

Men & HIV

FORUM

20 July 2019, Mexico City, Mexico

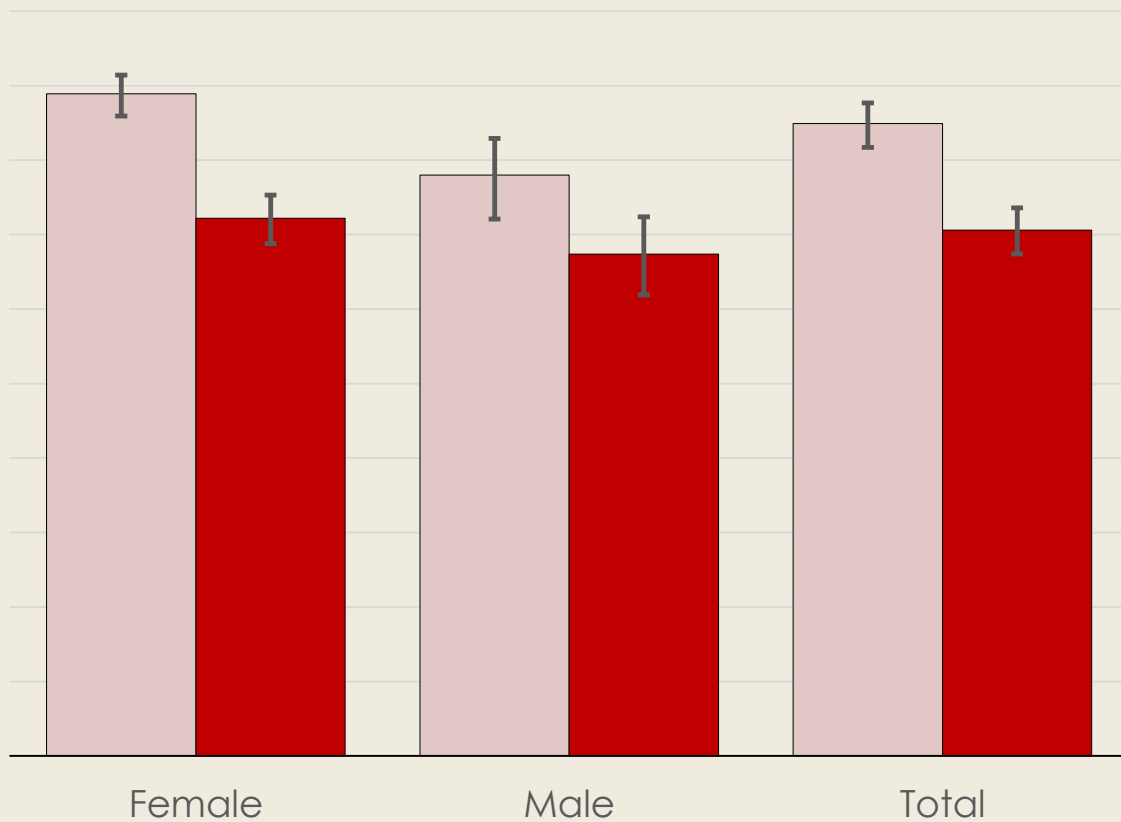
Qualitative and quantitative research findings from a study on
**INCREASING UPTAKE OF HIV TESTING AND LINKAGE
AMONG YOUNG MEN IN SOUTH AFRICA**

