1. BACKGROUND

RAPID SPREAD OF HIV IN SWAZILAND: In 1992, when the new national sentinel surveillance system first tested pregnant women, 4% of them were HIV positive, reaching as high as 40% in 2004, and then apparently stabilizing. Population-based testing typically produces lower estimates of prevalence, and this was the case in Swaziland. The 2008 Demographic and Health Survey, which conducted door-to-door testing of a nationally representative sample of the population, found that 26% of the population 15-49 was HIV positive the past 15 years in Swaziland, HIV prevalence amongst pregnant women has rapidly increased from 4% in 1992 to over 40% in 2004. Data on the incidence of new cases are not available, but modelling suggests that annual HIV incidence peaked around 1999 at almost 6%, and is currently approximately 3% (NERCHA 2009). Throughout this period, the Government of Swaziland and its partners have implemented behavioural HIV prevention programmes since the start of the first National HIV Strategic Plan in early 2000.

HIV PREVENTION IN SWAZILAND: The Swazi Government has high expectations for the country’s HIV prevention efforts – the national development plan defines the Government’s goal of reducing new HIV infections (incidence) to zero by 2015. Although the new National HIV Strategic Framework promotes behavioural HIV prevention programmes as a priority intervention to achieve this bold goal, current behavioural prevention programme efforts have clearly not been successful as an estimated 13,000 Swazis become HIV positive every year. Questions have arisen: Do the current prevention campaigns address the norms and drivers of higher risk sexual behavior? What are the barriers to success? A sea -change in HIV prevention efforts is urgently needed for the Government to reach its goal of arresting new HIV infections.

To support their prevention goals, the Government’s new National HIV Strategic Framework places a premium on monitoring and evaluations as mechanisms to collect and use data to improve the effectiveness and efficiency of Swaziland’s HIV response. Monitoring and evaluation has been on-going: quantitative surveys, some ethnographic research has been done, and periodic assessments of HIV prevention responses have been conducted as part of midterm reviews and the drafting of new HIV strategic plans. Different data sources were also triangulated so as to estimate modes of HIV transmission and recommend changes to HIV prevention programs and target audiences (more focus on cultural scripts, more focus on older populations, and less focus on VCT as an HIV prevention panacea). However, there has not recently been an assessment of the content of behavioural HIV prevention programmes (i.e. the messages these programmes communicate, and how they are understood and interpreted by communities) or a subsequent assessment as to whether these messages address the most pertinent and deep-seated cultural scripts that govern expressions of sexuality, bonding, relationship and partnership in Swaziland. There is also not yet a clear estimate (or measurement) of the extent to which HIV prevention programmes have averted new HIV infections: an impact evaluation of HIV prevention efforts in Swaziland would provide empirical data with which to estimate infections averted as a result of different types of programmes.

Although the impact evaluation design has not yet been agreed on, most prospective impact evaluations (which this one would be) would consist of a series of repeated surveys (either cross sectional, or with a cohort that is followed up over time), complemented by routine data collection efforts to quantify the roll-out of programmes.

RELEVANCE TO SWAZILAND’S HIV PREVENTION EFFORTS: Therefore, to support the Government’s efforts to (a) improve the effectiveness and efficiency of its behavioural HIV prevention campaigns (b) design an impact evaluation with which to, concomitantly to implementation, evaluate the impact of behavioural HIV prevention programmes, and (c) validate the data collected during the first round of surveys that are part of the impact evaluation, a qualitative assessment of cultural scripts and HIV prevention efforts in Swaziland is needed.
PURPOSE OF THE QUALITATIVE ASSESSMENT: Such a qualitative assessment would have five distinct purposes (and therefore benefits):

- First, it would

- Second, it would provide a typology (nomenclature) of types of sexual partnerships and relationships in Swaziland, ranging from marriage to casual, one-time encounters (see the attached article in Annex A by Harrison etc. (2010) that provided such categories; the typology would be accompanied by new information on the cultural scripts that governing the formation, maintenance and/or dissolution of each type of partnerships

- Third, this information about the types of sexual partnerships and accompanying cultural scripts will form a basis against which to compare the content of current behavioural HIV prevention programmes, and redesign programmes to have greatest effectiveness;

- Fourth, given that the qualitative assessment will include the collection of ethnographic, and in-depth interview data collected before the impact evaluation design is finished and when the baseline survey is undertaken, it will help ensure that the survey questionnaire is culturally appropriate, for example, that it uses the different terms that the men and women themselves use when they talk with each other and with their elders about sexual partnerships and practices. Questions that are phrased in ways that are familiar in everyday conversation—rather than, for example, in health facilities or on the radio—are likely to elicit more truthful responses about sexual norms and practices in Swaziland.

