THE PERCEIVED RELEVANCE OF HIV/AIDS PREVENTION AND CARE PROGRAMMES FOR REDUCING VULNERABILITY IN COMMUNITIES

BACKGROUND

Many HIV interventions are being implemented but little is known about their perceived usefulness from a community perspective. This study explored community and key informant’s perceptions of HIV and AIDS interventions and assessed their potential for reducing vulnerability to HIV infection in KwaZulu-Natal, South Africa.

METHODOLOGY

- Key informant interviews (KII) and focus group discussions (FGD)
- Participatory: senior HIV/EID programmes staff, and community members
- Rural and urban areas in KwaZulu-Natal with different levels of social deprivation
- Transcripts were transcribed, translated and analyzed using thematic analysis

FINDINGS

Changes in understanding and behaviour regarding HIV

Prevention is reported a positive shift in behaviour of those affected by HIV/AIDS. More support and care is being provided where disclosure has occurred.

"I think families are now beginning to support each other. When we first started... it was very difficult to talk about AIDS. I’m sure you saw this morning that people were just open. No one wanted to talk before. So people are really changing." (Rural KII, KZN)

"So they all went and did HIV tests just to check themselves. So now... they know they should know if they are positive... So in fact, what happened after the first few months has helped them in a way look into going and find ways of dealing with the disease as early as possible." (Rural KII, KZN)

Regarding antiretroviral treatment (ART): people are beginning to understand the issues and the importance of starting treatment.

"ARTs are changing the way people are HIV/AIDS. People in the community who are taking ARVs are well so this can help break stigma." (Rural KII, KZN)

Coping with HIV

People living with HIV and AIDS face many challenges including disclosure, treatment, stigma, and discrimination.

"People are coping badly... they don’t want their children around us... it’s very difficult... no one wants to be known as us anymore" (Urban FGD, KZN).

These who are involved with AIDS awareness programmes, or support groups, they much better because they share all their pains and stories. So the more they support others they believe stress." (Rural KII, KZN)

Why Prevention programmes are not working

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

"Communities have not been consulted. The information is not taken as important. They want to talk in ordinary folk. When a talk of prevention is designed it is 10 am an office, but should deal with the normal woman on the street. Strategies are not effective. They are not opening to people on the street. They are keeping people vulnerable." (Urban KII, KZN)

"They don’t really want to be working very well... I think the main problem is that the community leaders were not involved fully with setting up. As a result there is the division between governmental programmes, NGOs and community leaders. They always ask: who are you? How did you come to know about these strategies or why are you doing these things? Whereas if the community leaders were really involved with these programmes, then the timing of these programmes would be much more effective." (Urban FGD, KZN)

People’s vulnerability to HIV

Findings suggest that gender and power dynamics, as well as ignorance and discrimination play a role in the spread of HIV among communities.

"I think people just play a huge part... you know, women. Kind of not having power, not having that kind of family you know. And I think that just makes us easier..." (Rural KII, KZN)

"People don’t believe the disease really exists. Indicators 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" (Urban FGD, KZN)

Poverty and unemployment

Findings show that the widespread unemployment and related poverty was made worse for many by HIV and AIDS.

"I think it’s poverty, poverty, poverty. No matter how we could try to tackle this issues of AIDS and crime, if we don’t work with poverty it will be a problem." (Rural KII, KZN)

"My husband died and he was the breadwinner in the family. I do not work and cannot find work. I collect government grant but that is not enough, I buy food and the money is gone. I have no extra money to go to the clinic; my tests are expensive. I cannot afford it." (Rural FGD, KZN)

Traditional and cultural beliefs: Sexual practices

Some respondents felt that the culture conditioned multiple concurrent partners. Polygamy was said to be an area of concern.

