REACH
Research Alliance to Combat HIV/AIDS

HIV/AIDS prevention news stories

Experiences from the Field: Ibadan North
Local Government Area
By Uche Onuoha

Specific personal experience
My job as a field worker on the REACH project has taught me some invaluable lessons about life, as well as expanding my knowledge of the geography of my environment and its different characteristics. Because the survey cut across different selected enumeration areas in Ibadan North local government area, I had the opportunity of learning about, and becoming familiar with previously unknown locations, people and communities in Ibadan North community. The knowledge I have gained on the field has helped me to appreciate the validity that one’s life experience goes a long way to influence the decisions they make, particularly in the face of seemingly insurmountable challenges of daily living. In Gbaremu, a community around Ijokodo in Ibadan North, many residents live in appalling conditions characterized by lack of basic amenities. The housing condition is such that we found instances where humans were co-habiting with ruminants and the environment was littered with animal feces. The surprising thing however, was that the people seemed to be at peace with the arrangement they found themselves in. This may be linked to the type of attribution common among the residents. Many were of the opinion that God intended for them to live that way and in such conditions, and that if it wasn’t God’s will, their story would have been different. Also, the REACH project has provided me the opportunity to interact with people from diverse socio-economic backgrounds, particularly the uneducated and/or poor. Through this experience, I have learned to value my own education, family planning, and setting of personal goals (even if all may not be achieved), realizing that people of a lower socio-economic status may not have the opportunity to be exposed to these values.

Challenges
The most common challenge had to do with the attitude of the respondents to the study. The research team met with various community leaders informing them of the survey months before the commencement of data collection. Despite the overall acceptance of REACH by community leaders, many of the respondents displayed negative attitude which made data collection a difficult task. The respondents pointed to the failure of many similar studies that gave them hope of a better future to fulfill their promise, alleging that they had neither material nor health benefits to show that the study outcome was implemented. They therefore queried why we thought our findings would benefit them and not end up like others judging by their previous experience as survey participants. Many other challenges encountered on the field include the following:

1. Cynicism on the part of the participants about the usefulness of the survey to them.
2. Outright refusal by some participants to grant the team audience.
3. Unhygienic living conditions of the respondents (posed health challenge to the field workers).
4. Some married women refused to participate unless they got approval from their husbands.
5. Some occasional failure to meet at agreed time by the field workers.

How the challenges were managed
Faced with the possibility of refusal to participate in the study by a significant number of the participants, the field workers had to device ingenious, but ethically compliant means of confronting the challenge. To instill a positive attitude in the participants, the field workers tried to share with them that their opinions could help shape government policy on HIV/AIDS, and with the knowledge of the results from the study, the government could take the decision to introduce VCT centers in their community. Although refusal to participate in the study was not significantly influenced by education as both literate and illiterate respondents were equally likely to refuse to participate, it was however easier to convince those who had some amount of education, particularly post primary education and above. They noted that surveys of this nature were commonly administered in schools and that they could testify that there was no harm in being a participant.

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By making the people understand they were important stakeholders who government was counting on to partner with it in the fight against HIV/AIDS, many of the attitudinal problems were overcome. At some other point, the field workers had to make repeat visits in instances where the respondents said they needed approval from their husbands, or where the questionnaire could not be completed because of frequent interruptions on the part of the respondent.

An important observation was the influence of tokens on respondents’ disposition to the study. People who had hitherto declined to participate suddenly were calling on the field workers to interview them. It is important to state at this point that the respondents were not told they would be given any incentive as a means of getting them to give their consent to participate. Finally, to overcome occasional failure to keep to time, the field workers resolved to be punctual on every meeting day.

**Personal skills built**

In terms of personal skills built by REACH, I will say the series of workshops and trainings has helped sharpen my research skills, particularly quantitative research skills. Secondly, I have learnt the skills of transcribing (which are active listening and reporting verbatim). Thirdly, my interviewing skills have greatly improved.

**Lessons learnt for personal future engagement**

1. I have learnt that there are invaluable benefits associated with group work since individuals come into the team with varied experiences which can lead to improved performance.
2. Team work has an advantage over individual work in certain types of research.
3. Working to deliver on schedule.
4. Be open to constructive criticism.
5. Delays stretch the budget available for any venture; be it research, business, etc.
6. You increase your social capital when you work in a multicultural set-up, a team, or a group.

Email REACH@northwestern.edu for a .pdf copy of this article.

**Alarming Africa male gay HIV rate**

from news.bbc.co.uk

HIV rates among gay men in some African countries are 10 times higher than among the general male population, says research in medical journal the Lancet.

The report said prejudice towards gay people was leading to isolation and harassment, which in turn led to risky sexual practices among gay communities. But the risks are not limited to gay men, as many of the infected also have female sexual partners. The report called for greater education and resources in the fight against HIV.

The Oxford University researchers found that the prevalence of HIV/Aids among gay men in sub-Saharan African has been "driven by cultural, religious and political unwillingness to accept [gay men] as equal members of society".