- Fifth, by conducting further qualitative interviews immediately following the baseline survey of the evaluation, analysts of the survey data will have information with which to evaluate the validity of the reporting of sexual behavior. Although survey data on sexual behavior is crucial for assessing the effectiveness of the national response, it is well known that there are biases in the reporting of sensitive behavior: for example, some respondents who say on a survey that they have never had sex may subsequently talk in detail about their relationships and sexual partnerships during a qualitative interview.

Russell (1993 and 1995) postulated that it is inappropriate to assign uniform terminology that is applicable to ‘Swaziland’ and its cultural contexts., or to assume that norms have been stable. In her research, dating back to the 1980s, she showed that cultural scripts that may hold true for other cultures, may not apply to Swaziland — specifically referring to, for example, the relative fluidity around when a man and women is considered to be married and the high rate (and acceptability) of children born to women who are not yet married — “Data from Swaziland offers new evidence of the dysfunction between marriage and children, drawing attention to the narrowly ethnocentric assumptions that guided earlier theorizing.” (see Table 1 below).

Table 1: Marital Status of Swazi Women Aged 20 and older, as per 1986 census

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married by Swazi custom</td>
<td>40.1%</td>
</tr>
<tr>
<td>Married by civil / church rites</td>
<td>9.7%</td>
</tr>
<tr>
<td>Widowed</td>
<td>5.6%</td>
</tr>
<tr>
<td>Divorced / separated</td>
<td>1.0%</td>
</tr>
<tr>
<td>Unmarried and childless</td>
<td>10.1%</td>
</tr>
<tr>
<td>Unmarried with children</td>
<td>33.4%</td>
</tr>
</tbody>
</table>

Given that there is evidence that some previous anthropological research in Swaziland was assumption and theory-driven rather than having been informed by the realities within Swaziland, the research team undertaking this work should do so devoid of preconceived notions or hypotheses. The methodologies used, and the team involved, should bring no biases or perceptions about ‘the way that things should be or are expected to be’ because of their involvement in research elsewhere or in Swaziland. To support such an inductive process of inquiry, three interrelated qualitative methods will be employed, as described hereunder.

A qualitative assessment is suggested as quantitative research is not appropriate for this type of inquiry: quantitative data would not enable one to probe more deeply into the cultural drivers of specific sexual practices. In qualitative research, research experience suggest that people talk at greater length about what they understand about specific sexual practices, norms and behaviors – what is acceptable within relationships and peer networks, tacitly and explicitly.

### 2. QUALITATIVE ASSESSMENT METHODOLOGY

The assessment will consist of the collection of primary (qualitative) data and an analysis of secondary (qualitative and quantitative) data to support, contradict or refute primary survey data collection findings.

#### 2.1 Primary data collection methods

Collection of primary (qualitative) data will take place in two phases:

a) an initial formative phase (Phase 1) so as to have data with which to improve HIV prevention programs and design the impact evaluation strategies and approaches; and

b) a second validation phase (Phase 2) during the baseline surveys associated with the impact evaluation, during which a random sample of consenting respondents’ experiences and survey responses will be validated so as to inform the Impact Evaluation data analysis and adjustments for the next survey rounds.

During Phase 1, two methods will be used – hearsay ethnography and in-depth interviews. Phase 2 will entail cognitive interviewing and a second round of in-depth interviews. Each of these three methods of qualitative data collection is described below.

