



SOCIAL ASPECTS OF HIV/AIDS AND HEALTH

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Development Community (SADC) resource



There is a high demand for quality research into the Social Aspects of HIV/AIDS and Health (SAHA) and from an initial budget of R4 million two and a half years ago, this Programme has generated over R130 million in research income. SAHA conducts research that is relevant to policy-making and has become both a national and Southern African Development Community (SADC) resource. SAHA's projects are reputed for their high quality, which is ensured by obtaining independent peer review of both methodology and results.

Current and recently completed projects

The three-year **Social Aspects of HIV/AIDS Research Alliance (SAHARA)** project, with a budget of R17 million, is funded by the UK Department for International Development (Dfid). SAHARA is a network of researchers working on the social aspects of HIV/AIDS in sub-Saharan Africa, conducting simultaneous multi-country and multi-site studies to facilitate the development of best practices that can be rapidly implemented as policy and programmes. It therefore promotes research collaboration and research capacity development through regional structures (Kenya for East Africa, Senegal for West Africa, and South Africa for Central and southern Africa) to ensure that local stakeholders participate in defining research priorities and agendas, enabling the HSRC to act as facilitator. SAHARA is collaborating with the New Partnership for Africa's Development (NEPAD) to inform decision-makers in Africa. A Memorandum of Understanding is being developed to further define the partnership.



SAHARA also publishes the quarterly *Journal of Social Aspects of HIV/AIDS*, the first issue of which was published in May 2004, and organises an annual SAHARA conference attracting mainly researchers, policy-makers, Non-Governmental Organisations (NGOs) and donor organisations from sub-Saharan Africa. The journal includes an initiative to improve scientific writing skills in young researchers from Africa through workshops attached to the SAHARA conference.

Capacity-building for AIDS research in South Africa is a five-year project with a budget of R5 million, funded by the US National Institute for Mental Health (NIMH) through Penn State University. It aims to strengthen research infrastructure and research capacity at the University of the Western Cape (UWC) to develop and sustain cultural and gender-based interventions for the elimination of stigma associated with HIV/AIDS prevention, care and support. The project has three UWC staff members as mentors, and four Masters and two Doctoral students as fellows. Forty postgraduate students will be trained over the five years of the project while conducting research in Cape Town.

The Centre for Applied Social Studies at the University of Zimbabwe commissioned the study on **HIV/AIDS policy in six southern African countries** through the W.K. Kellogg Foundation. The purpose was to review and analyse HIV/AIDS policy, legislation, financing and the implementation of programmes in Botswana, Lesotho, Mozambique, South Africa, Swaziland and Zimbabwe. A report, based on contributions from research teams in the six countries, has been completed.

Strategy for the care of orphans and vulnerable children (OVC) in Botswana, South Africa and Zimbabwe is a five-year project – the largest in the HSRC – with a budget of over R53 million, which is funded by the W.K. Kellogg Foundation. Its main aim is to identify evidence-based best practice OVC interventions and to reduce HIV infection. Excellent progress has been made on the project in all three countries and the W.K. Kellogg Foundation has now decided to provide additional funding to extend the project to Lesotho, Mozambique and Swaziland. The development agencies working with us in the three countries have also begun to transfer financial and

intellectual support to various community-based organisations working with OVCs. In terms of research, the Biomedical Research and Training Institute's Centre for International Health and Policy, the Blair Research Institute in Zimbabwe, the Women's NGO Coalition, the University of Botswana, the Botswana Harvard AIDS Partnership, the HSRC and the Medical Research Council (MRC) in South Africa, have completed literature reviews and most of the situational analysis at the various project sites. The research teams in Zimbabwe and South Africa have completed OVC censuses and are currently undertaking baseline surveys on OVC psychosocial needs and population-based baseline surveys on HIV prevalence and behavioural risks. This information will be used to develop new OVC and HIV/AIDS interventions which will be implemented in all three countries by the end of the year.