Shawn Malone,
PSI, South Africa

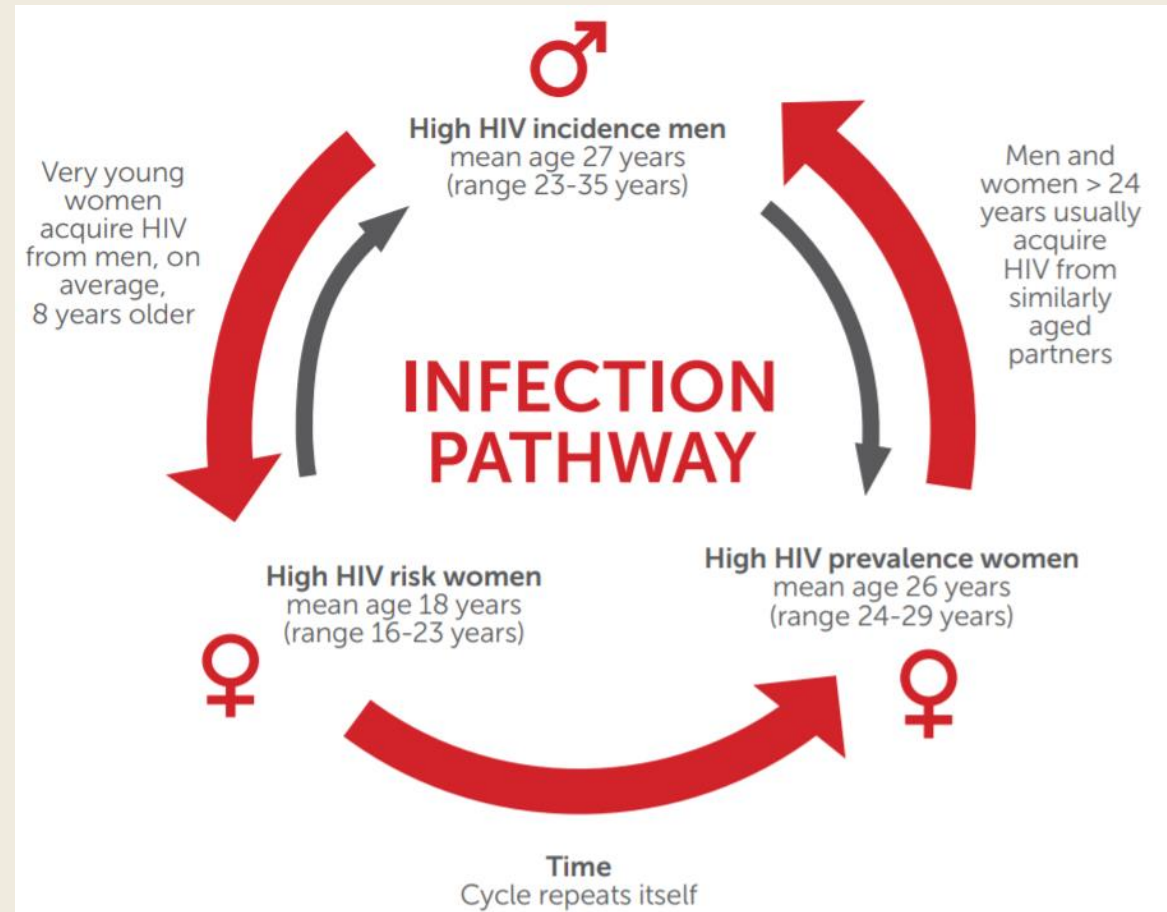
THE CHALLENGE



□ Diagnosed ■ On Treatment



Source: PEPFAR South Africa COP'19 Outbrief



STUDY DESIGN AND METHODS

Objectives

- To *understand drivers and barriers* for young men's testing and linkage decisions and behaviors
- To *identify different segments* of young men to enable better tailoring/targeting

Geographic focus

Five districts of KwaZulu-Natal and three districts of Mpumalanga, South Africa

Qualitative phase

- n=76 men, aged 25-34, 68 healthcare providers
- Non-random sample to achieve mix of HIV-positive (linked and not linked) and HIV-negative/unknown
 - Eight-hour filmed ethnographic shadowing (18 men, 4 HCPs)
 - Two-hour in-depth interviews (58 men, 64 HCPs)

Quantitative phase

- n=2,019 men, aged 20-34
- Random sample based on Enumerated Area sampling
 - One-hour tablet-based survey

THE QUALITATIVE RESEARCH FOUND A RANGE OF BARRIERS AND CHALLENGES

Testing and linkage trigger feelings of fear and loss.

"[Testing] was tough, really tough. I actually felt like I was in a dark forest. I was numb with fear."