**Hearsay ethnography during Phase 1 of the research:**

Ethnography is a staple of anthropology. The advantage of ethnography over other forms of qualitative data collection is that it provides information on a community, rather than on individuals, and thus provides information on cultural scripts and norms that are external to individuals and expressed through informal and
formal social interactions. In the classical version of ethnography, a single person, usually an outsider, spends a year or more in a community, learning the language, observing and listening, and then writing field journals (diaries) detailing what he/she observed and heard. This approach is quite time-intensive and limited to one site: thus, it is not suitable for the current assignment. Ethnography will be thus adapted for the current purpose: the assessment will entail the use of multiple ethnographers selected from multiple sites who will employ a method called hearsay ethnography.

Hearsay ethnography is a method for studying conversations and social interactions in their “natural” social settings. The ethnographers are local people who know the language and customs of the places where they live to who are engaged to keep field journals (“diaries”) reporting conversations they witness in public places. Hearsay ethnography aims to produce accurate and detailed accounts of the ways people talk to each other in everyday contexts. From this, we can study the ways communities enforce norms, (e.g. by criticizing deviations from established cultural scripts) as well as proposing alterations in those cultural scripts.

Many social scientists studying AIDS are convinced that the ways people talk together in everyday contexts are the most important influences on the ways they make decisions about actions, such as unsafe sex or having multiple partners, that might expose them to HIV. Most social science methods, however, set up an artificial context — typically an interview or focus group discussion - in order to ask people to speak about things such as their experiences and knowledge of the disease, their sexual behavior, or their attitudes to illness. While these methods can produce valuable information, what they cannot do is reveal are everyday cultural scripts—how ordinary people talk to each other about these issues on their own and in the places they call their own, such as their shops, workplaces, shebeens, churches, buses, in queues to pay bills, waiting in clinics, football fields, and everywhere else that people gather to chat in their everyday lives.

Hearsay ethnography is a methodology that emerged from frustration with available ways of studying responses to the AIDS epidemic in everyday contexts. For the past eleven years, a major research project in Malawi has used hearsay ethnography to produce cultural scripts that detail the everyday responses to the epidemic amongst ordinary people. So far, more than twenty journalists have written in excess of 850 journals, each about 10-15 pages long. From this material researchers have been able to better understand the social dynamics of the epidemic and how people are navigating HIV in their everyday lives.

The ethnographers, who would be selected from the communities in which they reside, would be trained to observe and listen to people talk in public spaces. The ethnographers will not take notes at the time. Rather, in the evening, while their memory is still fresh, the ethnographers will write a report of what they observed and heard on issues related to sexuality, norms, attitudes, terminology and beliefs related to HIV in Swaziland. Often the participants in the public conversations will not be known to the ethnographer. When they are, to ensure confidentiality, the reports will not include the names of individuals or places, but simply, for example, “a woman said that…..”

Each community ethnographer will be asked to submit a journal every 2 weeks, and will be paid per journal submitted. Journals will be collected for 16 weeks (i.e. 8 journals per ethnographer over the course of the data collection) The journals will be written in English: in effect, the ethnographers do the translation themselves. Where phrases or concepts are not easily translated by the ethnographer, they will be written in SiSwati as well and translated by the research team. Once all the journals have been submitted, the researchers will code and analyze the journals and write a report of recurring themes as one of the deliverables of this assignment.

Conversational topics of particular interest are: norms about sexual partnerships, relationships, marriage, and gender, both those norms that support MCP and those that restrain it; attitudes about the advantages and disadvantages of: marriage compared to other types of partnerships;; fidelity to a single partner, at least temporarily; multiple concurrent partners; and condom use in various types of partnerships); comments on HIV prevention campaigns, especially those targeting sexual behaviour, but also on what is perceived to be the prevalence of higher risk sexual practices as well as on harmful or supportive traditional cultural practices, ‘sugar daddies and mommies’ or other forms of transactional sex, and any other information relating to sexuality in Swaziland that could support a trend toward fidelity or, conversely, support continued high risk sexual behavior. A
In-depth interviewing during Phase 1 of the qualitative data collection:

The in-depth interviews are meant to complement the hearsay ethnography in two ways, first by assessing variation in norms, attitudes and perspectives on prevention programs across different spheres of society and second by offering the opportunity to ask questions to clarify what has been said. Because listening to public speech does not permit distinguishing the social category of the speakers, the in-depth interviews will be conducted with a sample systematically selected to represent important social categories. Similarly, the ethnographers are instructed not to ask questions, but interviewers are able to probe.

