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RA: Research Assistant

P: Participant

{ } Indicates that details were changed or pseudonyms were used to anonymise data particularly in the second transcript

xxx words were omitted to anonymise data

- breaking into a sentence by the interviewer

… pause or drawn out words

[ ] indicates noise made, e.g. [laugh], [sigh], [pause]

[inaudible segment] Unclear section of the recording

?hospital Clinic?, ?P3? questionable text or doubt as to what was said or who said it

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| Participant ID | 15 |
| Name of Care Interviewer | {}{staff name} |
| Transcription date | 09 Feb 2016 |
| Name of transcriber | {}{staff name} |

RA: Eh, when this thing starts counting please speak clearly and loudly.

RA: Hello, my name is {}{staff name}, I am from Aurum and I am employed as a researcher. Can I please ask that you give me some of your time so that we can talk about TB and about the visits you had from Aurum employees who came to check on your TB patient? Please relax and answer the questions fully, when answering the questions please make sure that you speak into this thing so that we can hear your voice properly.

P: Okay.

RA: I don’t know how long the interview will take, I will see as we progress.

P: Yes.

RA: Now before we can start, I want to know if you are giving me permission to record our conversation.

P: Yes, it’s okay.

RA: Can we start?

P: Yes.

RA: How old are you?

P: I am turning 22 in December.

RA: 22 in December?

P: Yes.

RA: Okay I have here a female, 22 years old and we are going to be conducting the interview in Setswana, the time is now 10:38, Thank you.

RA: My first question, what do you know about TB?

P: TB is a disease that affects the lungs, it can spread to others when a person is sneezing or coughing. That is how it spreads but it can be cured after taking treatment for six months.

RA: What do you know about the signs and symptoms of TB? How can you tell if a person has TB or what can make you suspect that someone has TB?

P: Coughing, sometimes the cough might have spots of blood and sweating a lot at night. I can’t think of other signs.

RA: You can’t remember any?

P: Yes.

RA: Okay, the ladies who work for Aurum research unit came here {}{right}?

P: Yes.

RA: They came here because there was someone here who had TB.

P: Yes.

RA: But it was not you.

P: Yes, it was not me.

RA: What did you like about their visit?

P: They spoke to us nicely. When they entered our home they were we very respectful and they asked to speak with us and from there on they explained everything we needed to know and answered all our questions with no hesitation. They did not come here as people who were only doing their job, they became part of our family. We were comfortable to speak with them.

RA: Okay ma, is there anything you did not like about them coming here?

P: No, there isn’t.

RA: I mean something that did not sit well with you when they were here?

P: No.

RA: You know that we are going to carry on working on TB, trying to reach out to those who have TB patients at home. According to you, how can we improve and make sure that we reach a lot of people so that eventually we can get rid of TB?

P: (Silence)

RA: We want your ideas. In this community of {}{community name}, how can we make sure that a lot of people with TB can get immediate and proper help? How we can fight to reduce or even get rid of this disease?

P: Only if people will be educated and be given more information about TB. {}Also if the clinic staff can also go around the community telling people what they need to know, because people do not go to the clinic or take their family members to get tested because they do not have an understanding and some think that it’s over for them when they have TB. I think the lack of information is what prevents them from going to the clinic and as {a} result{} the nurses’ job becomes difficult because there are a lot of people infecting each other and as a result there is always a lot of people at the clinic.

RA: At the time when the ladies visited you, they were driving a big branded quantum.

P: Yes.

RA: The red and white quantum, do you remember it?

P: Yes.

RA: What do you think were your neighbour’s thoughts when they saw that sort of a car, because the branding is about TB and HIV?

P: Ah they thought that there was someone who was too sick to be home because there were some talks, but we did not pay attention to that because those people were here to help us. It did not matter to us what the neighbours were thinking because they do not know about that because if they understood what was happening, they wouldn’t have had those kind of ideas. We were not bothered by that car.

RA: You were not bothered at all?

P: No.

RA: But in your opinion, would it have been better and more effective if they would have used the unbranded car?

P: I think so.