Dr Olive Shisana, Executive Director of SAHA, receives the Sekunjalo Investment Group's award for "Social Entrepreneurship and Service to Country" from Mr Ngoako Ramathlodi, former Premier of Limpopo Province (left), with Mr Ebrahim Rasool looking on. Motivating factors for the award were Shisana's work as the former Director General of Health, and her work on HIV/AIDS at the HSRC.

The **two-year HIV/AIDS prevalence, behavioural risks and communication survey in Botswana, Lesotho, Mozambique and Swaziland** provides technical assistance to four countries on the basis of our experience gained in the groundbreaking Nelson Mandela/HSRC Study of HIV/AIDS (2002). It is funded by the European Union through the SADC Health Sector Co-ordinating Unit, with a budget of R4 million, and involves an HSRC-led consortium, including the South African MRC, the Centre for AIDS Development and Research Evaluation (CADRE), and the *Agence Nationale de Recherches sur le Sida* (ANRS). Five countries will be included in the repeat study, namely South Africa, Botswana, Swaziland, Mozambique and Lesotho.

An **HIV/AIDS risk reduction counselling project**, funded by the World AIDS Foundation (WAF) and co-funded by the University of Connecticut through a R1 million grant from the NIMH, has tested a 60-minute, theory-based, HIV/AIDS risk reduction counselling strategy in South Africa for patients presenting with repeated sexually transmitted infections (STIs). Overall, the counselling demonstrated significantly greater use of HIV protective behavioural skills, a greater proportion of protected sexual occasions, and greater likelihood of HIV testing following counselling, compared to the information/education comparison. The WAF grant also provided for a mini-course on **theory-based risk reduction interventions and research** to be given by a team of South African and US-based HIV/AIDS researchers.

The main aim of a two-year project to **determine the demand and supply of educators**, funded by the Education Labour Relations Council (ELRC) with a budget of R21 million, is to understand the determinants of attrition and its relationship to the demand for educators by the system. An important feature is that the study resulted from a demand by policy-makers for better evidence for decision-making. It is guided by a technical task team involving all the teacher trade unions, the South African Council for Educators, the Department of Education, higher education institutions responsible for training teachers, the HSRC, the MRC and the University of Natal Mobile Task Team on HIV/AIDS and Education. The study should increase the understanding of HIV prevalence and the impact of AIDS-related morbidity and mortality, general health status, alcohol and drug use and migration on educators. It is also reviewing several policies of the national education department and unions on HIV/AIDS and educators to determine both their adequacy and how well they are being implemented. The study will yield information to assist the ELRC in planning teacher supply and demand. The project will include more than 20 000 educators in almost 2 000 public schools throughout South Africa.

A study was undertaken to identify potential **risk factors for HIV infection related to marital status in South Africa**.

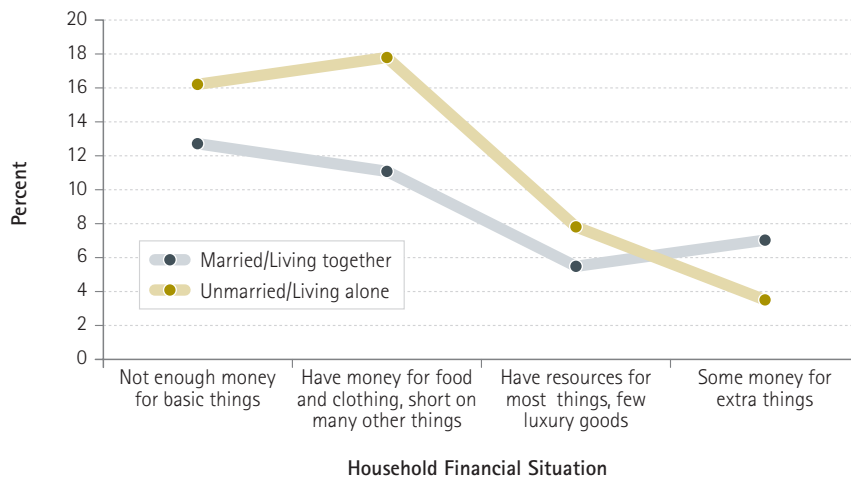


Figure C: HIV prevalence by socioeconomic status and marital status (South Africa 2002)

