

ORIGINAL RESEARCH ARTICLE

Methodological Issues in HIV-Related Social Research in Nigeria

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Abstract

This paper is about methodological issues in a community-wide study in Nigeria on an infectious disease, namely HIV/AIDS. The study was designed to ascertain the risk factors that contribute to the spread of HIV/AIDS and how that can be tackled in order to bring about behavioural change. The research team believed at the onset that a study on the interplay between HIV/AIDS and sensitive issues like sexual mores and sexuality requires much more than a straightjacket social science method, such as simply doing a cross-section study and/or using interview schedule. This paper reviews the essence of cross-disciplinary approach; team building; as well as the use of a non-participatory observational approach in data collection. It also shows why ample consideration was given to ethical issues which are often glossed over in social research in developing countries. The lessons from the study underscore the methodological imperatives in social research that focus on sensitive issues in largely non-literate context like Nigeria. Although there are formidable challenges in community-based studies in largely non-literate societies, nevertheless they could easily be surmounted if there are ample time and resources to navigate the various sticking points. *Afr J Reprod Health 2013 (Special Edition); 17[4]: 146-155*.

Keywords: Qualitative methodology; Ethics in social research; Cross-disciplinary; Cross sectional and semi-longitudinal; Team building; ethnographical; uni-disciplinary

Résumé

Ce document porte sur les questions méthodologiques dans une étude dans des communautés au Nigeria sur une maladie infectieuse, à savoir le VIH/SIDA. L'étude a été conçue pour déterminer les facteurs de risque qui contribuent à la propagation du VIH/SIDA et comment cela peut être abordée afin de susciter des changements de comportement. L'équipe de recherche a été convaincue au commencement de l'étude qu'une étude sur l'interaction entre le VIH/sida et les questions sensibles comme les mœurs sexuelles et la sexualité exige beaucoup plus qu'une méthode de sciences sociales de camisole de force, comme faisant simplement une étude de section et / ou en utilisant grille d'entrevue. Ce document passe en revue l'essentiel de l'approche interdisciplinaire; l'esprit d'équipe, ainsi que l'utilisation d'une approche d'observation non participative dans la collecte de données. Il montre également pourquoi ample considération a été accordée aux questions éthiques qui sont souvent passés sous silence dans la recherche sociale dans les pays en développement. Les leçons tirées de l'étude soulignent les impératifs méthodologiques dans la recherche sociale qui se concentrent sur des questions sensibles dans le contexte largement analphabète comme le Nigeria. Bien qu'il existe de grands défis dans les études communautaires dans les sociétés largement analphabètes, néanmoins ils pourraient facilement être surmontés s'il y a suffisamment de temps et de ressources pour naviguer dans les différents points de friction. *Afr J Reprod Health 2013 (Edition Spéciale); 17[4]: 146-155*.

Mots clés: méthodologie qualitative, l'éthique dans la recherche sociale, interdisciplinaire, coupe transversale et semi-longitudinal, renforcement de l'équipe, ethnographique, uni-disciplinaire

Introduction

Nigeria has the second highest number of HIV-infected people in the world¹. The HIV prevalence rate in the country which is currently 4.6% rose

from 1.8% when the first cases of AIDS were reported in 1986 to 5.8% in 1999. However, the initial government inaction on the epidemic was replaced when it established the National AIDS Committee on AIDS, later transformed into an

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agency which spearheaded national control programmes.

By and large, a recent study found 2.95 million Nigerians living with the disease; 280,000 AIDS related deaths annually; more than 2.2 million Nigerians orphans due to the disease; 380, 000 new infections annually, including 56, 000 infants who were HIV infected during pregnancy². While sub-Saharan Africa contributes the most to the HIV/AIDS burden worldwide, Nigeria, the most populous country in the sub-Region and one of the ten most populous in the world, contributes 9% to the global burden of the disease.