"I was terrified. I was not ashamed or embarrassed, I was just terrified."

Many men live in an environment of chronic stress, violence, trauma and uncertainty.

"He is an orphan because both parents died. When I tried to talk to him, he said to me 'like father, like son'."

Masculine norms of strength, fearlessness and self-sufficiency can impede health-seeking.

"Men don't take men who take medication or tablets every day seriously. There is a mindset that men are naturally strong."

Many men fear and resist a loss of control and personal autonomy.

"They are so difficult, especially the ones that are referred...They tell you "I am not here for an HIV test." Some are positive then they default because they say they were not at the clinic for that."

**Testing positive
can feel like life
is over.**

“I would be worried if they tell me that I am indeed positive, then it will be game over. I will no longer be Thabo.” [name changed]

“They say that once you get the news that you are positive, you die quickly.”

**Testing triggers fear
of disclosure.**

“I’d ask myself: how should I tell her? How should I tell her that she should go for a HIV test? Because I know that I might have got this virus from somebody else. A person you love cannot be thought of as a cleaning rag.”

**Clinics can be
unfamiliar,
unpleasant and
inconvenient.**

“Men are afraid of going to the clinic, they say they get shouted at.”

“A lot of people hate the idea of sitting around at the clinic in the queues and hate the fact that their friends might see them there.”

**Awareness of
the benefits of
early testing and
treatment is low.**

“I went home and I was overthinking it, but then I thought, I’m okay, I’m healthy and everything is normal. So I just kept it all to myself.”

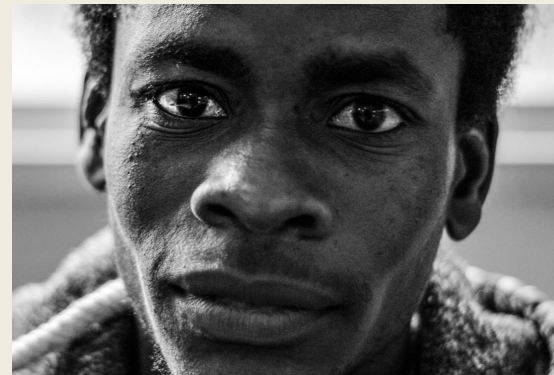
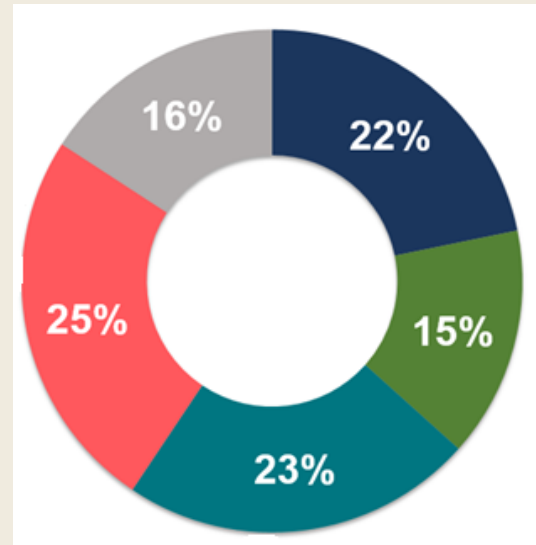
THE QUANTITATIVE RESEARCH IDENTIFIED FIVE DISTINCT SEGMENTS OF MEN



Mr Rose



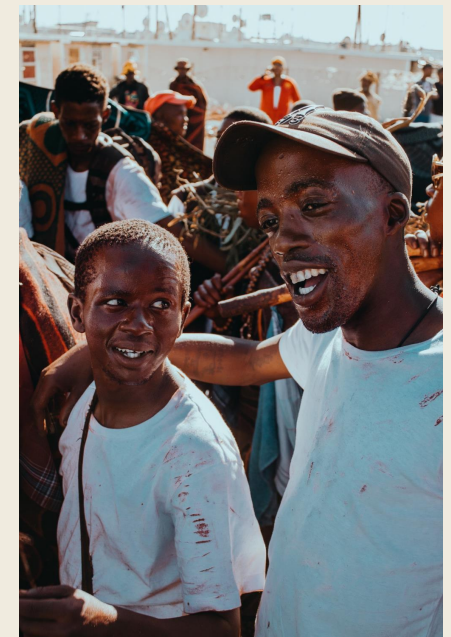
Mr Grey



Mr Green



Mr Blue



Mr Teal

Mr. Rose

30% not initiating treatment on testing positive

What is his barrier?