The in-depth interviews will approximate an ordinary conversation as much as possible. Standard interview practice emphasizes the formulation of unambiguous questions and intensive training to ensure that each interviewer understands and asks the questions in exactly the same form. Because very structured interviews can seem artificial, especially in populations not accustomed to formal interviews, a conversational style of interviewing will be emphasized during interviewer training. Some of the questions on the guide will be phrased to encourage the respondent to talk at length, providing material from which we can interpret her/his perspectives on the same topics that are of interest in the ethnography. Ordinary conversations often meander from one topic to another; thus, the training will emphasize flexibility, such that the interviewer can follow the respondent’s lead. The training will also emphasize the importance of understanding the aim of the questions, so that the interviewer can change the order of the questions and rephrase the questions. Some questions on the guide, however, will be more specific, to permit systematic comparison across respondents. At the end of the guide will be a short list of these specific questions; if any have been omitted, the interviewer will be instructed to ask them then.

Verbal informed consent will be required before starting the interview. If consent to be interviewed is declined, the interview will not take place. No personal identifiers will be collected and a coding system will be used to keep track of interview forms, field notes, and digital interview files. The interviews will be carried out in the dialect of the respondent in order to reduce the social distance between interviewer and respondents, some of whom will have little or no education. The interview will be recorded if the respondent consents; if not, the interviewer will take brief notes during the interview and expand these notes immediately following the interview. In the evening, the interviewers will complete a detailed write-up. The interviews will be simultaneously transcribed and translated the next day. This will be done by the interviewer who conducted the interview, who will be asked to note on the transcript places where the respondent appeared to be uncomfortable or where there was a long pause before a response. The preliminary in-depth interviews of Phase 1 will be reviewed collectively by the study team as soon as they are transcribed and translated. The in-depth interviews will subsequently be coded and analyzed. The rapidity of the process will be particularly valuable during Phase 1, since this will permit revision of the interview guide. The in-depth interview analysis and the analysis from community hearsay ethnography journals will inform the Phase 1 qualitative assessment report (see section 3.1 for a detailed description of deliverables).

For the Phase 1 in-depth interviewing, participants will be purposefully selected from different spheres of society: the researchers themselves will also be interviewed by each other, so as to get a sense of views and biases within the research team, and to ensure objectivity in analyses and interpretations. For Phase 2, they will be randomly selected from pre-agreed strata of survey respondents: categories by gender, residence (e.g. urban, peri-urban, rural), education, and 5-year age cohort (15-59). The same research team as conducted the Phase 1 in-depth interviews will also conduct this round of in-depth interviews.

Cognitive Interviewing during Phase 2 of the qualitative data collection:

Cognitive interviewing will be used to refine the questionnaire for the structured survey and will therefore be undertaken during the piloting of the survey questionnaire. Standard survey approaches assume that if the interviewer is well trained and the question unambiguous, the respondent will have the same interpretation of the question as the interviewer. However, the validity of the survey data is potentially undermined if the respondent
has a different interpretation of the question. It has been shown that researchers may avoid survey error by pre-testing their survey questions to understand the cognitive processes respondents engage in when responding to the survey questions. Typical cognitive processes assessed include: comprehension of terms and meaning of questions; recall of information requested; decision processes, such as respondent’s desire to tell the truth or to give a socially desirable response; and whether response options accurately reflect the respondents’ reality.

Building on the information collected in the ethnography and the Phase 1 in-depth interviews and the ethnography, it is proposed that this type of interviewing assesses the responses to key portions of the structured survey questionnaire, including sections defining key constructs such as transactional sex, and we will use verbal probing to assess respondents’ cognitive processes after each question. Probes will include questions such as “What does [word, phrase] mean to you?”; “What were you thinking about during this question?”; “What time period would you feel most comfortable with in responding to this question?”; “Were the response options appropriate?” At the end of the interview, we will also ask a series of probes including “Were there any points where you weren’t telling me the truth?”; “Were there any points where you felt uncomfortable with the questions?”; “Is there anything else you’d like me to know about?” We will analyze the data and look for questions that caused problems for most of the participants. We will then recommend changing the questions to better respond to participants’ cognitive processes. These interviews will be recorded, contingent on consent from the respondent; if that is not consented, the interviewer will take brief notes at the time and expand them subsequently.