HIV/AIDS therefore remains a challenging epidemic in Nigeria in the absence of a cure, and it is widely accepted that the key to its control lies in behavioural change. Perceptible change in life style through the practice of safe sex by all Nigerians could singularly and significantly check the spread of the disease in the country. Even though available reports indicate that vast numbers of Nigerians are aware of condom, the majority are not inclined to use it during sexual intercourse with casual partners¹⁻⁶. Yet, condom use, along with the avoidance of infected blood products and compliance with therapeutic regimen among identified cases under treatment, could reduce the high rate of prevalence to the barest minimum in the country within a short period of time.

The fact that the key to AIDS prevention is behavioural has fuelled the interest of social scientists who have conducted vast numbers of studies on the interplay between behaviour and its spread in Nigeria, using both the quantitative and qualitative research methods. Paradoxically, there has not been perceptible decline in the rate of infection as amply reported in the case of Nigeria where the sero-prevalence rate is 4.6% in spite of innumerable studies and liberally funded prevention and treatment programmes. While large numbers of people have acquired ample knowledge on the aetiology of HIV/AIDS and how it can be prevented, significant numbers are still indulging in risky sexual behaviours. Consequently, there seems to be a disconnect between the quantum of social research on the behavioural factors that are driving the disease and the impact of prevention programmes. This reality is bringing into focus the appropriateness or

otherwise of the sort of social research that is being conducted on how best to tackle the spread of the infection.

Using a Nigerian example, this paper will (a) outline the methodological imperatives in social research on an infectious disease like HIV which can effectively be tackled through behaviour change in the absence of cure; (b) review a community-based HIV/AIDS study in Nigeria which provided an opportunity to apply the imperatives in its formulation and implementation; (c) highlight key challenges in course of implementing the imperatives in the context of the Nigerian study; and (d) summarise key lessons learnt on research on life-style induced infectious disease like HIV/AIDS in largely non-literate settings.

Method

Three methodological imperatives are critical good and robust HIV-related social research on the dynamics of complex human behaviours, especially on the interplay between behavioural patterns and the spread of the infection/disease. These imperatives are briefly examined below.

Cross-disciplinary versus Uni-disciplinary Research

The Gulbenkian Commission report which was published a little over two decades ago called for a new orientation in social science research and in no context is this more applicable than on how behavioural patterns influence the spread of HIV/AIDS. For example, one of the key recommendations of the Commission is the need to encourage interdisciplinary or cross-disciplinary orientation in social science research because of its benefits. A cross-disciplinary orientation as opposed to the uni-disciplinary facilitates the pooling of theories and methods of diverse disciplines together. As will be shown later on in this paper, a cross-disciplinary approach provided an opportunity to harness the expertise of scholars that are drawn from diverse disciplines within and outside the social sciences in the implementation of the study.

Cross-sectional versus Longitudinal Studies

Cross-sectional studies on knowledge, attitudes, and behaviour (KAB) are by far more common for obvious reasons. Firstly, cross-sectional studies are not time-consuming and expensive. Secondly, the researchers who conduct cross-sectional studies could easily and quickly collect their data, analyse them, and publish their findings. However, cross-sectional studies on complex human behaviours often scratch the surface. They fail to unearth critical aspects of human interaction. The result is that the outcomes of tons of cross-sectional studies are always not useful in the formulation of appropriate intervention programmes that are designed to change behaviour. This is in contrast to longitudinal ones that are likely to produce richer and definitive information on how behaviour patterns fuel the spread of HIV/AIDS and whose outcomes may help to respond to the disease.

Longitudinal studies are on-going, painstaking and progressively carried out beginning from a point and stretching over a period of time. It can be likened to ethnographic studies. Here, the researchers use the participatory-observational approach. Time is spent on the subject of study through observations and by also participating in their round of life. Close observation of the subjects over time affords the researchers to take notes about behaviours that may be elusive if a cross-sectional study is conducted. Actual behaviours are easily observed by researchers when such an approach is adopted. In other words, researchers are to be wittingly or unwittingly exposed to socially desirable/undesirable behavior patterns. Social desirable behaviours are such behaviours that subjects may want the researchers to take away with him/her in the course of study.

