



Ethnography & Implementation Science: the case of traditional healers for HIV testing

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Brief Outline

- What is ethnography?
- Ethnography as part implementation science
- Ugandan traditional healers
- A case study of traditional healers & HIV testing

Ethnography

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Review

Implementation
Research & Practice

A scoping review of the use of ethnographic approaches in implementation research and recommendations for reporting

Alex K Gertner¹ , Joshua Franklin², Isabel Roth³,
Gracelyn H Cruden⁴ , Amber D Haley¹, Erin P Finley⁵,
Alison B Hamilton^{5,6}, Lawrence A Palinkas⁷
and Byron J Powell⁸ 

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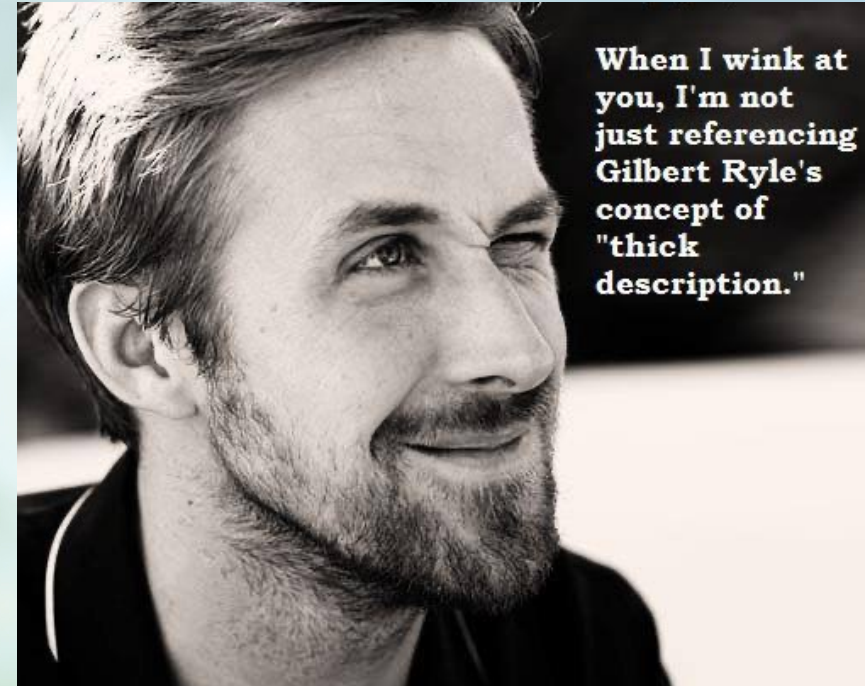


“Thick Description”

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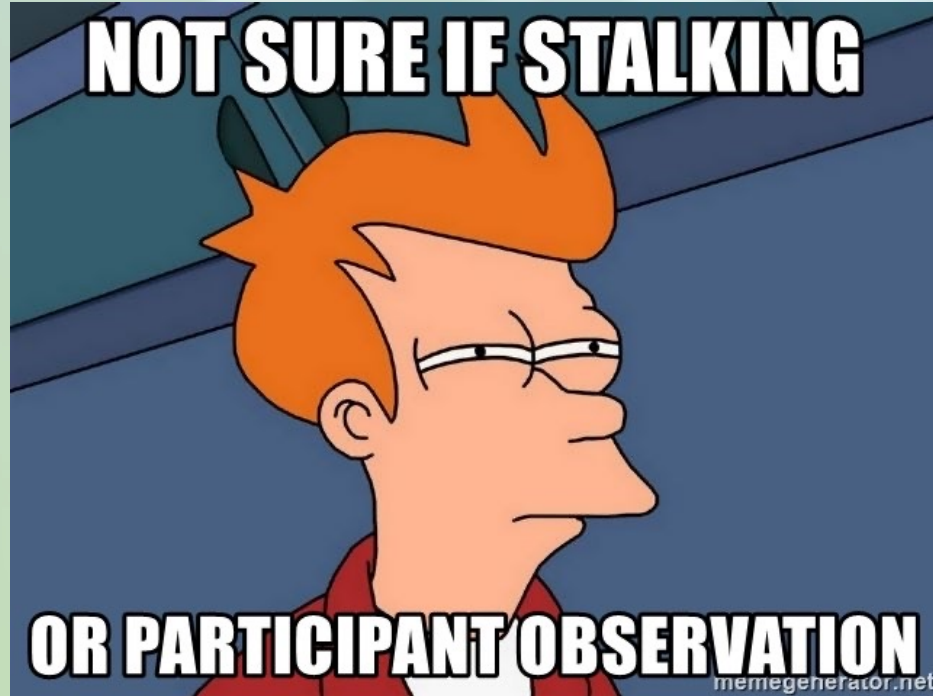
- A twitch vs wink
- Rapidly contracting eye movement
- A conspiratorial sign
 - Deliberate
 - Public
 - Contains specific meaning
- Doing thick description involves *interpretation*