A representative sample of 6 090 males and females was interviewed and oral fluid specimens were collected to determine HIV status. HIV prevalence amongst married persons was 10,5%, compared to 15,7% amongst unmarried persons. The risk of HIV infection did not differ significantly between married and unmarried persons when age, sex, socio-economic status, race, type of locality and diagnosis of a sexually transmitted infection were included in a logistic regression model. However, the risk of HIV infection remained significantly high among unmarried persons compared to married persons when only sexual behavioural factors were controlled for in the model. *Figure C* shows that the relationship between marital status and HIV is influenced by socio-economic status. First, poor people, regardless of their marital status, have a higher HIV prevalence than wealthy people. Secondly, poor married people, when compared to poor unmarried people, appear to have lower HIV prevalence. However, wealthy married persons compared with wealthy unmarried persons appear to have higher HIV prevalence. The conclusion is that the relationship between marital status and HIV is complex. The risk depends on various demographic factors and sexual behavioural practices. Increased prevention strategies that take the socio-cultural contexts into account are needed for married persons.

A project **investigating the risk factors associated with HIV acquisition among children between two and nine years of age in the Free State province** seeks an explanation for the relatively high levels of HIV infection among children. In particular, it will examine the role of nosocomial infec-

tion (hospital-acquired infections), cultural health practices, traditional midwifery and sexual abuse in the transmission of HIV infection among children. This project, with a budget of R3,9 million, funded by the Nelson Mandela Foundation and the Free State Provincial Government, is a follow-up to the 2002 Nelson Mandela/HSRC Study of HIV/AIDS. The study was set up with technical assistance from the World Health Organization (WHO). Fieldwork commenced during April 2004.

A programme on **substance use prevention** is being conducted to evaluate a training package developed by WHO for the implementation of an alcohol screening and brief intervention (SBI) for the reduction of risky drinking in primary care. The training participants consisted of 121 nurses from one rural and one urban site. When delivered in the context of a comprehensive SBI implementation programme, this training is effective in changing providers' knowledge, attitudes, and practice of SBI for at-risk drinking. The project will be extended to other parts of South Africa with support from the US National Institute of Alcoholism and Alcohol Abuse.

A study on **the role of traditional healers in prevention and care of HIV/AIDS in KwaZulu-Natal**, funded by Bristol-Myers-Squibb (R950 000) and the HSRC, investigates the participation of traditional healers in the prevention of HIV infection and in the care and treatment of people living with HIV/AIDS. The study objectives are: to review what we know about indigenous healers and HIV/AIDS training, prevention, care and support; to identify the perceived needs of healers with regard to HIV/AIDS prevention, care and treatment; to develop

training materials for indigenous healers; to develop a referral system on clinical matters relating to HIV/AIDS between indigenous health practitioners and biomedical practitioners; and to monitor and evaluate the effectiveness of the interventions by indigenous healers in relation to targeted outcomes. A training manual for traditional and biomedical health practitioners has been developed in a participatory approach and will be evaluated in two communities.

A project on **the impact of HIV/AIDS on the health sector** was conducted for the Department of Health with the following objectives: to determine the current status and projected morbidity and mortality among South African health workers; to estimate the number of persons with HIV/AIDS using public health services in South Africa and determine the demographic profile of these patients; to identify the health services most severely affected by HIV/AIDS; to determine the impact of HIV/AIDS on human resources; and to estimate the total cost of administering preventative therapy to newborns and pregnant women at different levels of the health care system. The project found that in 2002, 15,7% of health workers were living with HIV/AIDS and that 46,2% of patients in public hospitals in the four provinces surveyed were HIV positive. Private sector hospitals were also affected, with 36,6% of patients being HIV positive, and 25,7% of primary care patients were living with HIV/AIDS. Of deaths among health workers from 1997–2001,

5,6% were considered HIV/AIDS-related and if TB associated with AIDS is included, the total rises to 13%.

