Urban community recruitment of research participants; experiences from Kampala, Uganda

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Introduction:

Ugandan men face challenges of accessing health care services because of their poor health seeking behaviours and are less likely to reach health facilities for sexually transmitted diseases tests or even reproductive health services. We describe our experiences of extending clinical point-of-care, sexual and reproductive health services to men at the comfort of their jobs through two community-based recruitment studies, one of men at gaming points (Megapoc) and reproductive health empowerment through telehealth (REHEAT) study in Kampala-Uganda.

Methodology:

Megapoc study aimed at integrating telehealth in HIV and sexually transmitted diseases (STD) screening implemented by setting up a point-of-care to test for HIV, syphilis and assessed sexual risky behaviour among men at gaming centres. REHEAT study assessed the feasibility and acceptability of a mobile telehealth information package amongst 450 male participants over a period of six months, their uptake of family planning and reproductive health services after receiving this package, knowledge and attitudes towards family planning. Our research team reached participants through their community local councils and other respected community leaders.

Findings:

For both studies, it was evident that men found services acceptable. For men at gaming points study, 507 men tested for HIV and syphilis among which 0.8% were HIV-positive and 3.8% had syphilis. Risky sexual behaviour included condomless sex with partner(s) of unknown HIV status (64.9%), multiple sexual partners (47.8%), engaging in transactional sex (15.5%), and using illicit drugs (9.3%). For REHEAT, 450 males consented among which 426 (95%) signed up and successfully received 66 periodical reproductive health messages from our tele-health platform for six consecutive months. Quizzes were integrated in periodic messages and participants provided answers to all questions and willingly provided ongoing follow-up questionnaire responses months later after the first engagements.

Conclusion:

Gained valuable insight into the potential of using digital health services to better understand insights from a cohort of men who may otherwise avoid health facilities or be unwilling to participate in hospital-based research. Recruitment in gaming centres and on-going phone-based messaging offered a novel opportunity to find participant’s health status, enrol them on treatment, share health information with them and alleviate risky practices.