Ryle 1971; Geertz 1973

Participant observation

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- Thick description can be achieved through *participant-observation*:
 - Immersive approach to describing lived experiences within predefined population
 - Participate in *and* observe phenomena of interest
 - In-depth examinations of process and experiences



Ethnography and implementation science

- Ethnography can provide critical data for implementation scientists
 - **Positionality** (identity, bias, intersectionality, equity)
 - **Semiotics** (linked and interdependent meanings)
 - Attempts to harmonize both emic and etic perspectives
 - Thick description “paints a picture” of **context** within an interpretive lens





Ethnography as an epistemology

The essential task of theory building ... is not to codify abstract regularities but to make thick description possible, not to generalize across cases but to generalize within them. ... Theory is used—to ferret out the unapparent import of things. (Clifford Geertz 1973:26)

- A thick description of context and process can identify **mechanisms** of otherwise “unapparent import”
- Generalizing *within* cases as a path towards broader application
- Can ethnography serve as a framework for knowledge acquisition in implementation science?
 - What would this look like?

The rural African HIV continuum

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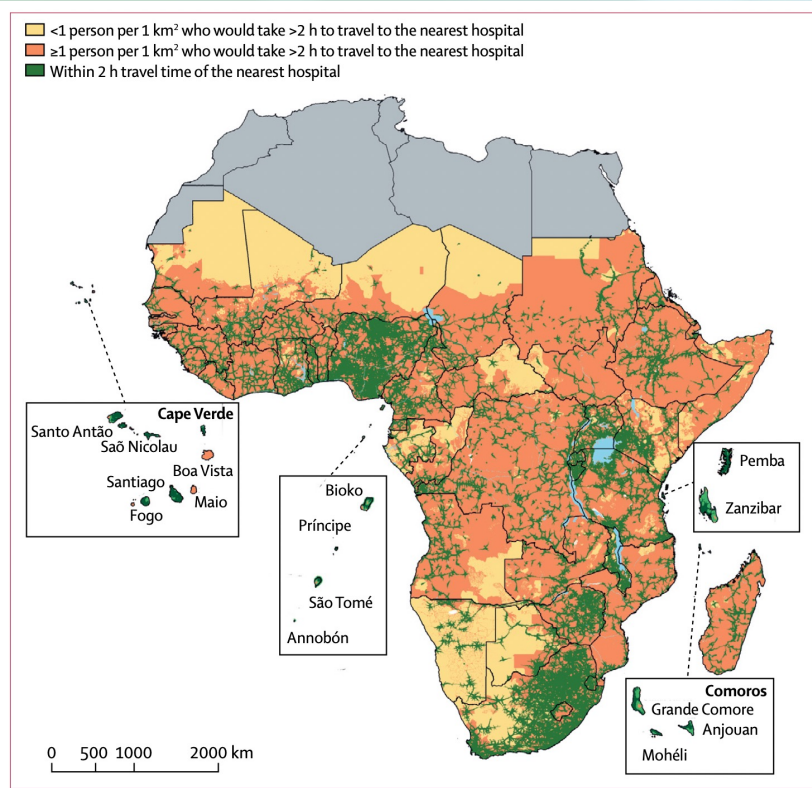
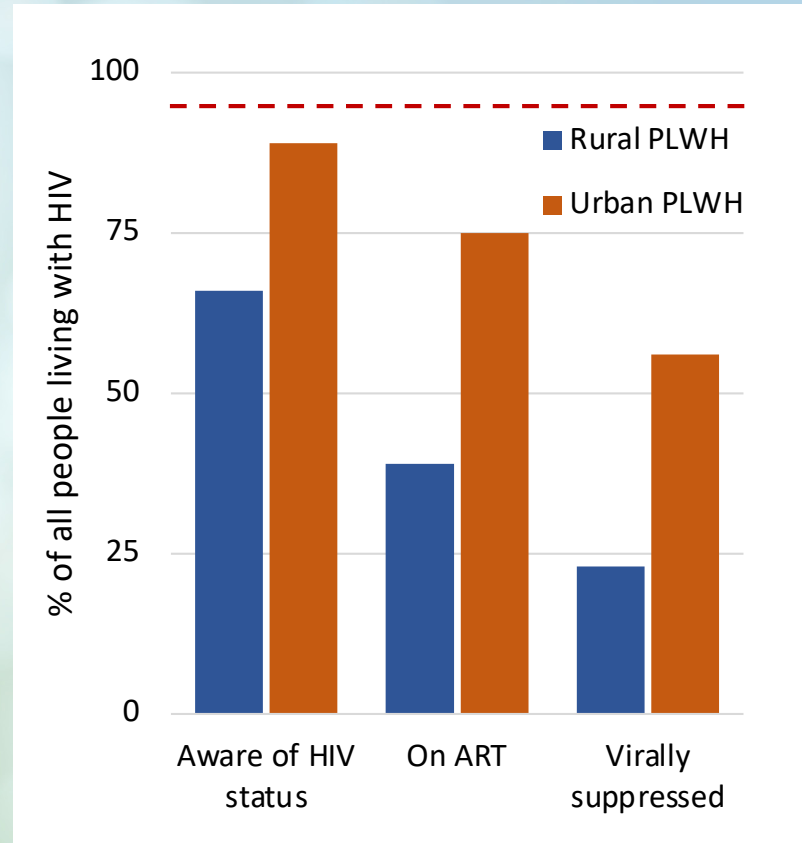


Figure 2: Geographical access of the general population to public hospitals



Traditional healers, faith healers and medical practitioners: the contribution of medical pluralism to bottlenecks along the cascade of care for HIV/AIDS in Eastern and Southern Africa

Mosa Moshabela,^{1,2} Dominic Bukenya,³ Gabriel Darong,² Joyce Wamoyi,⁴ Estelle McLean,^{5,6} Morten Skovdal,^{7,8} William Ddaaki,⁹ Kenneth Ondeng'e,¹⁰ Oliver Bonnington,⁶ Janet Seeley,^{2,3,6} Victoria Hosegood,^{2,11} Alison Wringe⁶

Factors associated with HIV testing among traditional healers and their clients in rural Uganda: Results from a cross-sectional study

