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# **FROM INTERVIEWS TO ACTION: HOW QUALITATIVE DATA HAS CHANGED CLINIC PROCESSES**

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**MTN Regional Meeting 2013  
The Westin Cape Town Hotel, Cape Town, South Africa  
28 October 2013**

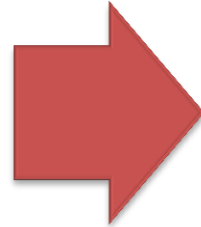
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# PRESENTATION OUTLINE

## QUALITATIVE INTERVIEWS



What we have  
learned



How we have  
used the info



# WHAT WE HAVE LEARNED DURING QUALITATIVE INTERVIEWS

- Interviews conducted: 6 Serial IDI (IDI1) & 2 Single IDI
- Information learned includes the following

## Participant worries about the ring

- Placebo ring - may result in vaginal infections – no product
- Ring might infect participant with HIV
- Ring may cause injury – fainting due to dizziness/ headaches
- Ring may affect fertility or cause cervical cancer

Confusion between placebo and active ring

Association of vaginal discharge with type of ring (odour vs normal)

## Misunderstanding of rings mechanism of action:

- Medication in ring enters womb to clean infections
- Medication in ring blocks semen & infections from entering womb
- Ring with medication scans infections inside the body

Misunderstanding of the term “Adherence”

Occurrence of vaginal practices despite counseling

## Reasons for Ring Removal (Overheard in waiting room):

- Rings removed during menses: with use of tampons & ring there is a fear that the ring may come out when removing tampon
- Rings removed before leaving the clinic: partners pressure

Religious issues – “Bad” for Christian to insert the ring

## HOW WE HAVE USED THE INFORMATION

- Info is shared with study team at team meetings
- Community staff use the information to structure the group discussions in the clinic waiting area:
  - Terminology is explained – adherence, placebo, active etc
  - Review of aims of the study, types of rings, rings mechanism of action and the importance of adherence
- Clinical staff use the information to tailor participant counselling messages
- SC & IoR use the information to guide
  - pre-randomisation discussions with individual participants
  - one on one adherence discussions with participants
- Information is also used to structure participant discussions during retention events (Movie day etc)



# ACKNOWLEDGEMENTS

- ASPIRE Participants
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- RTI
- Wits RHI Team



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# **MTN-020 QUALITATIVE COMPONENT**

## **From Interviews to Action: How qualitative data has changed clinic processes**

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**ISIPINGO CRS**

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# UPDATE

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- 3 Interviews completed as of 18 Oct 13
  - Serial IDI: 01
  - Single IDI (Seroconvertors): 02
  
- First interview (Serial IDI):
  - 03 Oct 2013 – Participant consented and interview began.
  - Participant became emotional after being asked about personal reasons/motivations for joining the study and asked for interview to be stopped
  - Preferred to complete on alternate date. Interview recommenced on 15 Oct 13.
  - Team informed to be more sensitive to participants as they have deeper social issues that we may not be aware of



# SUMMARY OF INTERVIEWS

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- Motivations for participation:
  - Worried about being infected with HIV
  - Wanted children to be protected from HIV in the future
  - Death of family members due to HIV infection
  
- Disclosure:
  - 2 participants disclosed ring use and study participation to partners – partners were supportive
  - 1 participant did not disclose due to fear of partner's reaction
  
- Acceptability/Adherence
  - Participants spoke openly about non-adherence.
  - They found adherence workshops to be encouraging
  - They reported that staff treated participants well and provided good counselling



# From Interviews to Action: How Qualitative Data has Changed Clinic Processes

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Splihaus CRS, Zimbabwe

# What have we learnt?

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## Some participants:

- ❑ feel uncomfortable using the ring during menses
- ❑ reported they removed the ring during menses to wash it and it fell into the toilet
- ❑ feel embarrassed to remove the ring during menses in the presence of staff
- ❑ expressed concern that she couldn't go to work because of study participation



# How the information has been used?

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- ❑ Renovations done to clinic rooms to afford the privacy needed by participants
- ❑ Participants reassured it is ok to use ring during menses
- ❑ Issue of flexibility on the part of staff to conduct visits for working participants emphasized during study overviews
- ❑ Variety in efforts to entertain participants in the waiting area
- ❑ Variety in lunches provided to participants

# FROM INTERVIEWS TO ACTION

How qualitative data  
has changed clinic  
processes

KAMPALA SITE.

ASPIRE Team Meeting  
28 OCT 2013

# PRESENTATION OUTLINE



- ① What we have learned from Interviews
- ② How the information from interviews has impacted clinic operations
- ③ How information from interviews has impacted adherence workshops
- ④ How the adherence workshops have impacted In-depth interviews

# INTERESTING THINGS WE HAVE LEARNED FROM INTERVIEWS

- Participants are more likely not to use the ring during the first few months due to;
  - Rumors, myths & misconceptions in the community like VR causes cancer, infertility etc.
  - Anxiety including issues like; Will the ring disappear? Will it fall out? Will my partner feel it?
- Participants give feedback about the way staff handle them during their clinic visits
- Participants have given important feedback about duration of the study visits.
- Participants encouraged more adherence workshops as a strategy to allay their fears thus improve adherence

# HOW THE INFORMATION FROM INTERVIEWS HAS IMPACTED CLINIC OPERATIONS

- ◉ Assignment of clinic flow nurse to ensure that participants are attended to in a timely manner
- ◉ Binders of participants who come from distant areas (e.g. Islands) flagged so that they are given priority to enable them return to the islands
- ◉ One-on-one & group staff customer care sessions to ensure that participants are receiving the best care
- ◉ Weekly discussions of either interesting or difficult cases during staff meeting

# CONT'D

- Re-packaging of community sensitization messages to address the myths & misconceptions
- Re-packaging of adherence counseling messages to focus fears expressed participants



# HOW INFORMATION FROM INTERVIEWS HAS IMPACTED ADHERENCE WORKSHOPS

- ◉ Information from the Interviews guided the development of the agenda for the workshops
- ◉ Helped determine number of workshops to be held with participants
- ◉ Helped to identify suspected 'non-adherent' participants thus targeting them for workshops

# HOW THE ADHERENCE WORKSHOPS HAVE IMPACTED IN-DEPTH INTERVIEWS

- Feedback from the workshop has helped the interviewers probe around certain areas like myths, misconceptions and fears
- Participants have been identified from the workshop as interesting cases and 1 has been interviewed so far