Appendix A

Ethical considerations for the study described in the manuscript “The relationship between social support, HIV serostatus, and perceived likelihood of being HIV positive among self-settled female, foreign migrants in Cape Town, South Africa”.

Female cross-border migrants in South Africa are a particular vulnerable population. In many cases, their decision to leave their home countries was prompted by social and/or economic marginalization. After arriving in South Africa, they may experience discrimination and xenophobia due to their migrant status, and they are also subject to marginalization based on their gender. As a result of this constellation of vulnerability, the research team was careful to weigh all ethical considerations involved with the design and implementation of this study. The study received ethical clearance from the study’s funding institution [name retracted]. Ethical clearance was also obtained from a university IRB in the United States [name retracted] as well as from a local university IRB in South Africa [name retracted]. Finally, the study protocol received informal ethical feedback and approval from a group of key informants the comprised of local authorities, service providers, and cross-border migrant women in Cape Town.

In order to minimize any risks to participants’ physical or mental health as a result of participation in the study, several steps were taken and procedures put in place prior to the implementation of the study protocol. First, formative research was conducted in 2011 among local authorities, service providers, and representatives from the local community of cross-border migrants. The background, purpose, and procedures of the study were presented to the key informants, who were given the opportunity to provide feed. The researchers also presented the planned methods to ensure confidentiality and privacy of the participants. Furthermore, the risks of participation, the voluntary nature of the survey, and the applicability of the findings were discussed. The outcomes of these discussions were used to adjust and guide the execution of the survey.

The researchers and key informants were concerned about the potential for psychological risk in participating in the survey due to the sensitive nature of some of the questions (sexual practices, experiences of violent victimization, etc.). To minimize this risk, only female staff with previous research experience were hired to assist in the administration of the ACASI and supervise survey questionnaire completion. These staff were trained that all interactions with study participants were to be conducted in a non-judgmental and sensitive manner.The surveys took place in a private setting where no other people were able to hear what is said between the interviewer and the participant. Participants were able to refuse to answer any of the questions. Further, at least one trained mental health counselor was also present at the study site at all times. Should a participant become distressed at any time, study staff were trained to refer the individual to the mental health professor who could deal with the participant’s distress and offered to stop the interview or questionnaire completion at that time. All study staff had a list of appropriate counseling referral centers to which they could refer the participants, should this be necessary.

Based on insight gained through the formative research, the research team was concerned that many female migrants would fear that their participation in the study in a public venue would lead to deportation or being reported to the police. As such, the confidentiality and anonymity of the women who participate was of the utmost importance. Participants were assured that their identities and survey responses would be kept completely private and that the police would not be notified of their participation. The concern also led to the selection of the study site location; the researchers had previously planned to place the study location in one of the communities were a large proportion of female migrants lived. However, the key informants feared that this would migrants more of a target for xenophobic attacks and suggested that the study site be located downtown in the business district. Since this area is largely deserted on the weekends, the key informants counseled that migrants would be less of a target and that women would feel more comfortable traveling to this location. In addition, professional security staff with direct access to the police were employed at the study site. In the unlikely event that the study site did become the target of xenophobic attacks, the presence of these staff members were there to ensure the safety and protection of all participants.

This study used DBS testing to assess HIV status. However, this process takes several weeks to produce HIV results from the DBS sample. Therefore, participants were additionally offered the opportunity to receive rapid HIV testing on the day of study participation. The study employed qualified VCT counselors to provide pre-test HIV counseling to all participants. Thereafter, those participants who consented to receive rapid HIV testing were tested and provided with post-test counseling irrespective of their HIV status. All participants whose HIV test results were positive were given detailed information about and encouraged to attend the nearest public health clinic that provided HIV services. These clinics were also selected from a list of clinics known to be welcoming to cross-border migrants. The staff and management at the local HIV testing centers were aware they their clinic was on the study referral list and were given a presentation of the background, purpose, and procedures of the survey and testing.

All study participants were given the name and telephone number of the study’s principal investigators should they have any questions about the study or believe they have been injured or not well treated as the result of being, or not being part of the survey.

Potential participants were informed that their participation in the study is strictly voluntary and that they were free to withdraw at any time. Eligible participants were given an information sheet that described the study as well as what was expected of them. They were asked to read it through thoroughly and, if necessary, the study staff read through it with them. Participants were encouraged to ask questions should anything not be clear to them. All participants were required to sign the consent form provided with the information sheet in order to enroll in the survey. Participants were required to consent to completing the ACASI questionnaire and to the biological HIV test separately. The participant could chose to complete the questionnaire only and not the biological test.

In order to ensure privacy**,** the questionnaire was administered using ACASI. In the event that a participant opted to the interviewed instead by a study staff member, the participant was taken to a private room. The biological testing took place in a separate room with no other person in the room other than the registered nurse, the VCT counselor and the participant. At no time was anyone else be able to hear what was being said between the participant and the interviewer, counselor, and/or the nurse.

All study data including behavioral and HIV information was kept in a confidential manner. The survey team did not record names or other personal identifiers on any forms or the blood samples. For all study documentation, unique identification numbers were assigned to each of the participants that were translated into bar codes. These bar codes were then printed onto labels and placed on any paper forms associated with the research. After data collection, all hard copies of documents were kept in a locked cabinet at the interview site as well as at the location of the off-site database at the Medical Research Council. All data collected through the ACASI was stored in a multiple password-protected database to which only the study investigators had access.