



# THE IGUGU LETHU STUDY

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The goal of the Igugu Lethu study was to improve the couples-focused intervention previously used by the Uthando Lwethu study. The main aim of the couples-focused intervention is to promote couples HIV testing and counselling. In the new study, couples were also offered screening and support for other health conditions including diabetes. Igugu Lethu was a joint study between the South African Human Sciences Research Council (HSRC) and the University of Southampton in the UK.

967 people interested in participating in the Igugu Lethu study were screened between December 2020 and August 2022. As a result, 218 eligible heterosexual couples joined the study.

The first ½ day group session focused on couples health topics. Up to 20 couples attended the first half of the session together. For the second half of the session, male and female partners joined separate groups to talk about topics such as HIV and family planning. A week after the first group session, couples returned for a second ½ day group session with men and women meeting separately to discuss relationship issues, such as commitment and trust, sex and HIV. 167 (77%) couples attended the second session.

Each couple was also offered up to four couples' counselling sessions with a trained couples' counsellor. These sessions were an opportunity to discuss health-related topics and their health-related relationship goals with a counsellor, and couples received skills training. More than half of the couples attended at least one of couples counseling, with one in 10 couples attending three or more counseling sessions.

Couples were interviewed 4 weeks into the Igugu Lethu study and again after 4 months when they finished the study. Nine out of every 10 couples participated in the study for 4 months.

During the study, couples that decided to test for HIV together could meet with a trained counsellor for a couples health screening. The couple were pre-test counselled for HIV testing and mutual disclosure of results as well as other health screening on offer: height and weight for body mass index, blood pressure, blood sugar, and sexually transmitted infections (STIs), specifically chlamydia, gonorrhoea, trichomoniasis and syphilis.



## Results

We are pleased to report that the changes we made to the couples intervention were successful in supporting more couples to decide to test for HIV together. Of the 218 couples participating in the Igugu Lethu study, more than half (almost 6 out of every 10 couples) decided to test for HIV together. This is an improvement on the earlier Uthando Lwethu study when 4 out of every 10 couples decided to test for HIV together by 4 months. Couples who tested for HIV in Igugu Lethu also tested quicker than the Uthando Lwethu couples who tested, with more than 9 out of every 10 of the Igugu Lethu couples testing before they had a second couples counseling session. We also found that couples were very positive about the additional health screening. All of the couples who took up HIV testing together chose to complete all of the other health tests available.



### BOX 1: HIV testing

Among the 122 couples who tested together for HIV, 3 out of every 10 couples had positive HIV results for both partners, while another 3 out of every 10 couples had a positive HIV test result for one partner and a negative test result for the other partner. These findings were similar to the test results of the couples who tested for HIV in the Uthando Lwethu study.

All couples where at least one partner had a positive HIV test result were encouraged to attend a health clinic together as soon as possible, explaining that HIV care and treatment can keep people living with HIV from getting sick. We provided a referral letter to give to the clinic medical providers, and because going to the clinic to discuss HIV treatment is important, we followed up with a phone call after one week to check whether the couple had gone to the clinic. If they hadn't, we discussed with them what the barriers had been and how we could help. All these couples attended clinic for HIV treatment, on average 6 days after receiving their HIV results. One in 10 of these same couples also had a referral for hypertension or diabetes, in addition to their HIV referral.



### BOX 2: Weight and obesity

Being overweight can increase your risk of developing Type 2 diabetes and high blood pressure. It is linked to things like higher sugar in our diets these days, the cheapness and availability of fatty foods, and a lack of time for preparing home-cooked food and doing exercise.

Being underweight is also not good for your health. Weighing too little can contribute to a weakened immune system, fragile bones and feeling tired.

Six out of every 10 women who completed the health screening in the Igugu Lethu study were either overweight or obese for their height compared to less than 2 out of 10 men. In contrast, 2 out of 10 men were underweight for their height compared to less than 1 in 10 women. All couples where at least one partner was overweight were counselled to explore options for reducing weight including diet changes and light exercise. Counseling for couples where a partner was underweight included exploring possible changes to achieve a healthy, balanced diet that provided the right amount of energy for the individual's age, height and how active they were.



### **BOX 3: High blood pressure (hypertension)**

High blood pressure can be caused by lifestyle factors such as eating too much salt, being overweight, not doing much physical activity, and stress. It can also be caused by family history, so even if you eat healthily, exercise and are not overweight, you can still have high blood pressure if it runs in your family. There are no symptoms of high blood pressure, so unless you have your blood pressure taken, you can walk around for a long time with high blood pressure and not know it.

Prior to joining the Igugu Lethu study, few participants had previously been told by a doctor that their blood pressure was high and were taking medication to lower their blood pressure. There was a difference in numbers of men and women already on blood pressure treatment among the couples who participated in couples health screening, with equivalent to only 6 out of 100 men reporting they were already on blood pressure treatment compared to 12 women out of 100. Meanwhile, almost two out of five men and women already taking blood pressure treatment still had uncontrolled blood pressure. These men and women were counseled about the importance of taking their treatment regularly. It was explained that even if taking medication regularly, sometimes the type of medication or dose may need to be changed and that it was important to attend clinic for their treatment dose to be reviewed by a doctor as soon as they were able.

For those not already taking treatment for high blood pressure, the majority had normal blood pressure, although the equivalent of 4 men out of 100 had a high blood pressure reading and were advised to attend the clinic within a few days to have further readings taken. There were a small group of additional men and women who had slightly higher than normal, but not high, blood pressure. These men and women were counseled that they might benefit from making changes in their life such as increasing the frequency of exercise, reducing their salt intake, and weight loss if obese, and it was recommended that they go to a clinic for further BP measurement in the next two weeks.