- Fears HIV would mean 'the end of the party'
- Fears disclosure would jeopardize his primary relationship

What does he need?

- Counseling that focuses on continuing to live a fun and carefree life, rather than what he must give up
- Support in disclosing to his partner and friends
- Messages on U=U/Treatment as Prevention



Young, fun-loving, and optimistic about his future, with a high level of HIV knowledge but also a higher number of sexual partners



Young, responsible, engaged in his community, optimistic about the future, and open about sexual health and health-seeking

Mr Teal

18% not initiating treatment on testing positive

What are his barriers?

- Fears having HIV would diminish his reputation, turning him from ‘the good guy’ into ‘the bad guy’
- Fears having HIV would jeopardize his primary relationship

What does he need?

- Counseling to help him reframe and retain his identity as as one of the ‘good guys’
- Support in disclosing to his family and community
- Messages that reduce stigma around PLHIV as irresponsible, promiscuous, ‘a problem’

Mr Green

30% not initiating treatment on testing positive

What are his barriers?

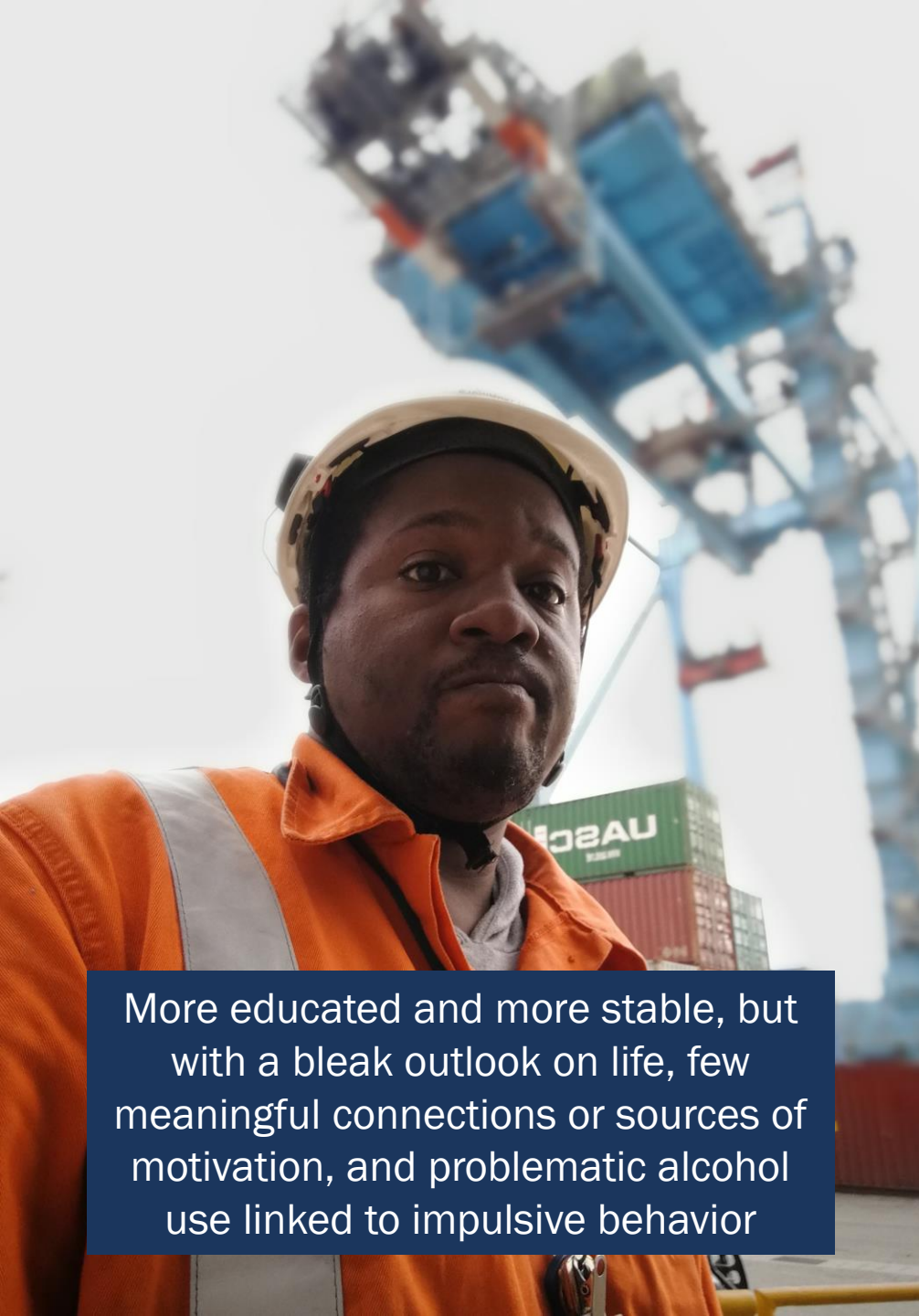
- Fears having HIV would drag him down even further in life
- Very low knowledge of HIV and ART
- Few people he trusts or feels comfortable talking to
- Negative view of healthcare system and providers