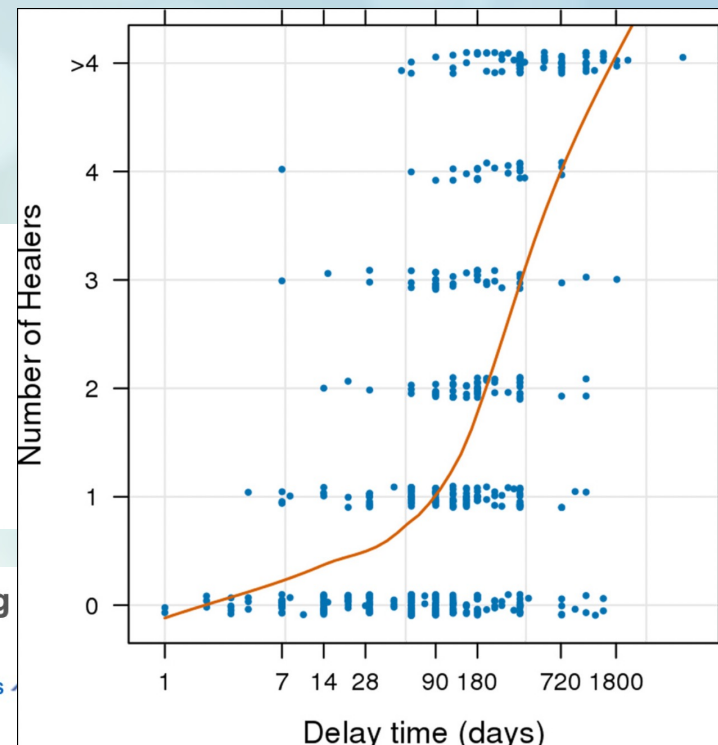
Doreen Nabukalu¹, Matthew Ponticelli², Thomas Bennett², Sunday Clark², Rachel King³, Juliet Mwanga-Amumpaire⁴, Radhika Sundararajan^{2,5,*}

Persons living with HIV infection on antiretroviral therapy also consulting traditional healers: a study in three African countries

Jane N Wanyama, Sharon Tsui, Cynthia Kwok, Rhoda K Wanyenze, Julie A Denison, Olivier Koole, Eric van Praag, Barbara Castelnuevo, Fred Wabwire-Mangen, Gideon P Kwasigabo, Robert Colebunders

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Barriers to HIV testing

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- **Distance from HIV testing facilities:**

"The roads to the nearest health facilities are very poor. The roads are in a sorry state." - Traditional healer, Male 62 years old

"Instead of wasting 2000UGX on transport, I better buy a kilo of maize flour for my family." - Client of traditional healer, Male 42 years old

- **HIV testing is time consuming:**

"When the waiting time for receiving an HIV test result is long, it discourages one from testing for HIV." - Client of traditional healer, Male 65 years old

- **HIV related stigma:**

"When he reached the clinic [for HIV testing] he would look around and he would see someone from the village who knew him, and he would run away" - HIV clinic staff, Male 34 years old

- **Low perceived need for HIV testing:**

"I find it not necessary, besides, I am too busy with my daily work...It has never crossed my mind to test for HIV on my own. When not sick, why would one test for HIV? " - Client of traditional healer, Male 42 years old

Strategies to improve HIV testing

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- **Traditional healers offering HIV tests is convenient:**

"If I come here for treatment next time and find him able to test for HIV, why don't I test? It will be a great opportunity for me to do two things at the same time. I would welcome the idea." - Client of traditional healer, Male 42 years old

