Editorial

The Perceived Relevance of HIV/AIDS Prevention and Care Programmes for Reducing Vulnerability to HIV: A Qualitative Enquiry From KwaZulu-Natal, South Africa

Dhee Naidoo1*, Alicia North2, Musa Mabaso1 and John Seager2

1Human Sciences Research Council, Durban, South Africa
2Human Sciences Research Council, Cape Town, South Africa

Abstract

The South African National Strategic Plan for HIV and AIDS and STI has intensified, comprehensive, multi-sectoral, national response to the epidemic. Many interventions are being implemented but little is known about their perceived relevance or usefulness from a community and service provider perspective. This study explored community and key informant's perceptions of current HIV and AIDS interventions and assessed their potential for reducing vulnerability to HIV infection in selected rural and urban communities in KwaZulu-Natal, South Africa. Methodology: Four key informant interviews were conducted with senior staff in government and non-government HIV and AIDS interventions, and eight focus group discussions were held with community members in areas where these interventions were being implemented. The interviews and discussions explored perceptions of HIV/AIDS prevention and care programmes. Analysis: Transcripts were transcribed, translated and analysed using thematic analysis assisted by the software package Atlas.ti. The findings highlighted the need for community involvement in the designing of the programmes. Whiles the programmes have had demonstrable impact the popular view was that there is a need to address issues relates to stigma and discrimination especially at a service provider level. In addition, it is also important to mitigate the influence of traditional and cultural beliefs on gender power dynamics as they have an impact on HIV related risk behaviors and uptake of ARVs.

Background

According to Statistics South Africa’s report on mortality and cause of death in 2015, in South Africa there have been in total 460,236 deaths and, out of these, the number of deaths caused by HIV were 21,926 that is 4.8% of all deaths as reported [1]. In KwaZulu-Natal the number of deaths attributed to HIV were 4,925 (6.1% of all deaths), furthermore the number of deaths in the KwaZulu-Natal attributed to tuberculosis was 7,361, whereas the number of deaths attributed to non-natural causes (transport accidents, injuries and so on) was 9,327 that is almost twice as much [1]. According to UNAIDS [2] South Africa has the biggest and most high profile HIV epidemic in the world. In response to this epidemic over the past decade the South African National Strategic Plan for HIV and AIDS and STI has intensified, comprehensive, multi-sectoral, national response to the epidemic [3,4].

National response programmes can be classified under prevention, treatment, care and support. These include among others education, advocacy and awareness, scaling up HIV testing services, antiretroviral therapy, condom promotion and distribution, and medical male circumcision [3,4]. However, little is known about affected communities and service providers perceived relevance of these programmes for reducing vulnerability to HIV vulnerability. This is important since it is an individual’s perception towards HIV and AIDS and the available preventive response programmes that motivates an individual to respond to, and to utilize preventive health services [5].

South Africa is a diverse country with significant socio-demographic differences that influences socio-economic inequalities that make certain

*Corresponding Author: Dhee Naidoo, Human Sciences Research Council Private Bag X07, Dalbridge, Durban, South Africa, Tel: +27 31 242 5510; E-mail: ynaidoo@hsrc.ac.za


Citation: Dhee Naidoo, Alicia North, Musa Mabaso and John Seager (2017) The Perceived Relevance of HIV/AIDS Prevention and Care Programmes for Reducing Vulnerability to HIV: A Qualitative Enquiry From KwaZulu-Natal, South Africa. BAOJ HIV 3: 030.

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segments of society most vulnerable to HIV [6]. Understanding diverse perceptions towards HIV and AIDS responses, and factors that influence the level of understanding is important for strengthening guidelines on how to improve the existing HIV and AIDS response programmes. Perceptions of service providers is also important for the provision of effective services designed to mitigate the impacts of the epidemic at different segments of the society. This study explored community and key informant’s perceptions of current HIV and AIDS interventions and assessed their potential for reducing vulnerability to HIV in selected rural and urban communities in KwaZulu-Natal, South Africa.

Methodology

Study Site and Participants

A total 84 participants were selected from various organizations and communities in KwaZulu-Natal, South Africa such as Nkobongo (rural); Zululand (rural); Bluff (urban); and Chatsworth (urban). All participants’ provided their full informed consent before participating in the study.

Procedure and Analysis

In-depth qualitative methodology was used to elicit the subjective experiences and allow participants to express their views about the roles of men and women in their community and how these influenced their perceptions, attitudes and behaviors in relation to HIV/AIDS prevention. In-depth interviews (IDIs) and focus group discussion (FDGs) were conducted with participants to understand their perceptions, reflections, personal opinions and emotions to meaning associated on pre-determined themes “reducing vulnerability” in their community. The IDIs and FDGs focused and probed (1) the understanding of the working of HIV prevention programmes, (2) observed changes in the understanding of HIV and related risk behaviors, and (3) probed mainly people vulnerabilities to HIV in the face of existing programmes.

