washed by plain water		
35.3	Decontaminated by alcohol		

- *Review question 27-35.*
- *Counsel the interviewee on the possibility of HIV transmission via injecting drug use*
- *Counsel the interviewee on the proper ways to sterilize used syringes*

43. If yes, who are they?

- | | |
|---------------------------------------------|------------------------------------------|
| <input type="checkbox"/> 1. Spouse | <input type="checkbox"/> 5. Friends |
| <input type="checkbox"/> 2. Children | <input type="checkbox"/> 6. Co-workers |
| <input type="checkbox"/> 3. Parents | <input type="checkbox"/> 7. Other: _____ |
| <input type="checkbox"/> 4. Extended family | |

44. If yes, how were they made aware that you were contacted?

- | | |
|-----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> 1. Told by you | <input type="checkbox"/> 3. Accidentally found out |
| <input type="checkbox"/> 2. Told by health official | <input type="checkbox"/> 4. Other: _____ |

45. What are your current needs

- | | |
|------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> 1. Employment | <input type="checkbox"/> 4. Counseling on HIV prevention |
| <input type="checkbox"/> 2. Job training | <input type="checkbox"/> 5. Financial support |
| <input type="checkbox"/> 3. Health care | <input type="checkbox"/> 6. Other: _____ |

The researchers wish to thank you for your co-operation

Interviewer's signature

CURRICULUM VITAE

Name : Chu Van Tien

Sex : Male

Nationality : Vietnam

Date of birth : 19th May 1964

Education : Medical Doctor, Vietnam

Area of interest : Health System Development
Health Education, Information and Communication

Work experience : 1997 - present
HIV/AIDS Program Officer, National AIDS Standing
Bureau, Ministry of Health, Vietnam.
1988 – 1997
Physician, Gynae-Obstetrics Hospital of Namdinh
Province, Namdinh Health Service