What might help?

- Empathetic counseling that helps him to surface and cope with extensive issues and barriers
- Peer outreach that makes services and support relatable
- Services that make it easy to be on treatment
- Adherence clubs and other social/group approaches
- Information on the benefits of treatment



Disconnected and pessimistic, with a low level of education, very low HIV knowledge, more indicators of depression, problematic use of alcohol, a traditional concept of gender, higher rates of intimate partner violence



Mr Blue

25% not initiating treatment on testing positive

What are his barriers:

- Fears that having HIV would be yet another burden to carry
- Few meaningful connections or sources of motivation
- Few people he trusts or feels comfortable talking to
- Negative view of the healthcare system and providers

What does he need?

- Empathetic counseling that helps him to identify and leverage sources of motivation
- Services that make it easy to be on treatment
- An understanding of U=U/Treatment as Prevention

More educated and more stable, but with a bleak outlook on life, few meaningful connections or sources of motivation, and problematic alcohol use linked to impulsive behavior

Mr Grey

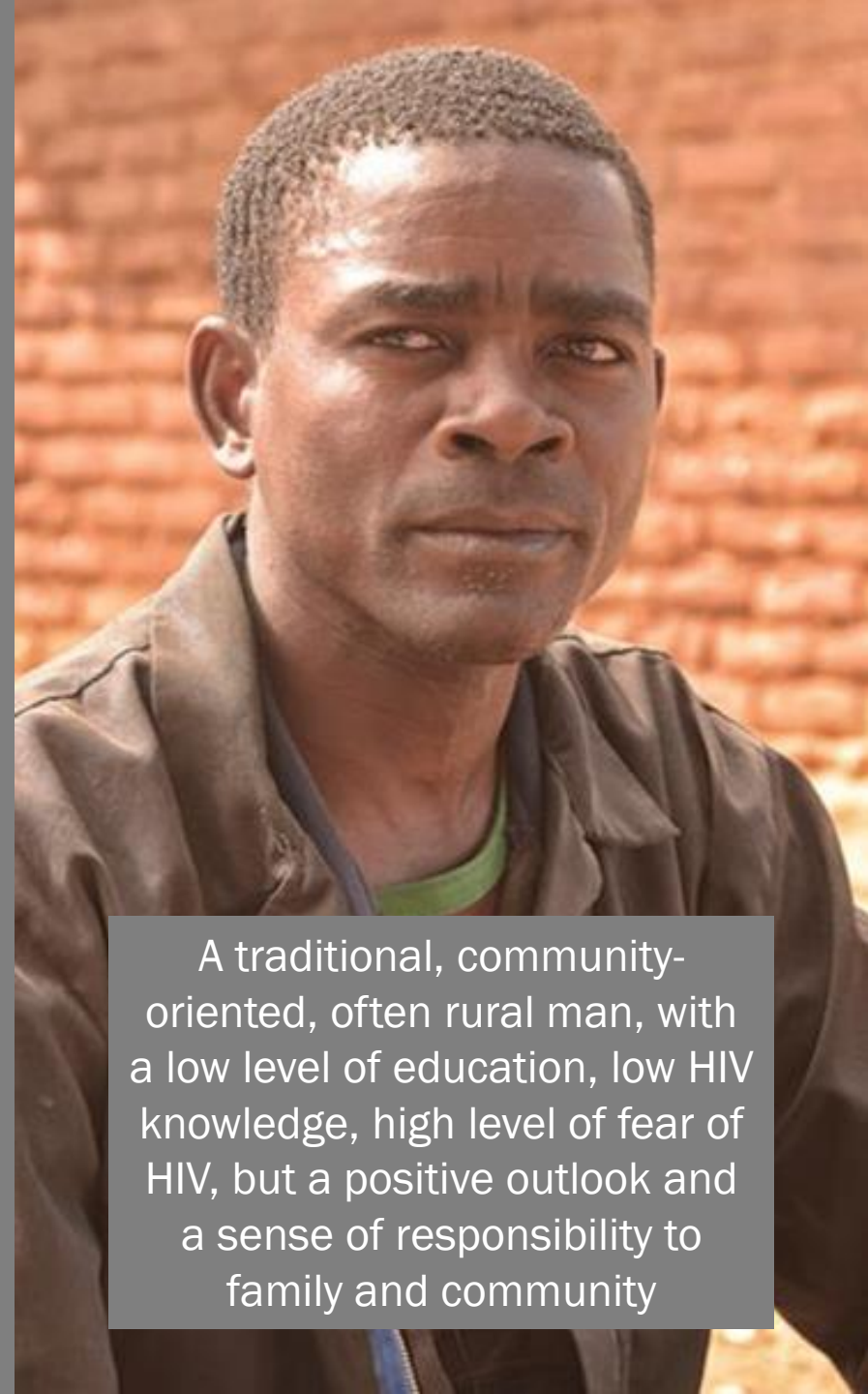
14% not initiating treatment on testing positive

What are his barriers?

- He's actually not doing too bad—his greater barrier is testing
- Fears having HIV would diminish his standing in the community
- Few people he trusts or feels comfortable talking to

What does he need?

