McGrath, N; Hosegood, V; Chirowodza, A; Joseph, P; Darbes, L; Boettiger, M; van Rooyen, H; (2010) Recruiting heterosexual couples from the general population for studies in rural South Africa - challenges and lessons (Project Accept, HPTN 043). South African Medical Journal, 100 (10). 658, 660. ISSN 0256-9574 https://researchonline.lshtm.ac.uk/id/eprint/2170

Downloaded from: http://researchonline.lshtm.ac.uk/2170/

DOI:

Usage Guidelines:

Please refer to usage guidelines at https://researchonline.lshtm.ac.uk/policies.html or alternatively contact researchonline@lshtm.ac.uk.

Available under license: Creative Commons Attribution Non-commercial http://creativecommons.org/licenses/by-nc/3.0/
Recruiting heterosexual couples from the general population for studies in rural South Africa – challenges and lessons (Project Accept, HPTN 043)

Nuala McGrath, Victoria Hosegood, Admire Chirowodza, Philip Joseph, Lynae Darbes, Merridy Boettiger, Heidi van Rooyen

To the Editor: Couples should be included in HIV prevention research, but their recruitment in southern Africa is challenging given high levels of migration and non-cohabitation. We describe the recruitment strategies and experiences of a pilot study in rural South Africa. With the aim of recruiting 20 couples at mobile voluntary counselling and testing (VCT) caravans and community venues, 75 index partners were screened with an average of 4 additional contacts required to schedule interviews. Recruiting and interviewing couples is feasible, but requires substantial resources.

Background
There is a growing consensus that HIV prevention research should address couples.1 While couples VCT has been described as a ‘high-leverage’ prevention intervention for sub-Saharan Africa,2 few couples-focused intervention studies have been conducted, and most of these have focused on HIV-discordant couples.3,4 Recruitment of couples for research presents several challenges, including logistical difficulties, potential for partner coercion and selection bias.4-6 Recruiting couples from the general population may be more challenging than recruiting discordant couples where the known HIV status of at least one partner offers an entry point and a motivator for uptake of couples-based VCT in public health facilities.

Methods
We report recruitment strategies and findings from a pilot study to examine the feasibility of recruiting heterosexual couples in Vulindlela, a rural area in KwaZulu-Natal. Couples were invited to participate in individual and couples interviews about their use and attitudes to reproductive and sexual health services. The study was conducted in partnership with Project Accept.7 Ethics approval was obtained from the Human Sciences Research Council Research and the London School of Hygiene and Tropical Medicine.

Our target was to recruit 20 couples. Eligibility required both partners to be 18 - 45 years of age, and in a primary relationship with each other for at least 3 months. Ten couples were sought through the London School of Hygiene and Tropical Medicine. Ten couples were sought through Vulindlela, a rural area in KwaZulu-Natal. Couples were invited to participate in individual and couples interviews about their use and attitudes to reproductive and sexual health services. The study was conducted in partnership with Project Accept.8 Recruitment of couples from the community more generally. We report recruitment strategies and experiences of a pilot study conducted in partnership with Project Accept.

Recruiting from the general population may be more challenging than recruiting discordant couples where the known HIV status of at least one partner offers an entry point and a motivator for uptake of couples-based VCT in public health facilities.

Results
To achieve our target of interviewing 20 couples we screened more than three times the number of index individuals (N=75). The median age of index individuals was 25 years (interquartile range [IQR] 21 - 32). Of the couples screened, both partners met the age criteria in 71 (94.7%) couples; the median relationship duration in these cases was 3 years (IQR 1.5 - 6). For 45 (60%) index individuals the initial screening was done in person. However, only 6 (8%) partners were present and available for immediate screening. After initial screening and recruitment, considerable effort was required to complete the study interviews. A median of 4 additional contacts were made after screening (IQR 2 - 5), with 74% of all contacts made by phone. The number of pre-interview contacts was not significantly different according to study outcome or recruitment strategy. We completed individual and couple interviews with 24 couples (32%) (Table 1); 4 were already scheduled when our target was reached. Overall, 25% of partners refused to participate when the study was explained to them by the index individual, with 60% of partners refusing when the index was female and recruited in the community. For a further 16 (21%) couples either the index person or their partner refused to participate despite both initially confirming their interest.

Participant profiles differed according to recruitment location, with individuals recruited through the mobile units more likely to be living with their partner (28% v. 12%) and more likely to be male (72% v. 55%) than those recruited in the community. However, the differences were not statistically significant (p=0.11 and p=0.13, respectively). The low proportion of cohabitation in the screened sample is consistent with other studies in similar communities9 and suggests that neither recruitment strategy biased towards cohabiting couples. Recruitment through mobile VCT was a better environment for recruiting men as index individuals.10 Recruitment in the

Department of Epidemiology and Population Health, London School of Hygiene and Tropical Medicine, and Africa Centre for Health and Population Studies, University of Kwa-Zulu Natal, Mtubatuba

Nuala McGrath, BSc, MSc, PhD
Victoria Hosegood, BSc, MSc, PhD
Admire Chirowodza, BSc, MA
Philip Joseph
Merridy Boettiger, BSc, MA
Heidi van Rooyen, BA (Hons), MA, PhD

Center for AIDS Prevention Studies, University of California, San Francisco, USA
Lynae Darbes, BA, MA, PhD

Corresponding author: N McGrath (nm McGrath@hsrc.ac.za)
community provided a more gender-balanced recruitment of index individuals, but completion of the study was significantly more likely when the index partner was male. Passive recruitment from posters was unsuccessful; no calls were received prompted solely by posters.

**Discussion**

Our pilot study shows that it is possible to recruit and interview couples in rural South Africa despite the high levels of migration and non-cohabitation. In designing our recruitment strategies we drew on the recommendations of published couples studies and the experience of Project Accept in community engagement. Different approaches to recruitment have been suggested. McMahon et al. advocate targeting female partners first so that they can decline and the experience of Project Accept in community engagement. Studies and interventions can be one possible component in efforts to promote testing and reduce HIV transmission.

In our study, simultaneous recruitment was not an option because couples rarely presented at the mobile units or were readily identifiable at community venues. We adopted other recommended approaches to enhance recruitment, including couple verification screening, male and female recruiters/interviewers, obtaining referrals from recruited couples, and providing ‘take-home’ materials. Despite the care taken to maximise recruitment, recruiting just 20 couples required a substantial investment of time and resources. Nonetheless, the results of this preparatory study are encouraging. Given the need to identify effective HIV behavioural interventions in South Africa, we believe that couples-focused studies and interventions can be one possible component in efforts to promote testing and reduce HIV transmission.

**References**


Accepted 22 June 2010.