Lead researcher Adrian Smith told the BBC there was "profound stigma and social hostility at every level of society concerning either same-sex behaviours amongst men, or homosexuality". "This has the consequence that this group becomes extremely hard to reach," he said. Mr Smith said that gay male sex had always been acknowledged as being particularly dangerous in terms of contracting HIV/Aids.

But gay men were also more likely to be involved in other high-risk behaviours, including sex work, having multiple partners and being in contact with intravenous drug use, he said.

**Education crucial**

George Kanuma, a gay rights activist in Burundi, told the BBC many men "hide their sexual orientation" to get married and have children, but continue to have sex with men.

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"Most of them know that you can contract HIV/Aids or any infection when you are making sex with women, but not when you are having sex with another man," he said. Mr Smith said there was "a desperate need for delivering a basic package of prevention for HIV", including ensuring supplies of condoms.

"There is also a need to sensitise, educate and train those involved in HIV, the interface with men who have sex with men, to educate those involved in care and prevention activities," he said.

The United Nations Aids agency estimates that 33 million people in the world have HIV, of whom two-thirds live in sub-Saharan Africa.

To access this article online, go to http://news.bbc.co.uk/2/hi/africa/8158469.stm

South Africa launches AIDS vaccine clinical trials
from The Associated Press

CAPE TOWN, South Africa — South Africa announced the launch of clinical trials of the first AIDS vaccines created by a developing country with assistance from the U.S. on Monday.

It represented a feat by scientists who overcame skepticism from colleagues and from some political leaders who shocked the world with unscientific pronouncements about the disease.

"It has been a very, very hard journey," lead scientist Professor Anna-Lise Williamson of the University of Cape Town said at Monday's ceremony, attended by American health officials who gave technical help and manufactured the vaccine at the U.S. National Institutes of Health.

Williamson said she sees no choice for South Africa, at the heart of the epidemic, "where we have got the biggest ARV (anti-retroviral) rollout in the world and still hundreds of people are dying every day and getting infected everyday."

Trials to test the safety in humans of the vaccines begin this month on 36 healthy volunteers, Anthony Mbewu, president of South Africa's government-supported Medical Research Council, said in an interview Sunday. Mbewu's respected organization shepherded the project. A trial of 12 volunteers in Boston began earlier this year.

Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Disease and a leading AIDS researcher, said the South African scientists received more money from his institute's research fund than any others in the world except the U.S.

He called it "the most important AIDS research partnership in the world." But he warned "There are extraordinary challenges ahead," referring to the years of testing needed now that South Africa has reached the clinical trial stage.

Fauci said scientists do not understand why the search for an AIDS vaccine is so difficult, except that they are trying to do better than nature: "We have to develop a vaccine that does better even than natural protection."

South Africa was the site of the biggest setback to AIDS vaccine research, when the most promising vaccine ever, produced by Merck & Co. and tested here in 2007, found that people who got the vaccine were more likely to contract HIV than those who did not.

During nearly 10 years of denial and neglect, South Africa developed a staggering AIDS crisis. Around 5.2 million South Africans were living with HIV last year — the highest number of any country in the world. Young women are hardest hit, with one-third of those aged 20 to 34 infected with the virus.

In 1999, the ministries of health and of science and technology founded the vaccine initiative and poured 250 million rand ($31.2 million today) into it over eight years.

Some 250 scientists and technicians worked on the project, along the way gaining scores of doctorates and producing work for professional publications as well as a model for continued biotechnology development in South Africa.

The government decided it was important to develop a vaccine specifically for the HIV subtype C strain that is prevalent in southern Africa "and to ensure that once developed, it would be available at an affordable price," Mbewu said.

He spoke on the sidelines of an international AIDS conference where Vice President Kgalema Motlanthe emphasized Sunday night the clinical trials are being held "under strict ethical rules."
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The first trial may have been started in the U.S. to allay any criticism that the U.S. was collaborating in an AIDS vaccine that would use Africans as guinea pigs.

The field of AIDS vaccine research is so filled with disappointments some activists are questioning the wisdom of continuing such expensive investments, saying the money might be better spent on prevention and education.

Mbewu said the crisis in South Africa, where "we have the biggest problem" in the world, more than justifies the expenditure.

AIDS strikes men and women alike in Africa, where the epidemic is fueled by the many people who have sex with several people at the same time, as opposed to the serial monogamy usually practiced in the West.

In the 1990s, South Africa's then-President Thabo Mbeki denied the link between HIV and AIDS, and his health minister, Manto Tshabalala-Msimang, mistrusted conventional anti-AIDS drugs and made the country a laughing stock trying to promote beets and lemon as AIDS remedies.

Williamson, a virologist, said the scientists had to fight continual controversy, including international organizations trying to stop the state utility Eskom from funding the project. Eskom gave "huge amounts," regardless.

"International organizations told Eskom that this was a terrible waste of money, that putting money into South African scientists was like backing the cart horse when they need to be backing the race horse."

Even her research director told her she was wasting her time. "Most of them just made us more determined to prove them wrong," Williamson said.

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