RA: Like the one we are using today?It is also from Aurum but it is not branded.

P: I think so because our patient here at home is very secretive, so maybe she thought that people will start knowing about her when they saw {the} car even thought it was not obvious that they were here for her.

RA: Eh, when they came here, do you think it would have been better if they would have asked every family member to have a discussion in the car rather than going inside the sitting room to have a discussion with you as a family? What would you prefer, would you prefer one on one like we are doing right now?  
P: I would prefer it if they would talk to all of us at once.

RA: So that they can teach you about TB and HIV, the signs, how you can take care of yourself while you are all here so that later on you can all share ideas on what you have to do?

P: Yes.

RA: You prefer that they speak to people as a family?

P: Yes.

RA: Eh, did you enjoy their visit? If so, why do {you} say that, do you think their visit was important to you?

P: Yes I enjoyed it because them coming here helped us to realise certain things that we were not aware of. Personally I did not know that it was possible to stay with someone who has TB and not be infected. When I first found out that he had TB, I thought we were also going to be infected, so when they came here the{y} taught us about {} a lot of things. They even told us that we should open the windows even though it might be cold. They really helped us because sometimes we just listen to {}{all} advice instead of going to the clinic for advice and as a result you might be misinformed. By coming here to teach us about TB {they} really helped and we enjoyed it because we could even become comfortable with our patient.

RA: In your own opinion, do you think these visits are important or would you rather people be sent to the clinic for the services that were provided here? Or would you prefer what we call household visits?

P: Yes, I prefer it when they come to us.

RA: Why do you say that?

P: Because going to the clinic takes time. It is always full there and like I said before {} our patient is very secretive so when people start seeing us going to the clinic they will start talking and noticing who is sick amongst us and they will start spreading the news. But when they come to our homes it will not be easy for people to find out who amongst us is sick.

RA: Okay, so when is the best time to visit families according to you own opinion? Is it in the morning, afternoon, in the evening when everyone is at home or during the weekend?

P: In the afternoons.

RA: Why in the afternoon?

P: In the afternoons because then we are all available. During the weekend everyone has other commitments, like here at home during the weekend some go to church and it is not easy to find us together in the evening.

RA: And in the evening everyone is busy cooking, preparing homework and school uniform etc?

P: Yes.

RA: Eh, when those people came they were talking to you about TB and HIV, testing those with TB signs, collecting the sputum and providing HIV test to those who requested it. I don’t know if {}{there} were any children that were injected in order to test them for TB?

P: Yes, one child was.

RA: Okay those are the services that they provide when they come here. Are there any services that you think they should also provide, such as testing for high blood, diabetes and weight other than those that deal with TB and HIV management?

P: I am not sure, but they should also test for sicknesses such as high blood and something that is closely related to TB.

RA: Okay ma.

P: Also about weight, they should check if we are okay according to the BMI. They should also advise us on eating well in order to maintain a good weight, because they were teaching us about what kind of food {} a person with TB {should} eat. I think they should also encourage us to eat such food. That information shouldn’t only be for the sick person.

RA: Okay ma, how do you feel about the HIV test?

RA: Have you ever tested for HIV?

P: Yes.

RA: Did you get tested here at home or the clinic?  
P: At the clinic.

RA: Eh, how do people here in the community feel about HIV?  
P: Most people think that a person with HIV does not deserve to be amongst other people. Like I was saying before that most people do not have an understanding, they think a person with HIV doesn’t deserve to be amongst them because think that person will also infect{} them.

RA: Okay.

P: They do not understand that when you take treatment and manage it well you can live longer like a normal person.

RA: About us offering HIV tests here at home, when we come here we bring along test kits and we ask if there is someone who would like to be tested for HIV because if we are using the quantum, we can take them to the quantum to get them tested and give them their results immediately done by the rapid test.

P: Yeah.

RA: How do you feel that we are able to test for HIV here at home?  
P: It’s okay because most people are afraid of going to the clinic. Even though a person might want to go to the clinic to get tested to find out about their health, {}they are afraid to go to the clinic, in most cases they say they are afraid of other people seeing them there. I don’t know if they have anything to lose.