- **Traditional healers are more confidential:**

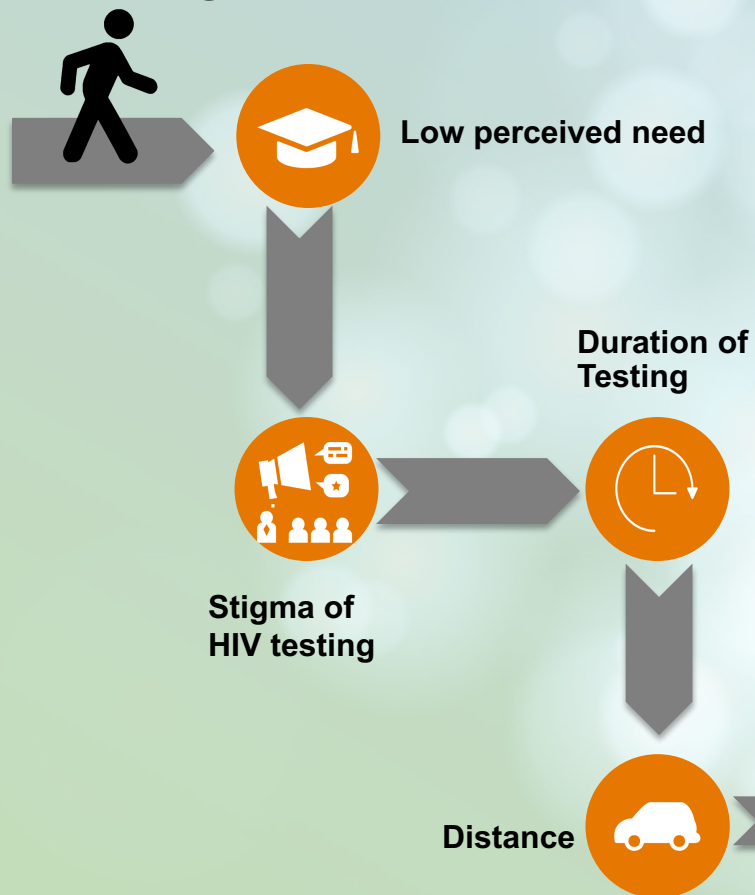
"People who fear to be recognized at the hospital will get an opportunity to come and test from here." - Traditional healer, Female 52 years old

- **Traditional healers provide culturally appropriate care:**

"Some people may say that for them they don't believe in western medicine. They would rather go to a traditional healer than waste time coming here to the health facility." - HIV clinic worker, Male 28 years old

"Healers are very simple and understanding. They are common people like their patients, not like doctors who are more educated and take patients for granted. So, I believe people will utilize the service more often than hospital. " - Client of traditional healer, Male 20 years old

HIV Testing at Biomedical Facilities



HIV Testing at Traditional Healer Facilities

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Confidentiality



Convenience



Culturally appropriate



**Receiving
HIV test**

Adapting HIVST delivery for rural East Africa

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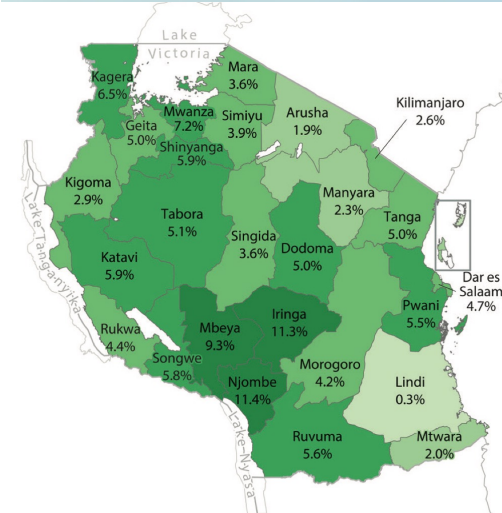
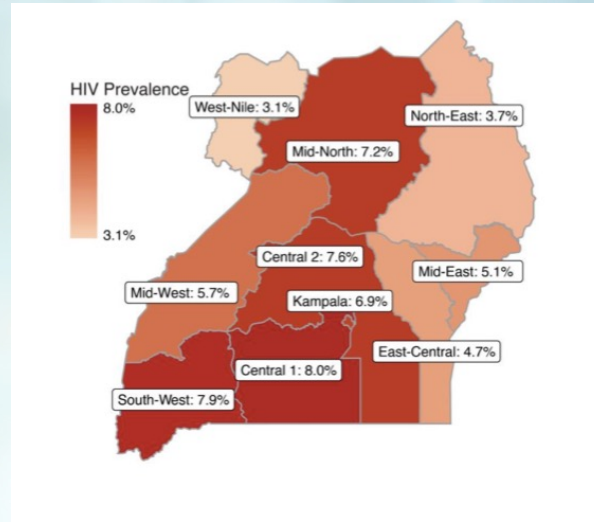


