

SEVENTEENTH

# Congress of Qualitative Inquiry

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**We have not yet received the finalized schedules for some of the SIGS. If your paper was submitted to one of these SIGS, it will appear as accepted, but unscheduled. All Social Work SIG submissions will be scheduled for Thursday.**

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*Chair: Jennifer Jewiss, University of Vermont*

Reflections on a Pilot Site Visit as a Communication Platform for a Collective Case Study Embedded in a Large, National, Pragmatic Trial, *Jennifer Jewiss, University of Vermont, Kelly Cark Keefe, University of Vermont, Lisa Watts Natkin, University of Vermont, and Abigail Crocker, University of Vermont*

In the Eye of the Beholder: Perspectives of the Audiological Rehabilitation Process, *Tali Bar-Moshe, Department of Health Systems Management, Ben-Gurion University of the Negev, Paula Feder-Bubis, Department of Health Systems Management, Ben-Gurion University of the Negev, and Dan Greenberg, Department of Health Systems Management, Ben-Gurion University of the Negev*

Social determinants of health (SDH) and HIV prevention: Secondary data analysis of health providers' experiences with pre-exposure prophylaxis (PrEP) in Colombia, *Pilar Camargo-Plazas, School of Nursing, Queen's University, Kingston-ON, Canada, Maria del Pilar Peralta Ardila, Luwing Maximilian Universit t, Hector Fabio Mueses, Corporaci n de Lucha Contra el Sida, Beatriz Alvarado, Queen's University, Marcela Arrivillagaa, Pontificia Universidad Javeriana Cali, Colombia, Sheila Andrea Gomez Pe alozza, Pontificia Universidad Javeriana Cali, Colombia, Lina Rocio Hurtado, Pontificia Universidad Javeriana Cali, Colombia, Jorge Martinez-Cajas, Queen's University, Ernesto Martinez Buitrago, and Ximena Galindo*

"It was Only a Tiny Hole": Understanding the Reasons why Patients Delay Seeking Treatment at the Onset of a Diabetic Foot Ulcer, *Idevania G. Costa, School of Nursing, Lakehead University, Thunder Bay-ON, Canada, Pilar Camargo-Plazas, School of Nursing, Queen's University, Kingston-ON, Canada, and Deborah Tregunno, Queen's University*

Sense of Life Change: The Impact of Diabetic Foot Ulcer on Patients' Quality of life, *Idevania G. Costa, School of Nursing, Lakehead University, Thunder Bay-ON, Canada, Pilar Camargo-Plazas, School of Nursing, Queen's University, Kingston-ON, Canada, and Deborah Tregunno, Queen's University*





Social determinants of health  
(SDH) and HIV prevention:  
Secondary data  
analysis of health providers'  
experiences with pre-exposure  
prophylaxis  
(PrEP) in Colombia

Presenter: Pilar Camargo-Plazas,  
RN, PhD

Authors: PrEP-Col Group



El conocimiento  
es de todos

Minciencias

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- MINCIENCIAS Colombia



Outline

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Background



## Colombia

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- Middle-income country with an estimated population of 50 million.
- Decline in the total fertility rate (from 3.24 births per woman in 1985 to 1.783 in 2020).
- Increase in life expectancy (from 71.5 to 79.86 for female and from 64.7 to 74.33 for male).
- Rapid urbanization (81.1% of the population lived in urban centers in 2019, compared with 67 percent in 1985).<sup>1-2</sup>





# HIV in Colombia

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- 4<sup>th</sup> highest prevalence rate in the Latin American region.<sup>5</sup>
  - The prevalence is higher among MSM & TGW.<sup>6</sup>
  - In 2019, 200,000 people were living with HIV in Colombia, of whom 12,000 corresponded to new cases.<sup>3,5</sup>
  - Only 89,000 were on ART. <sup>3</sup>
- 



# HIV/AIDS in Colombia

- High-cost disease given its chronicity, disease burden, impact on the demand for services, and health technology,
- and have a high financial burden for individuals, their families, society and healthcare system. <sup>7</sup>