The participant identification code will permit linking the cognitive in-depth interview with the respondent’s survey questionnaire, thus providing an opportunity to assess the quality of the survey data by comparing responses in both data collection formats.

2.2 Secondary data analysis sources and methods

Secondary data collection (through a literature review of anthropological data relating to Swaziland and those parts of Southern Africa with similar cultures and ethnicity – such as the siSwati speakers in South Africa who live in Mpumalanga and KwaZulu-Natal) and the extraction of relevant information from quantitative surveys will only be done towards the end of Phase 1 so as to limit researcher biases or ‘falling back’ on previous research findings.

Data sources will be sourced from existing inventories and libraries of HIV data, as well as public academic search engines such as Google Scholar. The purpose of these analyses will be to supplement the qualitative assessment findings, and to point to changes over time, contradictions or other relevant information.

3. DELIVERABLES AND TIMEFRAMES

3.1 Description of Qualitative Assessment Deliverables

Phase 1 HIV prevention qualitative assessment report: This report will detail the cultural scripts that govern sexuality and sexual partnerships in Swaziland, provide a nomenclature (typology) of sexual partnerships, and summarise, from existing research, relevant norms and values, and, using secondary sources, how these have changed over time. It will also compare these findings with the content of current behavioural HIV prevention programs, and make recommendations for program improvement.

Phase 2 Survey validation report: This report will detail the respondents understanding and interpretations of survey process and questions, and recommend how the survey can be improved so as to collect as accurate data as possible.
3.2 Timeline

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>ORGANISATIONS RESPONSIBLE</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial set-up field visit:</td>
<td>Research team&lt;br&gt;NERCHA&lt;br&gt;MOH</td>
<td>June 28th to July 8th, 2010</td>
</tr>
<tr>
<td>• Consultation with NERCHA and MOH on research methods and study design,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Selection of 2nd Assistant Researcher</td>
<td></td>
<td></td>
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<tr>
<td>• Selection of four study sites in consultation with NERCHA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Visits to the sites by research team to consult with KaGogo on the recruitment of ethnographers</td>
<td></td>
<td></td>
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<tr>
<td>• Revision of Concept Note</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Submission of protocol to Ethics Committee</td>
<td></td>
<td></td>
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<tr>
<td>• Collection of secondary material</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training so as to start the hearsay ethnography work</td>
<td>Senior qualitative researcher (S Watkins)</td>
<td>September 2010 (18 Sept – 9 Oct 2010)</td>
</tr>
<tr>
<td>Conduct Phase 1 qualitative research (96 journals for hearsay ethnography; and 16 in-depth interviews)</td>
<td>Hearsay ethnographers</td>
<td>1 October -31 December 2010</td>
</tr>
<tr>
<td><strong>Deliverable 1:</strong> Phase 1 HIV prevention qualitative assessment report</td>
<td>Research team&lt;br&gt;NERCHA&lt;br&gt;MOH&lt;br&gt;IE team</td>
<td>31 January 2011</td>
</tr>
<tr>
<td>Conduct Phase 2 qualitative research during Impact Evaluation baseline survey (32 in-depth interviews)</td>
<td>Research team&lt;br&gt;NERCHA&lt;br&gt;MOH&lt;br&gt;IE team</td>
<td>During the baseline survey</td>
</tr>
<tr>
<td><strong>Deliverable 2:</strong> Survey validation report</td>
<td>Research team&lt;br&gt;NERCHA&lt;br&gt;MOH&lt;br&gt;IE team</td>
<td>31 January 2011 – depending on when the survey takes place</td>
</tr>
</tbody>
</table>

4. RESEARCH TEAM TO EXECUTE THE STUDY

Team Leader and HIV Prevention Expert (20 days of effort)

This person will lead the team’s efforts and will be responsible for the quality of the assignment, managing the research team, and will support the secondary data analysis. The person will also be the main client liaison, manage communications with the client and other stakeholders, oversee the quality of all deliverables, and fulfill all fiduciary responsibilities associated with the assignment.