Eclectic versus Positivist Orientation

Finally, the importance of an eclectic rather than a positivist perspective in HIV-related social science research cannot be played down. The drift towards a positivist approach through survey research leads to the quantification of patterns. Though the outcomes of such efforts (i.e., surveys research) are remarkable in their statistical sophistry, they

mask the “story behind the story” on sensitive issues dealing with life-style. This is in contrast to materials that are gathered through ethnographic methods on a longer basis which are usually rich and insightful.

The Nigerian REACH Study

The Nigerian study on HIV/AIDS around which this paper revolves was conducted under the auspices of the Research Alliance to Combat HIV/AIDS (REACH), an international research collaboration involving the Roberta Buffett Centre for International and Comparative Studies at the Northwestern University (USA) and the Faculty of the Social Sciences, University of Ibadan, Nigeria. As previously stated, Nigeria remains a long way from effectively controlling HIV/AIDS, with risk taking still pervasive despite colossal investment in human and material resources to check its spread in the population in the past decade.

The REACH study was conceived against the backdrop of the HIV/AIDS situation in Nigeria with the overarching goals of (a) developing the capacities of junior and mid-career Nigerian scholars; (b) engendering networking; and (c) conducting a study that will have a lasting impact on the trajectory and success of HIV prevention programmes in Nigeria.

The methodological imperatives previously outlined and discussed were taken into consideration in the formulation and implementation of the Nigerian study because of the envisaged added value of gathering robust and rich information on complex human behaviours that are still driving an epidemic such as HIV/AIDS in Nigeria despite colossal investment of human and materials to check its spread in the population in the past decade.

Firstly, the core team members for the study were drawn from diverse disciplines in the social sciences. The core team which incorporated sociologists, psychologists, geographers, political scientists, a social anthropologist, and a demographer underscored its cross-disciplinary character. It was also assisted by consultants who are specialists in public health. These experienced public health practitioners made input into the design and implementation of the study. In

addition, two post-doctoral fellows and not less than forty assistants, many undergoing graduate studies in the country's universities, participated in the study. Overall responsibility for the management of the project was vested in senior level scholars of the partner institutions, Northwestern and Ibadan Universities.

The methodology of the study was sufficiently eclectic, combining both the cross sectional and semi-longitudinal approaches with a much stronger emphasis on the latter.

Ethnographic methods were used in the context of the semi-longitudinal component to gather information on:

- a. the cultural contexts of the spread and impact of HIV/AIDS;
- b. HIV/AIDS-related knowledge, attitudes, belief, and practices at the level of the individual, household, and the community; and,
- c. the impact of local concepts of gender and the responses of individuals, couples, and communities to the disease.

The cross-sectional on the other hand focused on the determinants of the use of voluntary HIV testing and counselling with particular reference to the structural facilitators and barriers affecting HIV testing rates.

Challenges

Team Building

This was a project involving two institutions in different countries with distinct focus and trajectories. It was also designed to bring experts from diverse disciplines who had previously not worked side-by-side together into a team that conducted a study.

Team Building was taxing from on the onset because the research team was reconstituted a couple of times. The first steering committee which drew members from within and outside Nigeria was subsequently replaced with another consisting of faculty members in the Nigerian partner institution and a Senior Principal Researcher (SPR) from a cognate Nigerian institution. The SPR was actively involved in the study, providing guidance on methodology, analysis and report writing.

The core research team which at the onset had three principal researchers was expanded to include co-principal researchers. Further expansion of membership of the core team led to the inclusion of post-doctoral fellows who energised the project as well as strengthened the capacity of the principal and co-principal researchers. Finally, the overarching project management team sought the assistance of other experts from the US while an international advisory group was put in place to support the study.