# Pre-Exposure Prophylaxis (PrEP)

- PrEP (antiretroviral therapy) reduces the risk of HIV infection.<sup>8</sup>
- Use of oral PrEP involves regular medical appointments for monitoring and support.
- Oral PrEP is a highly effective HIV prevention strategy when used consistently and correctly..<sup>8,9</sup>





# Study Overview



# Title: Situational Analysis for the implementation of PrEP in Colombia: A mixed-methods design study.

- Qualitative study: Perceptions, attitudes and knowledge of MSM, TGW, health providers and managers toward the implementation of PrEP in Colombia.
- 17 health centers participated in the study. Those health centers have a range of coverage in care for people diagnosed with HIV/AIDS from a minimum of 500 to a maximum of 7,000 patients.

Participants	# participants	Total
MSM	19	19
TGW	16	16
Sub-total	35	35
Health providers	12	12
Health managers	8	8
Sub-total	20	20
Total	55	55



An aerial photograph of a beach. The top left corner shows the ocean with white foam from a wave crashing onto the sand. The sand is a light beige color and occupies the bottom right portion of the image. The text is overlaid on the sand area.

# Secondary Data Analysis— Data Sets of Health providers & Managers





# Secondary Data Analysis

- To explore how the social determinants of health (SDH) affect the implementation of PrEP in Colombia.



# Secondary Data Analysis

A critical hermeneutic methodology.

- Critical hermeneutic is an interpretive methodology founded on critical social theory and hermeneutical philosophy.<sup>10,11</sup>
- Critical hermeneutics addresses issues of power, oppression situating hermeneutic analysis in a wider social, economic, political, cultural and historical .<sup>10</sup>



# Social Determinants of Health (SDH)



We follow the theoretical framework identified by Loppie-Reading and Wien (2013), who classified the SDH into distal (e.g., historic, political, social and economic contexts), intermediate (e.g., community infrastructure, resources, systems and capacities), and proximal (e.g., health behaviours, physical and social environment) categories.<sup>12</sup>



# Data analysis

- For the initial coding process, we use the ATLAS.ti program.
- Thematic analysis: the interviews were read as a whole, then line by line looking for phrases that reveal particular experiences that show a connection with the SDH.<sup>13</sup>
- The themes that emerged were refined and organized following Loppie-Reading and Wien's<sup>12</sup> theoretical framework.

