# The Contribution of Social Sciences in Collaborative HIV Research

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# Background

- Consolidation of multidisciplinary HIV research in the 90s
- Realization that a deeper understanding of the epidemic was needed:
  - Beliefs about causation
  - Socio-economic context of the epidemic
  - Treatment seeking practices

# Disciplines

- Sociology
- Anthropology
- Social Psychology
- Political science
- Economics

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# HIV Prevention (1)

- Sexual behaviour
  - Sexual debut
  - Transactional sex
  - Protection e.g. condom use
- Stigma & discrimination
- Sexual & gender violence
- Social norms
  - E.g. early marriage

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Wamoyi et al. Reproductive Health 2010, 7:2
http://www.reproductive-health-journal.com/content/7/1/2

REPRODUCTIVE HEALTH

RESEARCH Open Access

# Transactional sex amongst young people in rural northern Tanzania: an ethnography of young women's motivations and negotiation

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**Abstract**

**Background:** Material exchange for sex (transactional sex) may be important to sexual relationships and health in certain cultures, yet the motivations for transactional sex, its scale and consequences are still little understood. The aim of this paper is to examine young women's motivations to exchange sex for gifts or money, the way in which they negotiate transactional sex throughout their relationships, and the implications of these negotiations for the HIV epidemic.

**Method:** An ethnographic research design was used, with information collected primarily using participant observation and in-depth interviews in a rural community in North Western Tanzania. The qualitative approach was complemented by an innovative assisted self-completion questionnaire.

**Findings:** Transactional sex underlay most non-marital relationships and was not, *per se*, perceived as immoral. However, women's motivations varied, for instance escaping intense poverty, seeking beauty products or accumulating business capital. There was also strong pressure from peers to engage in transactional sex, in particular to consume like others and avoid ridicule for inadequate consumption.

**Macro-level factors shaping transactional sex (e.g. economic, kinship and normative factors) overwhelmingly benefited men, but at a micro-level there were different dimensions of power, stemming from individual attributes and immediate circumstances, some of which benefited women. Young women actively used their sexuality as an economic resource, often entering into relationships primarily for economic gain.**

**Conclusion:** Transactional sex is likely to increase the risk of HIV by providing a dynamic for partner change, making more affluent, higher risk men more desirable, and creating further barriers to condom use. Behavioural interventions should directly address how embedded transactional sex is in sexual culture.

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# HIV Prevention (2)

- Uptake of prevention services
  - E.g. PMTCT
    - Breastfeeding practices
    - Male involvement
- Treatment seeking practices
  - Traditional healers
  - Faith healers

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PLOS ONE

# "It Is Like That, We Didn't Understand Each Other": Exploring the Influence of Patient-Provider Interactions on Prevention of Mother-To-Child Transmission of HIV Service Use in Rural Tanzania

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## Abstract

Interactions between patients and service providers frequently influence uptake of prevention of mother-to-child transmission (PMTCT) HIV services in sub-Saharan Africa, but this process has not been examined in depth. This study explores how patient-provider relations influence PMTCT service use in four government facilities in Kisesa, Tanzania. Qualitative data were collected in 2012 through participatory group activities with community members (3 male, 3 female groups), in-depth interviews with 21 women who delivered recently (16 HIV-positive), 9 health providers, and observations in antenatal clinics. Data were transcribed, translated into English and analysed with NVIVO9 using an adapted theoretical model of patient-centred care. Three themes emerged: decision-making processes, trust, and features of care. There were few examples of shared decision-making, with a power imbalance in favour of providers, although they offered substantial psycho-social support. Unclear communication by providers, and patients not asking questions, resulted in missed services. Omission of pre-HIV test counselling was often noted, influencing women's ability to opt-out of HIV testing. Trust in providers was limited by confidentiality concerns, and some HIV-positive women were anxious about referrals to other facilities after establishing trust in their original provider. Good care was recounted by some women, but many (HIV-positive and negative) described disrespectful staff including discrimination of HIV-positive patients and scolding, particularly during delivery; exacerbated by lack of materials (gloves, sheets) and associated costs, which frustrated staff. Experienced or anticipated negative staff behaviour influenced adherence to subsequent PMTCT components. Findings revealed a pivotal role for patient-provider relations in PMTCT service use. Disrespectful treatment and lack of informed consent for HIV testing require urgent attention by PMTCT programme managers. Strategies should address staff behaviour, emphasizing ethical standards and communication, and empower patients to seek information about available services. Optimising provider-patient relations can improve uptake of maternal health services more broadly, and ART adherence.