All of the foregoing measures were taken to ensure that members worked as a team. The various challenges in team building had untoward impact on the pace of the study. Consequently, no cost extension was sought a couple of times and a study that ought to have been completed within three years lasted for five years.

Ethical Challenges

Adherence to the ethical principles of respect for persons, beneficence/non-maleficence, and distributive justice is vital in the study of human subjects². The protocol of the study passed through the institutional ethics review boards at the national level (viz., Nigeria) as well as of the partner institution in the north, - the Northwestern University. First to review the protocol were the institutional and national review boards, followed by the northern partner's board.

All researchers participated in an ethical training course and received certification from Northwestern University. As a result, they were able to train field assistants on ethical issues in research. Assistants were taken through ethical issues ranging from procedures to risks involved, benefits accruable, confidentiality, financial information, the rights of research subjects, building rapport, and seeking respondents' consent. Field assistants were given clear instructions to ensure that the respondents signed the consent form, or in the case of non-literate participants, used thumbprint.

The process was time-consuming because of the many queries from the review board of the northern partner institution than from national/institutional boards. For example, any

modification in the protocol at any stage of the implementation of the study was expected to be cleared with the board of the northern partner institution and the turnaround for the review board to meet to take the matter as well as for the team to respond accordingly and also obtain the approval of the former took some time. This is important as many researchers in Nigeria are inclined to think that they can proceed to implement studies once the initial ethical clearance is obtained, not realizing that ethical clearance is required as oversight for projects from the onset to the end.

Selection of study sites were closely reviewed to provide basis for comparative analysis. Rural areas with low and high HIV/AIDS sero-prevalence rates were selected and compared to urban centres with similar attributes. Research was conducted in 12 communities, spanning four states in Nigeria. For the semi-longitudinal study, data were collected in three communities: Badeku and Olunloyo in Oyo State and Ugep in Cross River State. For the cross-sectional study, data were collected in nine communities: Ibadan North, Ibadan Southwest; and Atisobo in Oyo State; Lagos Island, Ikeja, and Epe in Lagos State; and Makurdi, Kwande, and Oturkpo in Benue State.

For the semi-longitudinal study, the choice of Ugep (a high-HIV prevalence site and predominantly urban settlement), Olunloyo (a semi-urban area, but with low HIV prevalence rate), and Badeku (a predominantly rural settlement) provides a good opportunity to draw comparisons of social, economic, and contextual factors in HIV spread, first between two semi-rural locations in different parts of Nigeria and second between urban and rural locations with low HIV prevalence. Olunloyo and Badeku are predominantly Yoruba-speaking areas in the Ona Ara Local Government Area (LGA). The residents of Olunloyo are primarily petty traders and civil servants, while those of Badeku are subsistence farmers and hunters. Ugep is located in west-central Cross River State about 140 kilometers northwest of the capital city, Calabar. Commercial trading is the main feature, but the most important economic activity of Ugep is farming².

For the cross-sectional study, Oyo, Lagos and Benue were chosen because of their diversity of size, ethnic composition, HIV prevalence rates,

and mixture of rural and urban regions. Benue has a large rural population, primarily people of Tiv and Idoma ethnic groups. The majority are farmers, traders, and miners. Lagos is predominantly urbanized, while Oyo has both large and rural populations. Lagos and Oyo have a number of high density population settings and cosmopolitan characteristics such as cross-border activities, poverty, industries, and military barracks. There is an active state response to HIV/AIDS in all the study sites and HCT services are available in most urban areas. The choice of Oyo (low HIV prevalence), Lagos (high HIV prevalence) and Benue (high HIV prevalence) makes it possible to compare the use of HIV counseling and testing services between high and low prevalence areas.

One of the vexed issues was the requirement that all respondents should sign or thumb print to affirm their willingness to participate and be interviewed. This requirement proved to be challenging in largely non-literate societies like Nigeria. While some were prepared to thumb print (if non-literate) or append their signature, others hesitated and would rather give oral consent.