"The Zulu tradition is to have many wives and we need to change this. Need to reject people to have one sexual partner. Changing traditions takes a long time but it is a starting point. It is all about change. The things and people, for example, monogamy." (Urban FGD, KZN)

"I speak from outside of the culture of polygamy but it has to be re-enforced in a completely changing environment." (Rural FGD, KZN)

Traditional and cultural beliefs: Delay in starting antiretroviral treatment

Prefer to traditional healers was implemented as a route to help presentation and poor adherence to ART therapy.

"There is also a tendency for them to start with a traditional healer and then go to the clinic, which delays ART access." (Rural KII, KZN)

"She wasn’t taking ARVs and got worse. But after some time 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 more than taking the traditional herbal stuff." (Rural FGD, KZN)

Poor treatment at clinics: Fear of disclosure and breach of confidentiality

There was a distrust about the ability of health services to maintain confidentiality for those seeking HIV and AIDS care.

"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 to that because you can’t hide from the clerk. If there is something wrong with you, you have to go into this little room — regardless of whether you come out negative or positive. Everybody can see. I’m not saying I am not willing to go and get tested simply because they know you can be helped." (Rural FGD, KZN)

"It should be treated like a other disease, because once you have the special unit for HIV/AIDS then people, it is stigmatized, people, whereas if it was cattle maybe just the chicken or about pressure would it be much better." (Urban FGD, KZN)

RECOMMENDATIONS

Issues needing to be addressed: Government and Private sector

- Suggest to improve the response to HIV/AIDS for full participation in communities
- Government must increase expenditure with regard to NGO support
- Private sector is not involved enough but they could be a huge resource in terms of time, finances, resources and information

Respondents wanted programmes tailored to specific population groups and to move more within communities to spread the myths about HIV and help address stigma and discrimination.

"This would be useful in using different people to help, who can share a testimony, and say ‘I’ve been there, I know what it’s like’. We need support groups and communities who need advice or become a feeling of being loved, spirituality also helps, this problem." (Urban FGD, KZN)

"We need to deal with different issues in different areas. For example, African people are shown in a context. We need an education system which does not only affect blacks. The national need to be involved!" (Urban FGD, KZN)

Challenges experienced with governmental assistance:

Respondents from NGOs said government assistance to them was poor. Problems ranged from unmet service delivery dates to problems relating to both health service and financial assistance.

"Government makes all these fancy policies, which is good and idea, but they do not come to the grass roots and see it. It is really working, clearly it is not. People resort to non-community programmes to see what’s happening before they make all these policies." (Urban KII, KZN)

"Government is always prepared to spend from grass roots level before community, it’s more of a better than none, but they don’t do enough in terms of what they should be doing." (Urban KII, KZN)

CONCLUSION

Key informants felt that there are signs of improvement with people becoming more willing to talk about HIV and AIDS. The message that ARVs can make a difference is beginning to get through and makes people more willing to seek help. However, the communities and community members were frequently in conflict with strong positions expressed about the lack of understanding of local needs by those developing uniform and internationalised interventions.

HIV and AIDS intervention programmes need to engage communities to ensure that the information is locally relevant and understood. Health workers need to be addressed better, messages regarding HIV prevention and transmission need to be accepted.
The perceived relevance of HIV/AIDS Prevention and Care Programmes for Reducing Vulnerability in Communities

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Abstract

Background: The South African National Strategic Plan for HIV & AIDS and STI calls for an intensified, comprehensive, multi-sectoral, national response. Many interventions are being implemented but little is known about their perceived relevance or usefulness from a community perspective.

Aim: 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.

Findings: Target groups for which the programmes are designed apparently 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. Strategies are not effective. They are not appealing to people on the street. They are keeping people vulnerable.” (Key informant Chatsworth, KwaZulu-Natal).

Conclusion: HIV and AIDS intervention programmes need to engage communities to ensure that the information is locally relevant and understood by the target audience. Stigma needs to be addressed before messages regarding HIV prevention and transmission are likely to be accepted.

Keywords: Prevention, stigma, HIV, AIDS, ARVs, coping, vulnerability, community development.