South Africa

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Clinic attendance by sex and HIV status in rural South Africa

Study Documentation

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Clinic attendance by sex and HIV status in rural South Africa

Overview

Identification	AHRI.Clinic.Visits.Code.2021
Version	Production Date: 2017-08-14 v1.0.0

Abstract

BACKGROUND: HIV-negative men are over-represented in tuberculosis (TB) prevalence surveys. Traditionally, TB screening is focused in clinics. We aimed to determine the frequency of primary healthcare clinic (PHC) attendance among HIV-negative men in a TB-prevalent setting.

METHODS: Since January 2017, PHC attendees in a rural South African demographic surveillance area (DSA) were asked their reason for attendance. HIV status was defined as positive if tested positive in a DSA sero-survey or attended clinic for HIV care; negative if tested negative between January 2014-December 2017 and no HIV-related visits; and HIV-unknown otherwise.

RESULTS: Among 67124 DSA residents (=15 years), 27038 (40%) were male; 14196 (21%) were classified HIV-positive, 18892 (28%) HIV-negative and 34036 (51%) HIV-unknown. Between April 2017 and March 2018, 24382/67124 (36.3%, 95% confidence interval [CI] 36.0-36.7) adults made =1 PHC visit, comprising 9805/40086 (24.5%, 95%CI 23.6-25.3) of HIV-negative or unknown women and 3440/27038 (12.7%, 95%CI 11.6-13.8) of HIV-negative or unknown men. Overall, HIV care accounted for 37556/88109 (43.6%) of adult PHC visits.

CONCLUSION: In this rural population, HIV-negative and -unknown men rarely attend PHCs. Improving TB screening in clinics may not reach a key population with respect to undiagnosed TB. Additional strategies are needed to diagnose and treat TB earlier.

Kind of Data	Clinical dataset licensed under Creative Commons Attribution 4.0 international license (CC-BY 4.0)

Scope & Coverage

Keywords	Tuberculosis; Adults; Rural population; Africa; Mass screening; Primary Health Care; Tuberculosis case finding; HIV infection
Topics	Tuberculosis; Adults; Rural population; Africa; Mass screening; Primary Health Care; Tuberculosis case finding; HIV infection
Time Period(s)	2017-2018
Countries	South Africa

Geographic Coverage

The study was conducted in the Africa Health Research Institute (AHRI) demographic surveillance area (DSA), in uMkhanyakude district, KwaZulu-Natal, South Africa. The AHRI DSA covers 845km2, with approximately 25000 homesteads and over 60000 residents aged 15 years or above.

Universe

The population of interest in our analysis were all individuals over the age of 15 years who were a resident member (defined as intending to spend the majority of nights at a household within the study area) of a household in the AHRI DSA on 1st July 2017. Among 67124 DSA residents (=15 years), 27038 (40.3%) were men; 14196 (21.2%) were classified HIV-positive, 18892 (28.1%) HIV-negative and 34036 (50.7%) HIV-unknown.

Producers & Sponsors

Primary Investigator(s)	Safiyya Randera-Rees, Africa Health Resaerch Institute Wende Clarence Safari, Africa Health Resaerch Institute Dickman Gareta, Africa Health Resaerch Institute, SAPRIN

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Other Producer(s)	Africa Health Research Institute (AHRI)
Funding Agency/ies	Wellcome Trust , Strategic Award to the Africa Health Research Institute
Other Acknowledgment(s)	HIV Research Trust, UK , Visiting scholarship to WCS to the Africa Health Research Institute

Sampling

Sampling Procedure

Since January 2017, individuals who sought health care at any one of the 11 PHC's serving the AHRI DSA on weekdays between 7am and 7pm have been registered by a member of AHRI staff, and their self-reported reason for attending clinic recorded, using an electronic system known as ClinicLink.

Data Collection

Data Collection Dates	start 2017-04-01 end 2018-03-31
Time Period(s)	start 2017-08-14 end 2017-08-14
Data Collection Mode	Face-to-face [f2f]

Accessibility

Access Conditions

The representative of the Receiving Organization agrees to comply with the following conditions:

1. Access to the restricted data will be limited to the Lead Researcher and other members of the research team listed in this request.
2. Copies of the restricted data or any data created on the basis of the original data will not be copied or made available to anyone other than those mentioned in this Data Access Agreement, unless formally authorized by the Data Archive.
3. The data will only be processed for the stated statistical and research purpose. They will be used for solely for reporting of aggregated information, and not for investigation of specific individuals or organizations. Data will not in any way be used for any administrative, proprietary or law enforcement purposes.
4. The Lead Researcher must state if it is their intention to match the restricted microdata with any other micro-dataset. If any matching is to take place, details must be provided of the datasets to be matched and of the reasons for the matching. Any datasets created as a result of matching will be considered to be restricted and must comply with the terms of this Data Access Agreement.
5. The Lead Researcher undertakes that no attempt will be made to identify any individual person, family, business, enterprise or organization. If such a unique disclosure is made inadvertently, no use will be made of the identity of any person or establishment discovered and full details will be reported to the Data Archive. The identification will not be revealed to any other person not included in the Data Access Agreement.
6. The Lead Researcher will implement security measures to prevent unauthorized access to licensed microdata acquired from the Data Archive. The microdata must be destroyed upon the completion of this research, unless the Data Archive obtains satisfactory guarantee that the data can be secured and provides written authorization to the Receiving Organization to retain them. Destruction of the microdata will be confirmed in writing by the Lead Researcher to the Data Archive.
7. Any books, articles, conference papers, theses, dissertations, reports, or other publications that employ data obtained from the Data Archive will cite the source of data in accordance with the citation requirement provided with the dataset.
8. An electronic copy of all reports and publications based on the requested data will be sent to the Data Archive.

9. The original collector of the data, the Data Archive, and the relevant funding agencies bear no responsibility for use of the data or for interpretations or inferences based upon such uses.
10. This agreement will come into force on the date that approval is given for access to the restricted dataset and remain in force until the completion date of the project or an earlier date if the project is completed ahead of time.
11. If there are any changes to the project specification, security arrangements, personnel or organization detailed in this application form, it is the responsibility of the Lead Researcher to seek the agreement of the Data Archive to these changes. Where there is a change to the employer organization of the Lead Researcher this will involve a new application being made and termination of the original project.
12. Breaches of the agreement will be taken seriously and the Data Archive will take action against those responsible for the lapse if willful or accidental. Failure to comply with the directions of the Data Archive will be deemed to be a major breach of the agreement and may involve recourse to legal proceedings. The Data Archive will maintain and share with partner data archives a register of those individuals and organizations which are responsible for breaching the terms of the Data Access Agreement and will impose sanctions on release of future data to these parties.

Citation Requirements

Randera-Rees, S. et al. (2021) “Clinic attendance by sex and HIV status in rural South Africa.” Africa Health Research Institute (AHRI). doi: 10.23664/AHRI.CLINIC.VISITS.CODE.2021.

Files Description

Dataset contains 1 file(s)

clinic_visits_data	
# Cases	130851
# Variable(s)	9

Variables List

Dataset contains 9 variable(s)

File clinic_visits_data							
#	**Name**	**Label**	**Type**	**Format**	**Valid**	**Invalid**	**Question**
1	id	id	continuous	numeric.0	130851	0	-
2	age	age	discrete	character-3	130851	0	-
3	sex	sex	discrete	character-6	130851	0	-
4	hivstatus	hivstatus	discrete	character-12	130851	0	-
5	unique_i ..	unique_id_indicator	discrete	numeric.0	130851	0	-
6	visit_in ..	visit_indicator	discrete	numeric.0	130851	0	-
7	unique_v ..	unique_visit_indicator	discrete	numeric.0	130851	0	-
8	total_vi ..	total_visits	continuous	numeric.0	130851	0	-
9	reason_v ..	reason_visits_cat	discrete	character-13	130851	0	-

Variables Description

Dataset contains 9 variable(s)

File : clinic_visits_data

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Information	[Type= discrete] [Format=character] [Missing=*]
Statistics [NW/ W]	[Valid=130851 /-] [Invalid=0 /-]
# sex: sex	
Information	[Type= discrete] [Format=character] [Missing=*]
Statistics [NW/ W]	[Valid=130851 /-] [Invalid=0 /-]
# hivstatus: hivstatus	
Information	[Type= discrete] [Format=character] [Missing=*]
Statistics [NW/ W]	[Valid=130851 /-] [Invalid=0 /-]
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Information	[Type= discrete] [Format=numeric] [Range= 0-1] [Missing=*]
Statistics [NW/ W]	[Valid=130851 /-] [Invalid=0 /-]
# visit_indicator: visit_indicator	
Information	[Type= discrete] [Format=numeric] [Range= 0-1] [Missing=*]
Statistics [NW/ W]	[Valid=130851 /-] [Invalid=0 /-]
# unique_visit_indicator: unique_visit_indicator	
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Statistics [NW/ W]	[Valid=130851 /-] [Invalid=0 /-]
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Statistics [NW/ W]	[Valid=130851 /-] [Invalid=0 /-] [Mean=3.936 /-] [StdDev=3.906 /-]
# reason_visits_cat: reason_visits_cat	
Information	[Type= discrete] [Format=character] [Missing=*]
Statistics [NW/ W]	[Valid=130851 /-] [Invalid=0 /-]