

# FIELDWORK PROCESSES, CHALLENGES AND LESSONS OF THE RECRUITMENT OF A QUALITATIVE COHORT

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## STUDY OVERVIEW

- NIMH Project Accept is a multi-site community-level randomized controlled study
- The primary objective of this study is to test the hypothesis that communities receiving 2-1/2 years of CBVCT, relative to communities receiving 2-1/2 years of SVCT, will have significantly lower prevalence of recent HIV infection.
- A quantitative research design will be used to measure the primary objective.
- The secondary objective hopes to show CBVCT communities when compared to SVCT communities, will report significantly:
  - less HIV risk behavior
  - higher rates of HIV testing
  - more favourable social norms regarding HIV testing
  - more frequent discussions about HIV
  - more frequent disclosure of HIV status
  - less HIV-related stigma
  - fewer HIV-related life events
- This poster describes the processes, challenges and lessons learnt from the recruitment of qualitative cohort members at baseline in eight communities in Vulindlela, KwaZulu Natal.

## QUALITATIVE ASSESSMENT RATIONALE

- To describe the ways in which the HIV prevention intervention impacts individuals and communities.
- To understand differences in intervention effects within and across intervention and control communities.
- To describe in-depth, the individual and community level factors that may have facilitated or impeded behaviour change.

## QUALITATIVE ASSESSMENT METHODS

### Sampling and Recruitment

- Cohort participants were a sub-sample from the quantitative baseline behavioural assessment survey conducted in 2005.
- Qualitative interviews were conducted at baseline and will also be conducted at 6 months, 15 months and 30 months.
- A stratified random sample of 128 cohort participants from eight study communities was required (Table 1).

FEMALES	MALES
Single Young Female (18-24 Years)	Single Young Male (18-24 years)
Single Older Female (25-32 years)	Single Older Male (25-32 years)
Coupled Young Female (18-24 years)	Coupled Young Male (18-24 years)
Coupled Older Female (25-32 years)	Coupled Older Male (25-32 years)

Table 1: Required Sample

## METHODOLOGY

- Baseline cohort was conducted from October 2005 until September 2006 in all 8 communities.
- Eligible participants were located and interviewed for enrollment.
- Maximum of 4 visits per randomly selected participant was made.
- High acceptance rate expected because of favourable response rates on the quantitative behavioural assessment survey conducted in 2005 (see Table 2).

PARTICIPANT RECRUITMENT ACCEPTANCE RATES BY COMMUNITY: BASELINE BEHAVIOURAL SURVEY	
Esigodini	76%
KwaShange	80%
Sinathingl	80%
Mpande	89%
Gazubuso	94%
Mafunze	83%
Dulela	93%
Mpumuza	94%

Table 2: Recruitment Acceptance Rates

## COHORT OUTCOMES

- Of the 417 participants who were approached, 291 were not recruited due to various reasons (Figure 1). Reasons included:
  - Participants who had relocated or passed away
  - Participants who were not at home at visits
  - Participants' couple status had changed since contact at behavioural assessment survey in 2005.

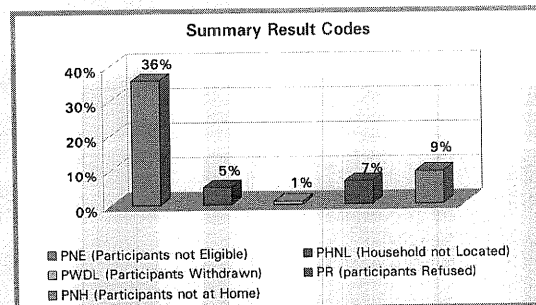


Figure 1: Summary of Field Visits Outcomes N = 291

## CHALLENGES IN CONDUCTING COHORT

- Directions from interviewers who conducted the baseline behavioural assessment survey were not clear.
- Difficult to find households in clustered communities.
- Staff turnover hampered continued progress and required recruitment and training.
- Stigma attached to HIV/AIDS in the study community was a major deterrent in recruiting possible participants.

## LESSONS LEARNT

- There is need for flexibility when trying to locate participants in order to increase possible contacts with participants.
- Too many participant contacts could be coercive, so balancing outcome with ethical considerations is key.
- There are still barriers to research participation caused by inadequate HIV/AIDS knowledge in communities.
- Strategies are needed for working around the general HIV/AIDS stigma to create conditions that are encouraging of participation in research.

## CONCLUSION

- Our experience in recruitment processes suggest the need to have enabling strategies to ensure maintenance of cohort participants over time.
- Current strategies include ensuring that staff members have skills that enhance the participant's desire to participate by reflecting the importance of the study. Current strategies include training staff to address community concerns regarding participation and to find ways of encouraging participation in spite of the high levels of stigma that exist.
- In the future we may enhance the bond with participants by keeping them updated with the study as well by providing various incentives.
- Our intervention aims to tackle stigma and discrimination. As we progress with this cohort, we hope that we start to see the benefits of this intervention in our recruitment numbers.