A research project on **the prevention of mother-to-child transmission (PMTCT)** in South Africa, funded by the Ford Foundation with a budget of almost R4 million, aims to determine whether existing health care services are adequately prepared for the introduction and implementation of PMTCT interventions; to identify gaps in antenatal care services; to integrate PMTCT services to ensure that interventions are safe and effective; and to provide guidance for maintaining high quality services through effective monitoring and evaluation of the programme. A cross-sectional survey of 15 health facilities providing PMTCT services in Gauteng was completed for the Gauteng Health Department. In all the facilities assessed, the PMTCT programmes were integrated into antenatal care services. The key illustrative activities that support PMTCT were available in the programme assessed. In a resource-poor PMTCT site in the Eastern Cape, a study was completed on the barriers to effective implementation of PMTCT. The costs of running this PMTCT pilot site were also assessed. The highest economic cost was staff time followed by formula, stores, facilities, training and drugs.

A **new research component, looking at the mental health aspects of HIV/AIDS**, was started during 2003 with support from the Department of Health and the European Union with an amount of R1,6 million. This under-researched

A field worker takes down answers for a SAHA survey questionnaire.





A SAHA team analyses the results from the 2002 Nelson Mandela/HSRC Study of HIV/AIDS. From left: Ms Geraldine Dyson, a contract worker, Professor Leickness Simbayi, Research Director, and Ms Prudence Ditlopo and Mr Sean Jooste, both Senior Researchers.

area in developing countries was launched with a round-table meeting of international experts and interested people from other parts of Africa to set a research agenda. Current research is looking at the prevalence of mental health problems amongst HIV positive people, factors that militate against the development of such disorders and the extent to which mental disorders are a risk factor for contracting HIV. Research is also being conducted on "guardianship" issues for orphans with the intention of contributing to policy for prevention of mental disorders.

Future developments

The **repeat study of the Nelson Mandela/HSRC Study of HIV/AIDS: South African national HIV prevalence, behavioural risks and communication household survey (2004)**, will be conducted by an HSRC-led consortium (including the MRC, CADRE, and ANRS), and is funded by the Nelson Mandela Foundation. The research protocol and questionnaire are still to be finalised but fieldwork is scheduled to take place from mid-2004 and will take two to four months to complete. The report is expected by mid-2005.

A four-year project, **masculinity, gender violence and theory-based HIV risk reduction intervention**, is funded by the US NIMH, through the University of Connecticut. It involves developing and piloting theory-based risk reduction interventions for testing with small groups of men in Cape Town and at a STI clinic. The project commenced on 1 June 2004.

A **five-hour training curriculum on alcoholic beverage server intervention to prevent road accidents** will be

offered to all alcohol servers in two study communities of about 100 000. A prospective study design will be used to evaluate changes in the self-reported behaviours of 200 trainees using two time-points over one year. In addition, observers in bars will be used to assess the server practices before and after the responsible alcohol service training intervention. This project is funded by the HSRC and commenced 1 May 2004.

The Nelson Mandela Foundation and the *Deutsche Gesellschaft für Technische Zusammenarbeit* (GTZ) have awarded the HSRC a grant of R400 000 over a five-year period for **capacity-building among young researchers** to do doctoral work in the area of social aspects of HIV/AIDS. The HSRC, as part of the SAHARA programme, provides posts for interns for three years, while they are pursuing doctoral degrees in the area of social aspects of HIV/AIDS. The HSRC staff co-supervises the research interns together with the universities in which they have registered. The aim is to produce 20 new doctorates between 2003 and 2008 in the social aspects of HIV/AIDS research. Currently, there are ten doctoral interns working at the Human Sciences Research Council. In addition to their doctoral studies, and work on other HIV/AIDS projects, these interns spend time at the Nelson Mandela Foundation providing technical assistance on projects that the Foundation undertakes.

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