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# Uptake of Treatment

- Barriers to uptake of ART
  - Perceptions about effectiveness
  - Perceptions about cost
  - Preference of service providers & trust
  - Fear of side effects
  - Distance to services
  - Stigma

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# Barriers to Accessing Antiretroviral Therapy in Kisesa, Tanzania: A Qualitative Study of Early Rural Referrals to the National Program

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## ABSTRACT

This community-based, qualitative study conducted in rural Kisesa District, Tanzania, explores perceptions and experiences of barriers to accessing the national antiretroviral programme among self-identified HIV-positive persons. Part of wider operations research around local introduction of HIV therapy, the study involved consultation with villagers and documented early referrals' progress through clinical evaluation and, if eligible, further training and drug procurement. Data collection consisted of 16 participatory group discussions with community members and 18 in-depth interviews with treatment-seekers. Although participants welcomed antiretroviral therapy, they feared that transportation and supplementary food costs, the referral hospital's reputation for being unfriendly and confusing, and difficulties in sustaining long-term treatment would limit accessibility. Fear of stigma framed all concerns, posing challenges for contacting referrals who did not want their status disclosed or expressed reluctance to identify a "treatment buddy" as required by the programme. To mitigate logistical barriers, transportation costs were paid and hospital visits facilitated. Participants reported satisfaction with eligibility testing, finding the process easier than anticipated. Most were willing to join a support group and some changed attitudes toward disclosure. However, both experienced and anticipated discrimination continue to hinder widespread antiretroviral therapy (ART) uptake. While simple measures to reduce perceived barriers improved initial access to treatment and helped overcome anxiety among early referrals, pervasive stigma remains the most formidable barrier. Encouraging successful referrals to share their positive experiences and contribute to nascent community mobilization could start to address this seemingly intractable problem

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# Adherence to Treatment

- Barriers to adherence of ART
  - Fatigue
  - Preference of service providers
  - Structural e.g. alcohol use
  - Distance to services
  - Stigma

# Types of Research

- Exploratory
- Formative
  - Inform national programmes e.g. MC
  - For evaluation
- Evaluations
  - Interventions
  - Services
- Health systems & policy research

Mwanga et al. BMC Public Health 2011, 11:506
http://www.biomedcentral.com/1471-2458/11/506

BMC Public Health

RESEARCH ARTICLE Open Access

# Policy environment and male circumcision for HIV prevention: Findings from a situation analysis study in Tanzania

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**Abstract**

**Background:** Male circumcision (MC) has been shown to be effective against heterosexual acquisition of HIV infection and is being scaled up as an additional strategy against HIV in several countries of Africa. However, the policy environment (whether to formulate new specific policy on MC or adapts the existing ones) and the role of various stakeholders in the MC scale up process in Tanzania was unclear. We conducted this study as part of a situation analysis to understand the attitudes of policy makers and other key community and health authority decision makers towards MC, policy and regulatory environment, and the readiness of a health system to accommodate scaling up of MC services.

**Methods:** We conducted 36 key informants' interviews with a broad range of informants including civil servants, religious leaders, cultural and traditional gatekeepers and other potential informants. Study informants were selected at the national level, regional, district and community levels to represent both traditionally circumcising and non-circumcising communities.

**Results:** Study informants had positive attitudes and strong beliefs towards MC. Key informants in traditionally non-circumcising districts were willing to take their sons for medically performed MC. Religious leaders and traditional gatekeepers supported MC as it has been enshrined in their holy scripts and traditional customs respectively. Civil servants highlighted the need for existence of enabling policy and regulatory environment in the form of laws, regulations and guidelines that will ensure voluntary accessibility, acceptability, quality and safety for those in need of MC services. Majority of informants urged the government to make improvements in the health system at all levels to ensure availability of adequate trained personnel, infrastructure, equipment, and supplies for MC scale up, and insisted on the involvement of different MC stakeholders as key components in effective roll out of medically performed MC programme in the country.

**Conclusions:** Findings from the situation analysis in Tanzania have shown that, despite the absence of a specific policy on MC, basic elements of enabling policy environment at national, regional, district and community levels are in place for the implementation of MC scale up programme.

**Keywords:** Medically performed male circumcision, HIV infection, AIDS, policy environment, Tanzania

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# Conclusions

- Capacity building for high quality research needs to be sustained
  - Demand driven short & long term training
  - Analysis & write-up of research
- Insight into the individual & structural drivers of the epidemic
  - Norms, alcohol use, transactional sex
- Insight into the individual & structural barriers to prevention & treatment

*Asanteni sana!*

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