- Counseling that helps him cope with his fear of losing his identity as a traditional family and community man
- Support in disclosing to his partner, family and community
- An understanding of U=U/Treatment as Prevention

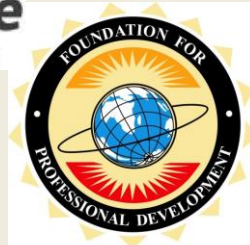


A traditional, community-oriented, often rural man, with a low level of education, low HIV knowledge, high level of fear of HIV, but a positive outlook and a sense of responsibility to family and community

RECOMMENDATIONS

1. **An empathetic, holistic view of men** that reflects an understanding of someone's potential background, circumstances and mindset, regardless of outward appearance.
2. **A reframing of HIV and ART from 'losing' to 'winning'**. We need to make treatment a daily reminder of being successful and in control.
3. **Services and messages that address men's barriers and motivators**. We can do more to create a familiar, welcoming environment where men feel seen, understood, respected and cared for.
This includes recognizing different types or segments of men and using techniques like active listening and motivational interviewing to surface and address individual barriers and challenges.
4. **Training and support for healthcare providers** that empowers them to provide high-quality, empathetic, patient-centred care, and a work environment that makes this possible.
5. **Services that are more convenient, responsive and empowering for all patients**. Barriers related to quality and access in particular are cross-cutting, affecting both men and women.

ACKNOWLEDGEMENTS



FPD



THANK YOU!

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