Much more challenging is that of identifying who was to give consent - whether they could be heads of households on behalf of their dependents like spouses and adolescents or respondents or both. The heads of households in largely non-literate societies often take precedence over their members, playing overarching role in their life. Permission was sought from heads to enter households while respondents were required to sign the consent form. By and large, explaining, and ensuring compliance with ethical requirement on consent before interviews were conducted took time.

The team also wrestled with how to "compensate" the participants in focus group discussions or those who also attended the activities that were built into the study. The participants who travelled some distance to the designated venues for various activities could not be expected to pay from their pocket for the trips. Besides, the Nigerian society has become more and more materialistic over the years and most people now insist on *getting something for something* to use the local parlance. The team

earmarked modest travel allowance for participants to the various venues where activities were held.

Finally, over exposed communities are now wary about the potential benefits of all research that had been conducted or that are conducted among them because the outcomes of past studies have not been used to improve their lives. These facts based on past experience were brought to the attention of field assistants during training and were schooled on how to respond and reassure respondents/communities. They were informed that the team was going to conduct dissemination workshops to share the outcomes of the study with them.

Field work

In order to appreciate the complexity of the research environment, it is necessary to provide a short overview of Nigeria. The country consists of thirty-six states and seven hundred and seventy-four local government areas. The population of the country which is now over 140 million³ incorporates not less than two hundred and fifty ethnic groups⁴. It is a multi-religious country, the main religions being Christianity, Islam, and indigenous African religions.

Although Nigeria's urban centres are growing rapidly, nonetheless not less than fifty-five per cent still live in the rural areas. About two thirds of Nigerians live on a US dollar a day³, while vast proportions are still non-literate. Infant and maternal mortality rates are still high³.

Ignorance is still widespread while individuals and communities still subscribe to harmful practices like female cutting, widowhood rites, polygyny etc which have untoward effect on social and psychological well-being³⁻⁵. Besides, Nigeria is undergoing rapid social change with all form of intended and unintended social consequences. Crimes, urban insecurity, poverty, corruption, and other social problems are part of the country's landscape today.

This was a multi-site study covering twelve communities in northern and southern Nigeria, separated by hundreds of kilometers in most cases. The data in the semi-longitudinal component were collected in three communities, namely, Badeku

and Olunloyo in Oyo State as well as Ugep in Cross River State, while those of the cross-sectional came from Ibadan North, Ibadan Southwest, and Atisbo in Oyo State; Lagos Island, Ikeja and Epe in Lagos State; and Makurdi, Kwande, and Otupko in Benue State. These communities either were semi-urban or urban centres.

There were challenges in the development of the instruments for the different language groups in the targeted communities because they (i.e., instruments) had to be translated/back translated and subjected to reliability and validity tests before they were administered to respondents. The field assistants were also trained on how to administer them during cross-sectional surveys. The field workers received training on how to gather ethnographic materials, manage, transcribe, and analyse them.

The team also faced huge challenges in conflict prone border communities such as Atisbo and/or crime prone urban centres like Lagos Island and Ikeja that were included in the study. The respondents residing in crime endemic urban areas were inclined to see field workers as intruders or potential robbers who were out to rob under the pretext of gathering data. These anticipated challenges were successfully tackled through effective training of field workers on *entry into communities through acknowledged and respected community leaders* and by also ensuring that the field assistants worked in a male/female pair when gathering data at the various sites. The capacity of the participant observers on how to work unobtrusively in subgroups and communities was built while experienced supervisors were deployed to provide field oversight.

Training of Fieldworkers

There is ample evidence that research capacity for good qualitative research was weak as a result of the declining interest in social anthropology in Nigeria's institutions of higher learning. Consequently, skill development for field workers is vital to good field social research because ill-equipped and trained field workers are likely to gather worthless data. Gathering community-based data through observation, participation and

in-depth interviews requires skill which the REACH recognized right at the onset of the study. The team also recognized the need to train field workers on sampling techniques in order to ensure that subsamples were representative and adequate. They also required training on the use appropriate software for data analysis.