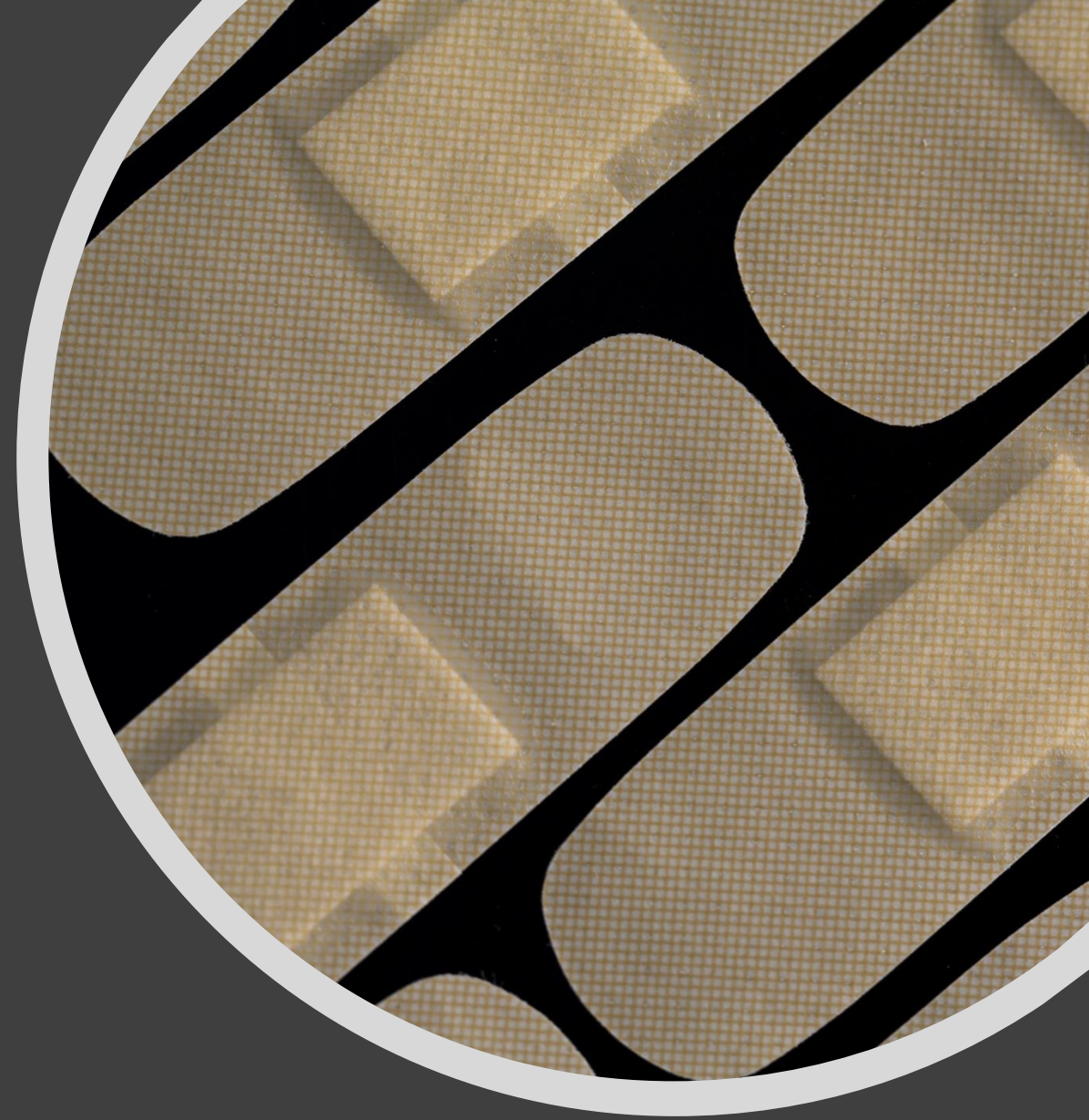




Findings

# Proximal Determinants of Health

1. Health behaviours
2. Physical environment
3. Education
4. Employment & Income



# Health behaviours

*“Patients say, ‘If I know that I am at risk of being infected, have risky behaviours, and I don't like condoms.’ There is a lot of pushback to the use of condoms here. Every week I get new patients who often say, ‘I thought, I believed, I trusted or started using it initially, but then, I stopped. That makes me wonder if people would be ready to take a pill to prevent HIV.’”  
(Daniella, manager)*



Determinant of Health	For research participants
Health behaviours	<ul style="list-style-type: none"><li>• the use of PrEP could increase other STDs.</li><li>• false sense of security.</li><li>• Community members need to learn that PrEP is not a quick solution to risk behaviours.</li><li>• It should be combined with other HIV prevention strategies (e.g., the use of condom).</li><li>• Engage community members in learning about PrEP.</li><li>• Wholistic approach to achieve healthy behaviours.</li></ul>

# Physical Environment

*"We have patients from [remote area of the Colombian Pacific] those patients have to pay \$400,000\* Colombian pesos to get here [but they] are fishermen. They must pay out of their pockets to access a doctor's appointment. All those patients have to travel here[city]. There is not service in their small communities, there is no service at the local level (Jimena)"*

- \* COP 400,000= US\$109
- \*\*Minimal wage in Colombia is \$260



## Determinant of Health

## For research participants

### Physical environment

- Geographical barriers (living in rural and remote areas of Colombia).
- Transportation is difficult for those who live outside of the city.