Senior Qualitative Researcher (Principal Investigator for the Primary Data Collection) (90 days of effort)

The Senior Qualitative Researcher will lead the research and transfer skills in qualitative data collection and analysis developed elsewhere to the local members of the research team in order to provide information about the cultural scripts that regulate sexual partnerships and practices and to support the baseline survey for the national HIV prevention evaluation efforts.
SCOPE OF WORK:

Phase 1 (60 days)
- Set up the logistics for Phase 1 data collection; train the two assistant researchers in the three methods of qualitative data collection to be used in the study (hearsay ethnography and in-depth and cognitive interviewing); recruit and train 20 ethnographers (7 in each site at start, 4 on average= ethnographers x 2 journals/month for 3 months = 96 journals) (11 days).
- Develop the interview guide for the in-depth interviews (3 days).
- Train the hearsay ethnographers (20 days).
- Analyse the qualitative data – hearsay ethnography journals and in-depth interviews (16 days).
- Analyse the content of behavioural change programmes (5 days).
- Write the Phase 1 HIV prevention qualitative assessment report to provide evidence for the Government for policy-making with regards to sexual norms and the appropriateness of current behavioural HIV prevention programmes (5 days).

Phase 2 (35 days)
- Oversee the implementation of primary data collection (in-depth and cognitive interviews) in two urban and two rural EAs to provide evidence on the validity and reliability of survey reports on sexual behavior (15 days).
- Participate in ongoing exchange of information with the survey team so as to oversee the quality of data collection (5 days).
- Analyze the qualitative data (5 days).
- Write the Phase 2 survey validation report to assist the impact evaluation team and participate in meetings with the survey team regarding questionnaire design and translation (10 days).

Assistant researchers (AR) [x2] (55 days of effort each)

Phase 1 (30 days each)
- Undertake in-depth interviews, to be conducted in 4 sites, 2 days/site, 2 interviews/day=16 interviews (8 days plus 4 travel days plus, one roundtrip to each site=12 days plus 1 day in each site to select respondents for in depth interviews =16 days).
- Collect materials about the content of all HIV behavioural programmes (2 days).
- Support the hearsay ethnographers in journal writing (3 days/month x 4 months=12 days).
- Read and code the ethnographic journals (10 days).
- Scan the journals (2 days).
- Analyze hearsay ethnography data (14 days).
- Support the preparation of the Phase 1 report (4 days).

Phase 2 (25 days each)
- Attend relevant trainings of baseline survey team (2 days)
- Undertake in-depth interviews (16) and cognitive interviews (16) (16 days@ 2 interviews/day/AR)
- Translate and code the qualitative data and summarize the finding (31 days)
- Support the preparation of the Phase 2 survey validation report to assist the impact evaluation team and participate in meetings with the survey team regarding questionnaire design and translation (1 day).

Hearsay Ethnographers (7 per site, hoping we get 4 per site) (each to write 6 journals over a 12-week period and submit them = a minimum of 96 journals in total, but budget for up to 120 journals, in case more ethnographers stay in the program)
- Collect diary data about sexual practices, norms and behaviors in Swaziland
- Submit diaries every 2 weeks to the Mbabane Assistant Researcher, who will scan them and send them to the PI for comment, and then communicate his/her comments to the ethnographers.
- Attend meetings and trainings as needed
Annex A: Qualitative Research Protocol (For Primary Data Collection Component of the Study)

[NOTE: Items in italics still need to be agreed on]

RESEARCH SUMMARY

- **Principal Investigator and other researchers:** The Principal Investigator for the Qualitative Research component of the study will be Dr Susan Watkins, as Research Fellow at the University of Pennsylvania. She will be supported by the World Bank to carry out the research.
- **Sources of funding for research:** World Bank
- **Any other ethics board through which approval is being sought:** None
- **Study sites and dates of data collection:** 1) Manzini- urban; 2) Buhleni (Hhohho); 3) Siphofaneni (Lubombo); 4) Matendele (Shiselaweni), October-December 2010