A total of four in-depth interviews and four focus groups discussions were conducted by trained interviewers in selected areas urban and rural areas in province. In-depth-interview (IDIs) and focus group discussions (FDGs) data were audio-recorded. The first author read all the IDIs and FDG transcripts, and developed an initial coding scheme. ATLAS.ti version 7 software was used for coding which were then thematically analyzed.

Ethical considerations

The Human Sciences Research Council (HSRC) South Africa Ethic Committee (REC) approved the study. Respondents were informed verbally about the purpose, methods and risks associated with the research. For willing participants written informed consent form that was drawn up for the respondents to sign, before the interview. Confidentiality and anonymity were ensured by protecting the participants’ identity by not indicating the subjects’ names in the recordings.

Findings

There are a host of initiatives and HIV prevention interventions that are being implemented across the country, but little is known about their perceived relevance or usefulness from a community perspective. The current study delves into the perceptions of a few South African community members in order to gain an understanding of what vulnerabilities exist and affect them as a community and whether interventions are assisting in alleviating those identified vulnerabilities.

Working of HIV Prevention Programmes

Findings revealed that target groups for which the programmes are designed do not understand the content of the messages.

"Communities have not been consulted. The community is not taken into consideration. They need to talk to ordinary folk. When a tool of prevention is designed it is done in an office, but should deal with the normal layman on the street. Existing material doesn't target the man on the street. Strategies are not effective. They are not appealing to people on the street. They are keeping people vulnerable" Chatsworth KII

However, the findings also suggested that negative treatment at clinics discourages people from seeking treatment, they fear disclosure and breach of confidentiality.

"I mean one of the things they were saying was every clinic has a prevention kind of section where people who are HIV positive get tested. Nobody wants to go there because you’re treated from the start as if there’s something wrong with you. You have to go into this little room, regardless of whether you come out negative or positive, everyone’s assumed that you are positive and people are not wanting to go and get tested simply because they know they’ll still be judged...” Zululand FDG

“IT should be treated like other disease because once you have a special unit for HIV/AIDS it becomes obvious, its separates people. Whereas if it was treated maybe just like diabetes or blood pressure it was going to be much better” Zululand FDG

Participants also stated the importance of having programmes tailored to target specific populations groups and the need for role models within these communities to dispel the myths around HIV as well as stigma and discrimination experienced by people living with HIV/AIDS.

“Would be useful to use infected people to help who can share a testimony...” Zululand FDG

"I think they are not working very well, because what I think the main problem is that the community leaders were not involved initially with setting up. As a result there is this tension between government programmes, NGOs and community leaders. They always ask: who are you? How did you know to come up with these strategies or why are you doing these things. Whereas if the community leaders were initially involved with …with these programmes, then the running these programmes would be much more effective” Zululand KII
and say ‘I’ve been there, I know what it’s about’. We need support groups and counseling, people need a sense of belonging and a feeling of being loved, spirituality also helps this pandemic” Chatsworth FDG

“Need to deal with different issues in different areas, for example, African people are shown in posters - this creates a misconception that the disease only affects blacks. The material needs to be localized” Chatsworth FDG

Participants from the various non-governmental organizations stressed that the government’s response to assisting NGOs are in dire straits. From limited resources to delays in service delivery with regard to health services and financial assistance.

“Government makes all these fancy policies, which is all good and nice, but they do not come to the grass roots and see if it is really working, clearly it’s not. People should go into communities to see what’s happening before they make all these policies” Chatsworth KII. In a similar discussion another view was that “Government is always geared in preventing from grassroots level before combating it. ‘Prevention is better than cure’. But, government is not doing one tenth of what it should be doing” Bluff KII

Changes in Understanding of HIV and Related Risk Behaviors

Participants reported a positive shift in attitudes of parents and families affected by HIV/AIDS, and alluded to more support and care are provided where disclosure has become an easier decision to make.

“I think now that families are beginning to support each other. When we first started to do this AIDS awareness in 1999/2000 it was very difficult to talk about AIDS. I’m sure you saw this morning most people were just open. No one wanted to, whereas in the past, no one even wanted to utter the words AIDS so people are really changing” Zululand KII

“There was some family members who were sick, who were HIV positive. But um, they told themselves as a family they were helping them there and then. They told themselves that no, what happened to their family members should not happen to others. So they all went and did HIV tests just to check themselves. So now they know more about HIV/AIDS, they know they could live even if they are positive. Those who need medication, they are getting medication. Because they don’t want what happened to their family members to happen to again. So in fact, what happened to the first family members has helped them to go and look for help and find ways of dealing with the disease as early as possible” Zululand FDG

Even with regard to the issue of antiretroviral treatment (ART), people are beginning to understand the issues around HIV and the importance of getting treated.

“ARVs are changing the way people see HIV/AIDS. I think it is helping to prevent stigma as people are not dying as quickly anymore. People in the community who are taking ARVs are well so this can help break stigma” Nkobongo KII

Within this discussion, traditional and cultural beliefs were mentioned as a reason that some people delay in taking ARV treatment, because they first go to traditional healers for treatment and failing that they start on ARV’s.