- Contextual factors pertinent to *traditional healers* and their *clients*:
 - Low literacy
 - Belief in traditional healing as alternative/superior to allopathic medicine
 - Low baseline knowledge regarding HIV and self-testing technology
 - High regard for biomedicine
 - Prior experience of discrimination by biomedical providers
- Contextual factors driving *uptake of HIVST*:
 - HIV stigma
 - Low perceived need for HIV testing
 - Desire for pre-/post-test counseling
 - Challenges linking to care following reactive self-test



Study settings

- Mbarara Township, southwestern Uganda
 - HIV prevalence 7.9%
 - Rural region of ~300,000 residents
- Mwanza Region, northwestern Tanzania
 - HIV prevalence 7.2%
 - Semi-urban region of ~900,000



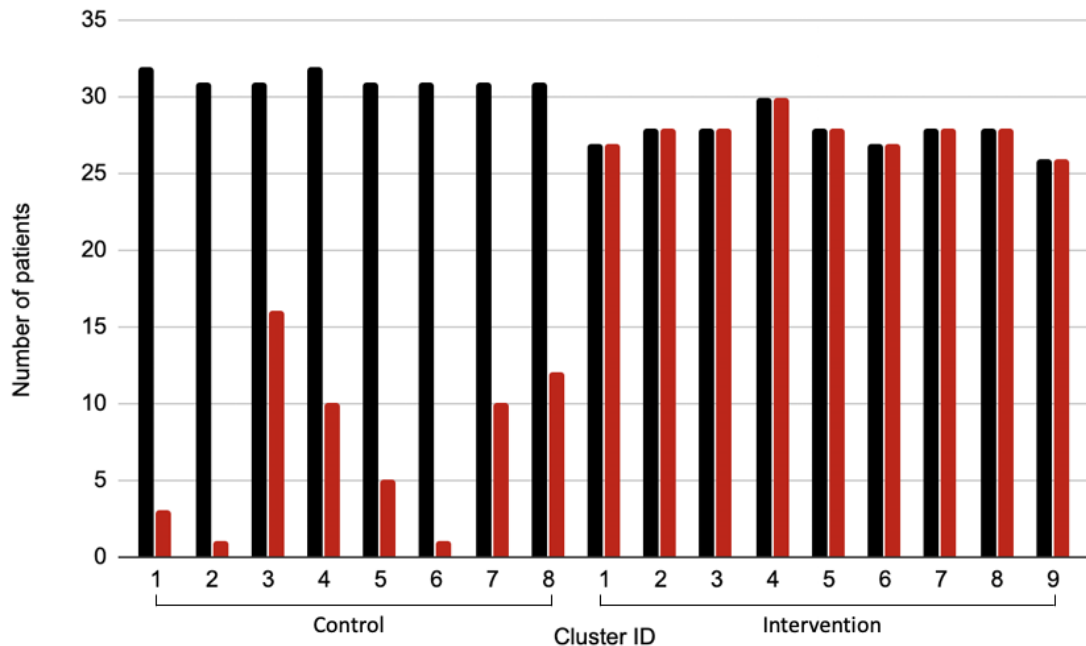


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TH-facilitated HIVST: trial results