- **How any adverse events will be reported to the Swazi ethics committee:** The Swazi ethics Committee will be informed by NERCHA in writing immediately upon the report of any adverse event
- **Whether there will be any local oversight of research (e.g. Community Advisory Board):** The research team is collaborating with the KaGoGo centre in each site.
- **Total number of subjects in study:** 48 will be interviewed for the in-depth research

**PROTOCOL PHASE 1: Hearsay ethnography**

A. **Study subjects:**
Study subjects will be observed by the hearsay ethnographers in public places; thus no recruitment to the study will be conducted.

B. **Consent**
No consent will be obtained since all observation will be in public.

C. **Research protocol**
The ethnographers will be trained to observe and listen as people talk in public spaces, such as a bus depot, a community gathering, a market, a shabeen. The ethnographers will not take notes at the time. Rather, in the evening, while their memory is still fresh, the ethnographers will write a report of what they observed and heard on issues related to MCP in particular, and more generally on topics related to HIV and AIDS. The reports will not include the names of individuals or places, but simply, for example, “a woman said that…..” Conversational topics of interest are: *norms* about partnerships, marriage, and gender; *attitudes* about the advantages and disadvantages of condom use and of multiple partners (e.g. “spare tyre”, a “little house”); *comments* on HIV prevention campaigns, especially those targeting MCP, but also on what is perceived to be the prevalence of MCP as well as on harmful or supportive traditional cultural practices, Sugar Daddies and other forms of transactional sex.

D. **Research staff**
The Principal Investigator, Professor Susan Watkins, female
- **There will be two Assistant Researchers:** Lucas Jele from NERCHA (male) and Linda Dlamini (female)
- **There will be approximately 12 hearsay ethnographers; these will not be recruited until ethics permission is granted and the Phase 1 data collection begins.**
- **Will any written instructions be provided to the ethnographers?** Yes. If so, please attach.
- **All research staff will be given research training, using the training manual of the University of Swaziland**
E. Handling of data

- Who will have access to their notes and how will the notes be stored?
- What identifying information will be included in the notes (e.g. name and location of ethnographer?) Will any potential sensitive information be included in the notes (i.e. any information that could cause individuals embarrassment or distress)?

PHASE 1: In-depth interviewing

These interviews will be held [timeframe?] in 6 enumeration areas [list EAs: 2 urban and 4 rural, including one in a sugarcane-growing area]

A. Study subjects and recruiting:

- \(N=48\) respondents (key informants). Should there be refusals, they will be replaced.
- The respondents will be between the ages of 18 and 35, equally divided by gender. Within each gender group, half will have at least some primary education but no secondary education; half will have at least some secondary education but no further education.
- The respondents will be chosen in consultations between the research team and the chief clerk at the KaGoGo centre. They will be approached and asked to participate.

B. Consent:

Verbal informed consent will be required before starting the interview. If consent to be interviewed is declined, the interview will not take place. The verbal consent will be given in SiSwati, and documented by the signature of the Assistant Researcher who is conducting the interview. There will be no interview respondents under age 18. Should the Assistant Researcher detect any embarrassment or distress, the Assistant Interviewer will propose that the interview be ended. Should the respondent appear to need further support, the Assistant Researcher will consult with a family member as to the appropriate remedy, and make sure that the respondent receives that support.

C. Interview protocol:

The in-depth interviews will approximate an ordinary conversation as much as possible. Standard interview practice emphasizes questionnaire design (e.g. unambiguous questions) and intensive training to ensure that each interviewer understands and asks the questions in exactly the same form. Because very structured interviews can seem artificial especially in populations not accustomed to formal interviews, in interviewer training we will emphasize a conversational style of interviewing. Some of the questions on the guide will be phrased to encourage the respondent to talk at length, providing material from which we can interpret her/his perspectives on sexual relationships. Ordinary conversations often meander from one topic to another; thus, the training will emphasize flexibility, such that the interviewer can follow the respondent’s lead. The training will also emphasize the importance of understanding the aim of the questions, so that the interviewer can change the order of the questions and rephrase the questions. Some questions on the guide, however, will be more specific, to permit comparison across respondents. At the end of the guide will be a short list of these specific questions; if any have been omitted, the interviewer will be instructed to ask them then.