#### **BOX 4: Diabetes**

Type 2 Diabetes is a disease in which blood glucose levels are above normal. When you have diabetes, your body either doesn't make enough of a hormone called insulin or can't use its own insulin as well as it should. This causes sugar to build up in your blood. Diabetes can eventually cause serious health complications including heart disease, blindness, kidney failure, and amputations of feet.

A very small number of participants at health screening, equivalent to 2 out of 100 men and 3 out of 100 women, reported that they had been told by a doctor before joining the Igugu Lethu study that they had diabetes and were taking treatment for diabetes. Despite already being on treatment, one woman's blood sugar level was high when measured in the study, and she reported to have several of the symptoms of diabetes, so she and her partner were referred to the clinic to have her medication reviewed. They attended clinic 13 days later.

One other woman had a high blood sugar level but she reported no symptoms of diabetes. She and her partner were counseled to attend clinic within two weeks to have another blood sugar test.



#### **BOX 5: Cardiovascular risk**

This is only calculated for individuals aged between 30 years and 74 years because heart-related diseases are more common in this age range. The score represents an individual's risk in the next 10 years of a heart attack or stroke which could result in death. The counselor used each partner's score to counsel the couple about lifestyle changes that could help to reduce the couple's risk. Men tended to have higher risk scores than women. Ten men and two women had a high score that led the counselor to emphasise that without change in lifestyle, they had more than a 1 in 5 chance of a first heart attack or stroke within 10 years and that there was a need for them to modify their lifestyle in the short term.

**BOX 6: Sexually transmitted infections (STIs)**

STIs are common among people that are sexually active. They can be transmitted from one partner to another. Infection can be prevented through using condoms, abstaining from sexual activity and staying with one uninfected partner. In the Igugu Lethu study we tested for 4 STIs: syphilis, chlamydia, gonorrhoea and trichomoniasis because they are treatable. These infections present signs and symptoms of themselves in some people and not in others. These STIs do not resolve without treatment so someone who is unaware of their infection can live with it for a long time.

In the Igugu Lethu study, when offered the chance to provide a sample for STI testing at health screening, all of the men agreed to provide a urine sample and a swab from their penis for STI testing, and all the women provided two swabs from their vagina for STI testing. Participants reported that they felt comfortable and in control while following the instructions to take their samples, that it was easy to collect the samples and that they would recommend self-sampling for STI testing to a friend.

Results for these tests only became available from the laboratory some days after the health screening visit so couples were asked to return to the counsellor 2 weeks later to receive their STI results together. In six out of every 10 couples, both partners were negative for syphilis, chlamydia, gonorrhoea and trichomoniasis. For about 3 out of every 10 couples, one partner had at least one positive STI result. The remaining 1 out of every 10 couples had positive STI results for both partners, usually for the same infections. About two in 10 women tested positive for trichomoniasis, one in 10 women tested positive for chlamydia, and only 5 in 100 women tested positive for gonorrhoea. Men were only half as likely as women to test positive for these tests. There were no cases of syphilis among women, and one man who tested positive for syphilis and was referred to the clinic for repeat testing.

## Overall experiences

When asked to describe what being in the study had been like for them, all couples reported positive experiences of the study. Reasons for enrolling in the study tended to be different depending on whether the couple were living together or not. Couples living together said that they were primarily interested in improving their health knowledge, whilst those not living together were attracted to the study because they were seeking skills to improve their relationship. Although some participants reported having strong concerns about testing for HIV when joining the study, after receiving detailed information about the benefits of health screening during group and individual counselling sessions, many were motivated to test with their partner.

The additional health tests were very well received, with some respondents reporting motivation to change lifestyle such as adopting healthier diets, and others reassured by their results. Reasons reported by couples for not taking up health screening included time constraints, fear, one partner not being ready or not coming to a decision as a couple. Irrespective of whether they underwent health screening, the majority of couples reported that the study provided benefits in improved communication skills and learning to respect each other; many having highlighted that they had issues with communication prior to joining the study.

## Take-away messages

The Igugu Lethu study suggests that:

- Our improved couples-focused intervention was successful in supporting more than half of the couples to test together for HIV for the first time – this reinforces the appropriateness of taking a couples-focused approach.
- Offering a broader health screening for couples alongside CHTC is feasible and acceptable. In particular, offering lab STI testing to couples provides opportunities to treat people with STIs that have no obvious symptoms, facilitate partner treatment, and promote reproductive health.
- Engaging couples in a behavioural intervention to promote CHTC and health screening can have additional benefits for couple's health and relationship functioning.
- Testing for HIV together can be a powerful tool against HIV in the community.
- Having chosen as a couple to test and share information about their health, couples can plan for the future fully informed about what they may need to do to support each other's health.

## THE IGUGU LETHU STUDY

We would like to give a **BIG THANK YOU** to all of those who participated in this important study, who shared their time and personal stories. We will be sharing these results with local and national stakeholders over the coming months and with our academic colleagues internationally in the hope that they can help other communities to improve adult health.

We will continue to look closely at the data that we collected during the study and will share anything else that we find important with the community.

If you're interested in learning more about the Igugu Lethu study and its results, please contact:

Thulani Ngubane at 072 871 2806 or [tngubane@hsrc.ac.za](mailto:tngubane@hsrc.ac.za) for more information.



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