The REACH team assembled experienced Consultants who assisted in the recruitment, screening, and training of field assistants. The successful candidates received extensive training on research methodology and data gathering, spanning several days. A training manual which was developed by experienced researchers to facilitate training. The manual was reviewed by a panel of experts and later used to train the trainees at the different sites. This was followed by pilot studies during which trainees applied the acquired knowledge. The outcomes of the pilot studies were reviewed, followed by re-training until the field assistants grasped the essence of their work as gatherers and analysts of data. These steps guaranteed quality assurance on data collection. More important, these exercises that were built into the training of field assistants undoubtedly consumed time and resources.

Community Mobilization

One of the major drawbacks in social research in Nigeria and perhaps in many other low income countries has been the failure to translate findings into policy and programmes that impact on the lives of target respondents and communities. Communities find that social researchers come into their midst, implement their study, disappear and are never seen again until they, or newcomers (i.e., researchers) are about to conduct fresh studies. This is causing disaffection in many communities in Nigeria and is also resulting in the muted response or outright hostility towards researchers by members of the community.

The REACH team was mindful of the possible challenges in securing the support and cooperation of the target respondents and communities most especially in a community based study that was designed to gather information on sensitive issues of sex, sexuality and sexual behaviour. The REACH team was prepared to tackle this creeping

antipathy towards social researchers in Nigerian communities through a well-thought out community mobilization effort.

Sufficient resources and time were therefore devoted to community mobilization at the onset of the study at the different location. The community leaders or gatekeepers of the various communities were contacted and adequately briefed before takeoff by the research team. This began with courtesy calls on community leaders and chiefs, followed by another round of meeting with an expanded group consisting of members of the traditional council of the community with the paramount ruler or head of community presiding. Finally, a meeting was convened to introduce the field assistants to the ward heads. These measures helped the REACH team to bring the study to the attention of the community before take-off. The traditional or paramount rulers along with the members of their council had spread the information about the study through the various ward/neighbourhood heads among members of the community. Community mobilization facilitated entry into the settings of the research and data gathering. Not surprising, the REACH team enjoyed the full cooperation of the target communities throughout the study.

The Challenge in the Use of the Ethnographic Approach

Social science research on KAB has largely been anchored on the quantitative method. Researchers are inclined to conduct surveys, using instruments that are designed and used to gather data either through face-to-face interviews or mailed questionnaire. Even though researchers also use qualitative methods such focus group discussions, in-depth interviews, participant observation in their studies, they often do not interrogate the data that are collected effectively³. Indeed, rich ethnographic studies on the dynamics of human behaviour in Nigeria are few and far between because of the bias of social scientists for quantitative method.

A component of the Nigerian study was designed to make the ethnographic methods the main methods for data collection. It was semi-longitudinal. The study was about the social

perception of HIV/AIDS and the pervasiveness of high risk behaviours that are still driving the disease in Nigeria. Consequently, the field workers were required to live in communities in the course of gathering data, using the participatory observational, focus group discussions, and in-depth interview methods. It was believed that this approach was likely to produce rich insights into why Nigerians are still indulging in high risk behaviours in spite of their knowledge on how condom can be used to prevent HIV/AIDS and of the socio-medical consequences of the disease. The use of ethnographic methods enabled the REACH team to identify the following factors affecting HIV risk and related behaviours and/or use of voluntary counselling and testing³:

1. Transactional sex
2. Age of sexual debut and lack of parental oversight
3. Misconceptions about HIV and AIDS
4. Intractable problem of poverty
5. Sexual partnership beyond spouses and primary partners
6. Mismatched sexual desire
7. Fatalism/the denial of AIDS
8. Condom use
9. Alcohol use
10. "Syndrome" of the denial of AIDS
11. Stigma against HIV-infected people and fear of testing positive for HIV
12. Cost as determinant of VCT use
13. Access to VCT centres
14. Attitudes of health providers
15. Confidentiality concerns
16. Errors in test results

But the use of ethnographic methods in data gathering in the study was not devoid of challenges. Finding field assistants with adequate skill in data collection using ethnographic methods in a country like Nigeria where the bias is for cross-sectional surveys was a challenge. However, this challenge was addressed through several rounds of trainer of trainers' workshops on ethnographic methods, field trials to test and use methods by field workers as well as effective supervision of field workers at the different sites.