# Education

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- Health literacy
  - Educational programs should be design based on the context and needs of each vulnerable group.
  - Educational programs should also include the voices of community leaders.
  - Social media
- 



# Employment & Income

*HIV is a problem of sexual behaviour. But sure, we know that someone living on a low income have higher prevalence of being infected. However, we cannot blame everything on risk behaviours. We need to consider how they would access PrEP when some of these individuals do not even have enough money to buy a condom. (Roberto)*

Determinant of Health	For research participants
Employment & Income	<ul style="list-style-type: none"><li>• Consider socioeconomic status in the development of HIV prevention strategies.</li><li>• Economic burden of PrEP for individuals living on a low-income.</li><li>• PrEP could increase the gap between wealthiest and individuals living on a low-income.</li><li>• Cost of the PrEP is an important barrier.</li><li>• The Colombian government should assume the cost of PrEP.</li></ul>



## Intermediate Determinants of Health

- Healthcare system
- Community infrastructure, resources & capacities



# Healthcare System

Determinant of Health	For research participants
Healthcare systems	<ul style="list-style-type: none"><li>• Lack of access to medications.</li><li>• Barriers to access rooted within the healthcare system and a lack of leadership create mistrust in the ability of the government to successfully implement PrEP.</li><li>• Education of community members, health providers.</li></ul>

*I have to say that I was a bit reluctant. As a health provider, I have seen all the limitations of managing patients with HIV in this country and the difficulty accessing treatments. So, if they are not giving medications to patients already living with HIV, I don't think they will provide treatments for those who don't have the disease. (Javier)*



## Community infrastructure, resources & capacities

*It may be easier to enroll MSM, but it is more complex to engage TGW. So we are going to have to develop different strategies to reach TGW population. We need to talk to them because I don't believe a pamphlet or PAHO description wouldn't work for them. (Jimena)*



### Determinant of Health

#### For research participants

Community  
infrastructure,  
resources &  
capacities

- Limited infrastructure in rural and remote areas.
- The implementation of PrEP should be closer to communities and engage community leaders to reach group of individuals who typically struggle with access, such as TGW.

# Distal Determinants of Health

- Armed conflict
- Migration
- Stigma & Social Exclusion



# Armed conflict

*"I have a patient with HIV who does not have access to treatment because he is worried that if the guerrillas find out that he has HIV, they will kill him "(Amanda).*



## Determinant of Health

### For research participants

#### Armed conflict

- Internal displacement
- Human rights abuses
- MSM & TGW targeted killings for paramilitary, guerrilla groups.
- Homonegativity, discrimination & mistreatment of sexual minorities





## Determinant of Health

### For research participants

#### Migration

- Venezuela.
- Return of Colombians from Europe, US, etc.
- Social discrimination

## Migration

*Immigrants are once again discriminated against. We blame them for everything that goes wrong in this country; however, it may not always be the case.  
(Mauricio)*

## Stigma & Social exclusion

*For some individuals accepting that they are taking PrEP is accepting they practice high risk sexual behaviours. People don't want those labels. They are afraid of being stigmatized. In other cases, they worry that someone would know about their sexual orientation. (Carlos)*



### Determinant of Health

### For research participants

#### Stigma & Social Exclusion

- Health providers can stigmatize patients with their lack of education (e.g., use of pronouns)
- Discrimination toward health centers specialized in HIV/AIDS
- Taboos
- Need education

# Conclusion

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The findings show that socioeconomic status, health behaviours and beliefs, the lack of education, taboos, could affect the implementation of a PrEP strategy in Colombia.

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Through secondary data analysis, we have identified how the armed conflict, stigma & social exclusion and migration as SDH are unique to the Colombian context.

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Education was mentioned by research participants at the center for a successful implementation of PrEP.

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This results have the potential to generate first-hand knowledge about the health inequities that limit the implementation of prevention strategies such as PrEP in MSM and TGW populations in Colombia.

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Thank you!!  
Muchas  
Gracias!!





# Questions