D. Research staff

- Who are the interviewers and how will they be trained? Same-gender interviewers?
- Have they undergone ethics training? (The ethics board may require proof that the interviewers have undergone ethics training.)

E. Handling of data

No personal identifiers will be collected and a code system will be used to keep track of interview forms, filed notes, and digital interview files. In the evening of the interview, the interviewers will complete a detailed write-up. The interviews will be transcribed (if recorded) the next day. The transcription will be done by the interviewer
who conducted the interview, who will be asked to note on the transcript places where the respondent appeared to be uncomfortable or where there was a long pause before a response. The interviews will then be translated. The preliminary in-depth interviews of Phase 1 will be reviewed collectively by the study team as soon as they are transcribed and translated. The in-depth interviews will subsequently be typed, coded and analyzed using NVivo. The rapidity of the process will be particularly valuable during Phase 1, since this will permit revision of the interview guide.

- Who will have access to the transcriptions, notes, and recordings, and where will they be stored after research is completed?
- Who will do the translation?

**PHASE 2: Interviews (combination of in-depth and cognitive interviewing), plus PSA tests**

These interviews will be held immediately following the national survey [timeframe? how soon after the national survey will they be held?] in 6 enumeration areas (2 urban and 4 rural, including one in a sugarcane-growing area).

**A. Study subjects and recruiting:**

N= 300; 5 men and women in each of the following categories in each of the 6 enumeration areas:
- women & men 15-19
- women & men 20-29
- women & men 30-39
- women & men 40-49
- women & men 50-59

Subjects will be recruited from the national survey, in which a certain percentage of subjects will be “randomly promoted” to do a follow-up interview. [Need to describe in more detail how random promotion works; also, will more than 300 be randomly promoted to account for some non-response?]

**B. Consent**

Verbal informed consent will be required before starting the interview. If consent to be interviewed is declined, the interview will not take place.

- **How will the informed consent form be shared with the subjects; will they read it or will it be read by the interviewer? In what language?**
- **How will verbal consent be documented?**
- **Will subjects <15 require consent of parent or guardian?**
- **Will a separate consent document be required for the PSA test?**
- **How will any potential adverse events be handled (e.g. embarrassment or distress to any interview subject)?**

**C. Interview Protocol**

Building on the information collected in the in-depth interviews and the ethnography, we will assess responses to key portions of the structured survey questionnaire, including sections defining key constructs such as transactional sex, and we will use verbal probing to assess respondents’ cognitive processes after each question. Probes will include questions such as “What does [word, phrase] mean to you?”; “What were you thinking about during this question?”; “What time period would you feel most comfortable with in responding to this question?”; “Were the response options appropriate?” At the end of the interview, we will also ask a series of probes including “Were there any points where you weren’t telling me the truth?”; “Were there any points where you felt uncomfortable with the questions?”; “Is there anything else you’d like me to know about?” We will analyze the data and look for questions that caused problems for most of the participants. We will then change the questions to better respond to participants’ cognitive processes.

Interviews will be held in a health facility, and not in a home, to allow for privacy and on-site collection of urine sample for PSA test.
• How long will the interviews be?
• What remuneration will be offered (this was discussed at the DC meeting, but no decision made)?

D. Research staff
• Who are the interviewers and how will they be trained? Same-gender interviewers?
• Have they undergone ethics training? (The ethics board may require proof that the interviewers have undergone ethics training.)

E. Handling of data
For interviews conducted in Phase 2, the participant identification code will permit linking the main in-depth interview with the respondent’s survey questionnaire, thus providing an opportunity to assess the quality of the survey data by comparing responses in both data collection formats.
• Will the interviews be recorded?
• Who will have access to the transcriptions, notes, and recordings, and where will they be stored after research is completed?
• Who will do the translation?
Annex B: Harrison et al.’s paper on sexual partnering in KwaZulu-Natal, South Africa