Sharing Outcomes

One of the critical components of the research was sharing outcomes with the targeted respondents/communities, policy makers, and programme managers upon completion of the study. Sharing of outcomes was also conceived in order to obtain the views on how to develop the strategy for translating results into beneficial intervention programmes. It was also to fulfill an important ethical requirement of providing feedback on the outcomes of the study to research targets. As it is often the case, Nigerian researchers seldom earmark funds for the dissemination of the outcomes of their studies among stakeholders. This is already causing great disaffection between them and over-researched and exposed respondents/communities.

The challenge facing the REACH team was to attract as many as possible among those interviewees during the field work to the dissemination workshops. But by far more challenging was the difficulty in exercising leverage on national HIV/AIDS control agency over the utilization of some, or all of the recommendations in control programmes. Even though the national agency warmly received the outcomes of the study, the team has so far not succeeded in obtaining support for a pilot project that will put one or two of the key recommendations to test. As an example, a proposal to improve the up-take of VCT by conducting test at homes or through mobile testing centres in communities has not garnered support from national HIV/AIDS control Agency. Support for such a pilot project could test veracity of this recommendation and show whether it can be applied nationwide.

Concluding Remarks

The methodological imperatives in social research that are outlined in this paper are critical for a better understanding of knowledge, attitudes and behaviour on sensitive issues of sex, sexual mores, and sexuality that are at the centre of HIV/AIDS research on prevention. They are more effectively understood through longitudinal studies in which ethnographic methods like the participatory

observational, in-depth and focus group discussions methods are used to gather data. The Nigerian REACH study greatly enriched our understanding of the dynamics of human behaviour and how they are contributing to the spread of an infectious disease like HIV/AIDS. The team was cross-disciplinary and the skill of members was harnessed to explore the issues effectively. In short, the Nigerian REACH study took into account these methodological imperatives in work on attitudes on sensitive issues.

The preceding remarks notwithstanding, the implementation of the study was not devoid of both anticipated as well as unanticipated challenges. There were challenges in team building which were resolved through restructuring. Those who could not relate in accustomed way and who also did not share the vision of the team dropped out or were excluded. Team players were retained or attracted and participated as members of the team.

Data gathering in population of the non-literate and literate could be challenging. The instruments for data gathering are usually translated into the languages in use. The procedure is long and tortuous because experts are recruited to translate and also to back translate. The instruments are tested before final version is used in surveys.

Security challenges in many contexts of research work could not also be ignored even when efforts are made to enter communities through their acknowledged/respected gate keepers like chiefs, elders and religious leaders. The team faced security challenges in conflict ridden border and crime prone communities that were included in the study. However, these challenges were surmounted through a proactive community mobilization regime. Entry into the communities was properly negotiated with the support of traditional leaders or paramount chiefs. Words went around about the project before takeoff and this eased difficulties and ensured the successful completion of the study.

Researchers cannot be oblivious of the challenges on the ethical requirement of obtaining signature or thumb print as evidence of the willingness by respondents to participate in the study in largely non-literate societies. Many would

rather give oral rather than formal consent as required by national and/or international ethical review boards.

Finally, translating the outcomes of research into programmes remains a daunting challenge as amply demonstrated in the Nigerian REACH study. The team is yet to secure the support for a pilot project based on one of the key recommendations from responsible national authorities for the control of HIV/AIDS.

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