APPENDIX 6: SWAZILAND KEY INFORMANT INTERVIEW

Physicians for Human Rights Swaziland Key Informant Interview 4.20.05

1	OCCUPATION/POSITION	
2	What are the key obstacles towards controlling the HIV/AIDS epidemic in Swaziland?	
3	What are the most significant barriers to HIV testing in Swaziland?	
	 a) Which groups are hardest to reach or have least access with regard to testing? - Probe: region, age, sex, sexuality, mobility, nationality, socio-economic status, education, etc. 	
	b) In what ways do the barriers to testing differ for men and women? Is gender violence related to testing a significant problem?	
	c) To what extent is HIV/AIDS-related stigma a barrier to testing?	
	d) What are some of the local and national programs and policies that aim to encourage testing? What else is needed at the national level?	
	e) Do you have other recommendations for decreasing barriers to testing?	
4	introduced elsewhere in Africa? Are any of these feasible or appropriate for Swaziland? If how can they be implemented?	
	a) Rapid testing, where results are given on the same day? What are your thoughts about the pilot program at the University of Swaziland?	
	b) Mobile VCT programs? Mobile testing by volunteers (TCM, support groups)?	
	c) Couples testing?	
	d) Opt-out or routine testing as a part of regular medical exams and clinical visits?	
	e) What are your recommendations on how to improve testing? What, if anything, distinguishes Swaziland from other countries in the region in terms of testing?	
5	What are the key barriers to ARV treatment at both the individual and national levels?	
	a) Do people have information about ARVs? [Probe: HIV+, general population]	
	Do you think there are differences in knowledge between men and women?	
	b) How do people get access to ARVs? Who has access to date? What are the key barriers to ARV rollout?	
	c) Is non-adherence to treatment a significant problem?	
6	What are some of the factors that make women at risk for HIV in Swaziland?	
	Probe: -negotiating power in sexual relationships	
	-alcohol use by women	
	-need to prove fertility before and/or during marriage -intergenerational sex	
	-access to resources/economic dependence	
	-exchanging sex for money or other resources	
	-caregiving responsibilities, especially for orphans or PLWA	
	a) What role does sexual or physical abuse play in the epidemic?	
	-Probe: barriers or facilitators to ending or leaving abusive situations	
	b) Does women's status under customary law contribute to the spread of HIV in	
	Swaziland? How about women's status under civil law? Please explain.	
	-Probe: property, inheritance, child custody, other	
	c) What cultural traditions or obligations play a role? How?	
	-Probe: polygamy, lobola, forced marriage, chastity and mourning customs, other	
	e) What types of programs are there at the community or national level to address the	
	factors that make women vulnerable to HIV and/or to empower women? f) What are your recommendations on how to decrease women's vulnerability to HIV?	
	1) what are your recommendations on now to decrease women's vumerability to FITV?	

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7	What are some of the factors that make <u>men</u> particularly at risk for HIV in Swaziland?
	a) Do you think cultural expectations for men contribute?
	- Probe: multiple sexual partners/polygamy, proving fertility, controlling
	women's sexuality, other
	b) Is alcohol use (and alcohol use associated with sex) common among men? To what
	extent does it contribute to HIV transmission?
	c) What are some of the barriers to using condoms for men?
	d) Are there programs in place that target men specifically and/or that mobilize men to get
	involved in AIDS prevention and screening efforts?
	e) What are your recommendations for how we can encourage men to get involved in
	prevention efforts and to take the steps necessary to prevent HIV infection?
8	Has food insecurity and/or drought had an impact on the HIV/AIDS epidemic in Swaziland? If
	so, in what ways?
	- Probe: barrier to testing, care, treatment; factor increasing economic
	dependence/vulnerability, other
9	What type of stigma and discrimination do PLWA experience at home / work / school /
	elsewhere in their communities?
	a) Do you think HIV-related stigma and discrimination differ for men and women? If so,
	how? Is violence towards HIV-positive women a significant problem?
	b) What policies/laws are in place to protect the rights of PLWA?
	c) What programs address stigma and discrimination at the community and national
	levels?
	d) What else do you think could/should be done to decrease stigma?
10	What role do traditional healers play in health care generally? In the HIV/AIDS epidemic
	specifically?
	a) Have they been enlisted significantly in programs to encourage HIV/AIDS education,
	prevention, testing and treatment? Should they be? If so, how?
	b) Do you think their role in the epidemic has been mostly positive or negative?
11	What role are chiefs playing in the HIV/AIDS epidemic?
	a) Have they been enlisted significantly in programs to encourage HIV/AIDS education,
	prevention, testing and treatment? Should they be? If so, how?
	b) Do you think their role in addressing this epidemic has been mostly positive or
	negative?
12	Do religious leaders have a significant role? Is it positive or negative overall?
13	What role are political leaders playing in the HIV/AIDS epidemic?
	a) Have they adequately encouraged HIV/AIDS education, prevention, testing and
	treatment?
	b) What impact has the King had in addressing the epidemic?
	c) What should political leaders and the King do now?
14	Please tell me more about organizations that are working on advocacy for PLWA or HIV/AIDS
	education/prevention.
	a) Do you think these groups are having significant impact on controlling the HIV/AIDS
	epidemic?
	b) What are your recommendations for strengthening community mobilization or
	advocacy for PLWAs?
15	Can we contact you with additional questions? Are there other people who you suggest we
	contact for information on these issues? Is there any Swaziland-specific information you would
	suggest that we obtain?