

## Mid-term qualitative assessment of participants' experiences and perceptions of community dialogues as a way to discuss and affect Concurrent Sexual Partnership Practices in Lesotho: An Executive Summary

### Background

The HIV prevalence rate among adults aged 15–49 in Lesotho was estimated at 23.2% in 2008 (Khobotle et al, 2009), making it the third highest in the world. It is estimated that there are around 270,000 people living with HIV/AIDS in the country, with 60 people dying every day from AIDS complications. Evidence suggests that Multiple Concurrent Partnerships (MCP) constitute a significant driver of the HIV/AIDS epidemic in Lesotho. The Modes of Transmission study, undertaken by the Lesotho NAC, estimates that MCP is linked to more than 60% of all new HIV infections. Furthermore, concurrent partnerships often go unreported by the person with more than one partner and in Lesotho.

### Objectives of the study

A qualitative evaluation of the C-Change intervention, *Relationship: Intimacy Without Risk*, involving community dialogues was conducted among participants of these community dialogues in February/March 2011, in five districts (Maseru, Leribe, Butha-Buthe, Mafeteng and Mokhotlong) across Lesotho, in order to learn from them: 1) how well the community dialogues worked in improving communications in their communities on such topics as MCP, cross-generational sexual patterns, and transactional sex; and 2) the effect, or potential effect of the dialogues on these risk behaviors. The evaluation focused on the participants' perspectives and assessments of the intervention which they received from mid-2009 through September 2010.

### Overview of the C-Change Program in Lesotho

- The C-Change program is supporting the National AIDS Commission and the Ministry of Health and Social Welfare in their collaboration to reduce the prevalence of MCP behavior through a series of behavior change communication initiatives
- In January 2009, a short-term MCP communication campaign comprising mass media & community-based outreach components was launched and a follow-up longer-term campaign began in the middle of 2009.
- The **focus** of the C-Change campaign was to promote open dialogue about HIV and MCP, while educating and mobilizing communities to effectively implement further interventions to lower MCP prevalence.
- This was addressed through a series of community dialogues which were facilitated and managed by PHELA in five districts across Lesotho namely: Maseru, Leribe, Butha-Buthe, Mafeteng and Mokhotlong.

### Methods

A full list of dialogue participants within groups in each of the five districts was obtained from the C-Change partner, Phela Health and Development Communication, who was responsible for implementing the community dialogue project. Dialogue participants were subsequently approached individually by the research team members to ask whether they would be interested in participating in the study and, if interest was shown, provided with information on the contact person, the location, date, and time of the focus group discussion (FGDs) or in-depth interview (IDIs). When they arrived they were taken through the voluntary consenting process. Participants included a convenience sample of 158 women and 107 men aged 18 years and above of the 485 women and 204 men who had participated in C-Change community dialogues from mid-2009 to September 2010 in the five districts of Lesotho where the intervention was implemented. Of these, 54 participated in in-depth (IDIs) interviews, i.e. 28 females and 26 males and 211 participated in 29 focus group discussions – 17

female FGDs and 12 male FGDs ranging between 4-7 FGDs per study district with 5-7 participants per FGD. Both IDIs and FGDs were conducted by trained interviewers from the National University of Lesotho. All interviews were tape recorded, transcribed, translated and notes were inserted in relevant sections of the transcripts to clarify the context in which these statements were made as well as to clarify statements resulting from poor sound quality.

Thematic content analysis was conducted. This involved going through all transcripts, identifying themes and sub-themes, looking for underlying similarities between them, grouping them together and naming them. Researchers worked together in the same room in order to engage on possible interpretations, meanings and also to arrive at the most accurate interpretation of quotations. Attention was paid attention to words and phrases from the participants' own vocabulary that captured the meaning of what they did or said. Ethical approval for the study was secured through both the IRB used by C-Change and the Lesotho Ethics Committee prior to commencement of the study

## Results

Major issues facing the community: Most of the participants identified seven (7) major issues facing the community, namely: Substance abuse, HIV/AIDS, poverty and unemployment, physical infrastructure challenges, teenage pregnancy, crime and community apathy.

Perceptions of Multiple Concurrent Sexual Partnerships (MCP): Most of the participants viewed MCP as a driver of the HIV epidemic in their communities. They identified several reasons why this was the case including: the ripple effect (widening sexual networks of MCP), unprotected sex, transactional sex as a means of survival, lack of information on HIV, lack of knowledge of one's own HIV status and the status and sexual history of others, the drive for self-gratification, MCP viewed as an acceptable common practice and the existing ignorance or dismissive attitude toward MCP.

Perspectives on the views and effects (or potential effects) of MCP community dialogues on the community: Almost all participants perceived the community dialogues as them as an overwhelmingly positive contribution to their respective communities. These varied from improved sexual behavior (reduction in MCP practices, practice of protected sex, reduction of transactional sex); to an increased positive attitude towards and more open communication about sex and other sensitive issues with spouses, children, parents, families, peers and communities at large; to increased information dissemination and knowledge to fight HIV/AIDS; to improved health-seeking behavior, including increased HIV-testing uptake; to increased acceptance of one's own HIV status; an increased sense of personal contribution and empowerment in the community. A minority of the participants expressed negative views regarding the use of community dialogues discussing the issue of MCP. Their negative views included the perception that community dialogues were culturally unacceptable, instigated community and interpersonal conflicts, did not generate interest among some and the belief that they did not lead to behavior change. Although opinions expressed during the FGDs and IDIs were not universally positive, most responses indicated that the community dialogues indeed had a very positive effect. While it may be too early to tell if the community dialogues were successful in actually reducing MCP, the findings in this evaluation do suggest that this community dialogues intervention is on the right path to contribute, alongside other campaigns (e.g. promotion of medical male circumcision and condom use), to improving the impact on prevention of HIV transmission in hyper-epidemic countries. However, we cannot make firm conclusions and generalizations based solely on this qualitative study due to the nature of the sample.

## Recommendations

If the methodology of the community dialogue intervention is to be used in the future to address MCP or other drivers of the epidemic it is important to consider the suggestions made by participants in this study. Based on these suggestions, the following recommendations are provided.

- Community dialogues should target communities most in need as well as specific institutions and key opinion leaders.
- Community dialogues should link the dialogue project with strategic cultural/community activities.

- Provide ample financial, human and material resources to support community dialogues.
- Obtain feedback/consensus from the target population on the most appropriate timing, duration and frequency of community dialogues.
- Consider providing age-specific groups during parts of the dialogue process.