RA: What are the problems that make people {}afraid to get tested at the clinic?

P: For example our clinic is too small, so you can find too many people in a small room. When you go to the next room other people will know what you are going to be tested for and sometimes you do not want other people to know why you are going to the clinic.

RA: I heard you saying that you tested at the clinic. When was that?

P: Eh, it was{…} It hasn’t been longer than three months.

RA: Eh, how was the process?

P: It went well; they talk to you first before they can test you. After that they show you your results. The sister who was testing me showed me my results. I was supposed to tell her if the results were positive because I should be started on treatment, so I saw my results and she was friendly and relaxed.

RA: So, did she explain to you and everyone the meaning of results?  
P: Yes, she also explained about the CD4 count, something about it being over 500. I think she said you cannot start treatment when it is still balanced.

RA: Okay, did you test at the clinic because the ladies who came here never offered to do the HIV test?

P: They did, I have been testing at the clinic for a long time. At school, while I was still a student they used to come and encourage us to get tested every three months. So since then I have been doing that, even those ladies offered to test us and I agreed.

RA: But you never tested when those ladies they came here?

P: I did test.

RA: From those ladies?  
P: Yes.

RA: Okay, did they explain everything thoroughly and did their process go well?

P: Yes.

RA: How would you feel if were to offer different HIV tests, like that method of wiping under the tongue, that one of pricking the finger and that one of drawing blood? How do you feel about these different tests and which one do you prefer?

P: I prefer that one for the finger.

RA: Finger prick?

P: Yes, because I am afraid of needles so I might be troublesome. So I prefer that not much blood is taken from me, a drop that will be drawn from my finger will be just fine.

RA: Okay, what do you think they could do differently should they come here again? What do you think they should change?

P: The{re}{} {is} nothing that I was not impressed with; I just think they should come with an unbranded car.

RA: An unbranded car?

P: Yes.

RA: So, if we were to come back to your home again, would you allow us to do that?

P: Yes.

RA: Will you be okay, just as long we will not be using the branded car?

P: Yes.

RA: So, it was a good thing we used this one today? Because the quantum is being used elsewhere.

P: Yes, you did well.

RA: Alright. We want to improve the work we are doing which is household contact is tracing. This means that we visit homes of contacts of TB patients, we test them for TB and we want to make them understand how they can prevent themselves from being infected and how they should treat TB patients and how they must open the windows to allow fresh air to get rid of the virus. Do we understand each other?  
P: Yes.

RA: Now, we want to improve our work. What other issues do you think we should add?

P: Something you can add, you mean explaining to people at their homes?

RA: I mean what will make our work more successful? How can we reach more people?

P: When you are visiting us, you should also go to the neighbour’s homes. You should not only visit families with people who are living with TB because the{}{re} is {}interaction between neighbours

RA: Yes.

P: They might also have a family member who is also infected and has not been to the clinic. They will have a better under{}{standing} and stop spreading rumours when they see the Aurum car.

RA: Because we get our information from the clinic about TB patients, {}don’t you think if we were to {do} that it will bridge confidentiality because everyone will know why we are here?

P: Another thing you can do when you come here is to give us pamphlets to distribute. We can also ask community members if they are willing to listen to you.

RA: Okay.

P: If they agree to that, even if you do not do that in their homes, you can even ask to meet with them at the clinic whereby they will be address{ed} about TB so that they can get a better understanding and {get} tested.

RA: Okay, alright. Finally, if you have any questions you can ask me, any question about TB, HIV and our job, you can ask me those questions.

P: Mhm, I did not prepare any questions.

RA: Okay, it is fine if you do not have any questions. Just don’t ask me about football because I will not be able to answer that, I mean questions about what I have just mentioned.

P: (laughing), I really do not have any question because they have answered all our questions during their visits.

RA: So, you do not have any questions?

P: Yes.

RA: So, let me take this opportunity to thank you for very much for your time and for answering our questions with openness. It is now 10:58 and I am going to be closing this interview, thank you. I hope everything went well.

END OF INTERVIEW.