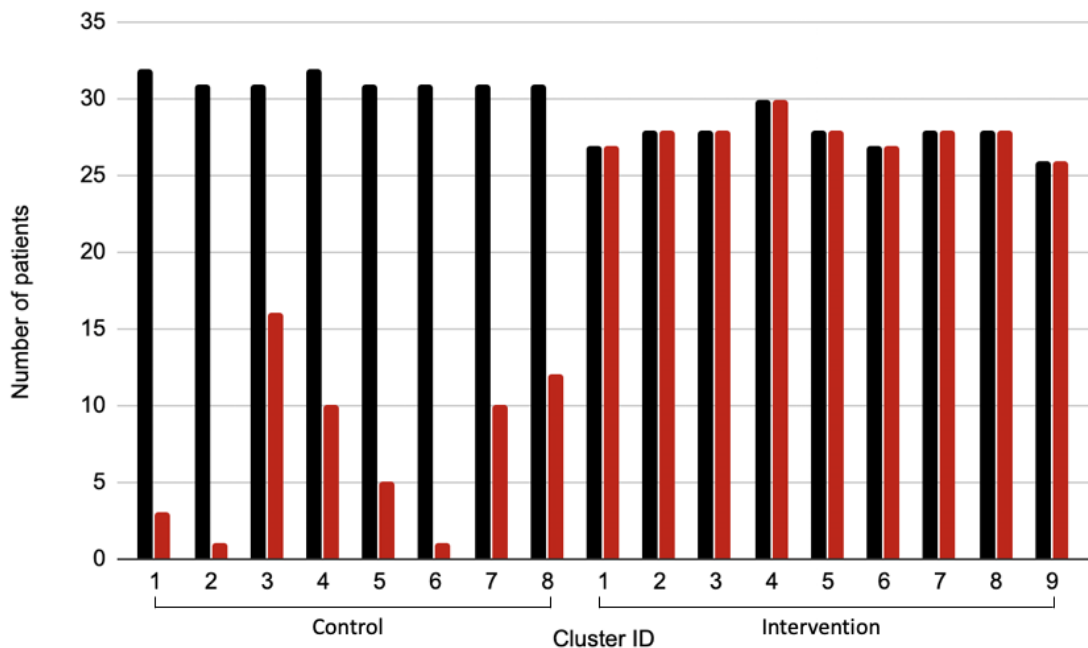
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- **Intervention arm:** all 250 participants received the HIVST offered by the traditional healer (100%)
- **Control arm:** 57 of 250 participants received an HIV test within 90 days of enrollment (22.8%)

TH-facilitated HIVST: trial results

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- **Traditional healer-delivered HIV testing significantly increased uptake of HIV testing**
- Rate of HIV testing increased 4.4-fold in the intervention arm, compared with referral
- The difference in testing rates between the two arms is 77.2% (95% CI 72.8 – 81.6%, $p < 0.001$)

TH-facilitated HIVST: secondary outcomes

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New HIV diagnoses

- Zero new HIV diagnoses in the control arm
- Ten new diagnoses in the intervention (4% of all POC tests delivered)
- $P=0.002$

Linkage to care

- Zero linked to care in control
- 70% of those newly diagnosed linked to care in the intervention ($n=7$)
- $P=0.015$

Characteristics of participants newly diagnosed with HIV.

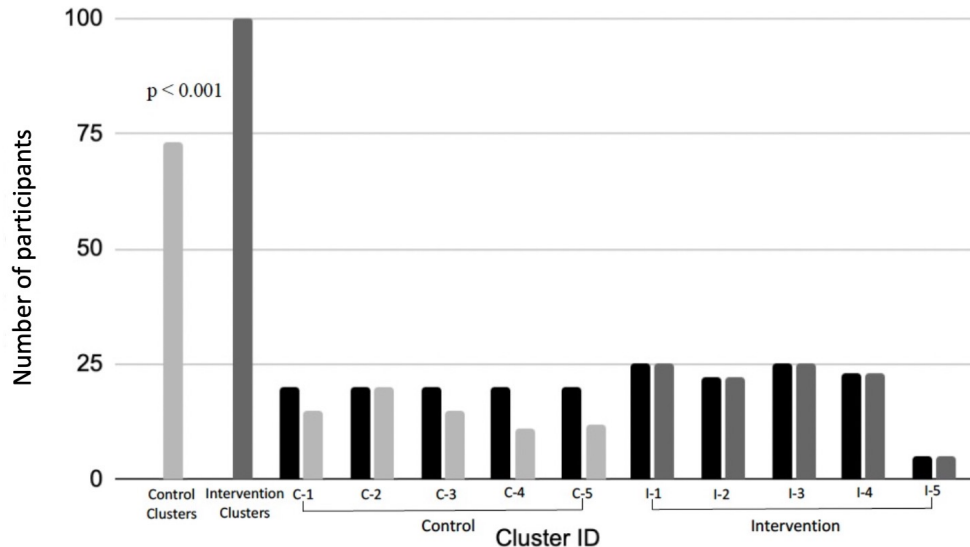
Gender	Age (years)	Marital status	# prior HIV tests	Months since HIV test	Linked to care?
Female	29	married	0	n/a	LFTU
Female	28	married	2	21	no
Male	44	married	3	30	yes
Female	34	married	3	21	yes
Male	48	single	2	34	yes
Female	35	married	4	30	yes
Female	38	divorced	8	32	LTFU
Male	53	married	4	17	yes
Male	38	married	1	57	yes
Female	27	divorced	0	n/a	yes