“There is also a tendency for them to start with a traditional healer and then go to the clinic which delays ARV access” Nkobongo KII. In another discussion on a similar emerged, She wasn’t taking ARVs and got worse. So but after sometime she went to the clinic. At the clinic they gave her ARVs and she’s much better now. She’s healthy and she thinks that ARVs helped her than taking the traditionalist/herbalist stuff” Zululand FDG.

It is also a point to consider that ARV’s also have a number of side effects and, in the era of the internet, people are beginning to realize such side effects, and this can be notable as to why some people delay or even stop their treatment.

“When I started my treatment I use to get so sick from it and had dizzy spells. I even was throwing up a lot, so I stopped my treatment because it made me feel worse. 6 months later I went to the clinic and the doctor advised me to take the medication at night before I go to sleep” Bluff FDG. In a similar discussion, “From working with people in the community I have encountered many that say they have been reading about the effects of the ARV treatment and its side effect and this plays a role in them not seeking treatment” Bluff KII.

People’s Vulnerability to HIV

The results revealed that People living with HIV/AIDS (PLHIV) have a host of vulnerabilities and challenges that they frequently face such as issues around disclosure, treatment, stigma and discrimination, amongst a host of other issues.

“People are coping badly - they don’t want their children around us, don’t want to sit with us and be with us. It’s very difficult; no one wants to be around us anymore” Chatsworth FDG

“Most of them, those who are sort of involved with AIDS awareness programmes, or in support groups, they live much better because they share all their pains and stories. So the more they empower others they relieve stress” Zululand KII

Findings suggest that gender and power dynamics, as well as, ignorance and denialism play a vital role in the spread of HIV among communities making them vulnerable to the disease.

“I think gender still plays a huge part you know for women. Kind of not having power, not having that equal kind of footing you know. And I think I ja, I think that just plays itself” Zululand FDG

“People don’t believe the disease really exists. Indians are in denial and believe that only blacks get the disease. Many are infected but they don’t take the disease seriously. They see it as another kind of sickness” Chatsworth FDG

Finding further reflected that unemployment is a key driving force of poverty in communities and the situation is further worsened for many
by the HIV and AIDS.

"I think it's poverty, poverty, poverty. No matter how we could try to tackle the issues of AIDS and crime, if we don't deal with poverty it will be a problem" Zululand FDG

“My husband died and he was the breadwinner in the family. I do not work and cannot find a job. I collect government grant but that is not enough, I buy food and the money is finished, I have no extra money to go to the clinic, taxi fees are expensive and I cannot afford it” Chatsworth FDG

Results also indicated that traditional and cultural beliefs in terms of sexual practices needs to be re-examined to fight the battle against the spread of HIV and AIDS.

“The Zulu tradition is to have many wives and we need to change this. Need to teach people to have one sexual partner. Changing traditions takes a long time but it is a starting point. It is all about education - focusing on the rights things and people, for example, monogamy” Bluff FDG

“I speak from outside of the culture of polygamy but it has to be re-examined in a completely changing environment” Zululand FDG

Discussion

The study revealed that in general even though there were positive perceptions of the HIV/AIDS response programme there were there also perceived difficulties related to provision of HIV/AIDS services. Evidence shows that those who alienate themselves from HIV/AIDS services for fear of unfavorable treatment are likely to perceive lowly of the response programmes that are availed to them [7]. On the other hand those who perceive themselves vulnerable are more prone to adopting a fatalistic attitude towards health programmes and this can influence utilization of health facilities Peltzer [8].

The finding that target groups for which the programmes are designed do not understand the content of some of the messages point to the importance of engaging affected community in the process of developing such massages to ensure that the information is locally relevant and understood by the target audience [9]. Furthermore, service providers or staff need to be conscious of the severity of risk of their negative behavior and practices towards clients [10]. There is also a need for improving the capacity of community organizations to support existing programmes for more effective HIV/AIDS prevention, furthermore communities need to be educated about ARVs so myths can be dispelled

In addition, the findings highlight the need for efforts to reduce perceived vulnerability of PLHIV, which can be brought about by increasing family and peer trust and support [11]. This should include promoting more inclusive, gender sensitive and protective environments by combating stigma and discrimination, and reducing economic and gender disparities that fuel the epidemic. This also entails building positive educational and employment health opportunities, and supportive socio-cultural norms [11].

In conclusion improved understanding of the perception of HIV/AIDS preventive strategies amongst community member and service providers is important for increasing knowledge, improving risk perception, changing sexual behaviors and questioning potentially harmful socio-cultural norms. As shown from this study, there were positive perceptions of the HIV/AIDS response programme and also perceived difficulties related to provision of HIV/AIDS services. The study recommends that programmes should continue to engage and provide adequate HIV/AIDS information to communities and service providers in order for programmes to be effective with a view to helping the reduction or elimination of the transmission to have the desired effect.

References

7. Chikonzo N (2012) Knowledge, attitudes and perceptions of HIV and AIDS response programme by service staff of the University of Venda. Assignment presented in partial fulfillment of the requirements for the degree of Master of Philosophy (HIV/AIDS Management) at the University of Stellenbosch.