HIVST Trial results - Tanzania

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Figure 2. Summary of primary outcome of receipt of an HIV test and individual participants enrolled (black) and those receiving an HIV test at each cluster location (light grey = control; dark grey = intervention). Cluster ID numbers C-1 through C-5 on the left of the graph reflect control arm sites. Clusters ID numbers I-1 through I-5 on the right of the graph are intervention arm sites.



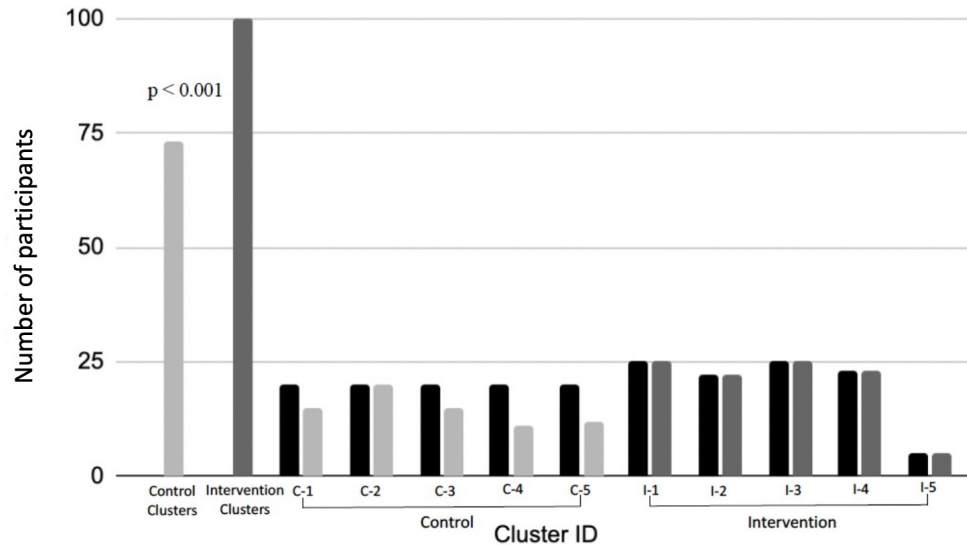
- **Intervention arm:** all 100 participants received the HIVST offered by the traditional healer (100%)
- **Control arm:** 73 of 100 participants received an HIV test within 90 days of enrollment (73%)

HIVST Trial results - Tanzania

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Figure 2. Summary of primary outcome of receipt of an HIV test and individual participants enrolled (black) and those receiving an HIV test at each cluster location (light grey = control; dark grey = intervention). Cluster ID numbers C-1 through C-5 on the left of the graph reflect control arm sites. Clusters ID numbers I-1 through I-5 on the right of the graph are intervention arm sites.



- The TH-delivered HIVST intervention *increased HIV testing* compared with referral by 27% absolute difference in testing rates ($p < 0.001$)
- This increase in testing was more profound among *adults with no prior HIV testing*: 50% (9/18) in the referral arm compared with 100% (22/22) in the intervention
- 2% positive HIVST rate in intervention arm; 100% linked to HIV care within 90 days

Summary

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- Ethnography and “thick description” can provide critical data for implementation science
- Ethnography as an epistemology could facilitate abstracting to general principles (i.e., theory formation, generalizability/scalability)
- We used ethnographic data to guide the development of a successful intervention where traditional healers in rural East African communities effectively delivered HIV self-testing to their adult clients

Acknowledgements



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