



IAS 2019



10TH IAS CONFERENCE ON HIV SCIENCE

Mexico City, Mexico  21-24 July 2019



IAS 2019

10TH IAS CONFERENCE ON HIV SCIENCE
Mexico City, Mexico 21-24 July 2019

A market segmentation approach to improving linkage among young South African men

Shawn Malone

Population Services International (PSI)

Satellite session on “Sticky Linkage”: Latest evidence and strategies

21 July 2019



#IAS2019 | @IAS_CONFERENCE | WWW.IAS2019.ORG

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

5 districts of KwaZulu-Natal and 3 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=2019 men aged 20-34)
- Random sample based on Enumerated Area sampling
 - One-hour tablet-based survey

Qualitative interviews revealed a range of barriers

Cost and convenience are part of the story, but only part

- Innovations like extended hours and external pick-up points are highly positive
- Will still be insufficient to get and keep some men on treatment

Barriers can also be personal and social, not just structural

- Internalized motivation and awareness of relevant benefits
- Social support
- Provider empathy

The starting point: An outward appearance of apathy or indifference often masks fear

When I first heard of HIV it was the scariest disease that anyone can think of, it was even scarier than cancer. - Man, 25, frequent tester

I was terrified. I was not ashamed or embarrassed, I was just terrified. - Man, 28, infrequent tester

"I don't trust myself. I'm so scared. I think I will test positive. It will just kill me. - Man, 30, never tested

[Testing] was tough, really tough. I actually felt like I was in a dark forest. I was numb with fear, I can't lie to you. Until the sister said that I am negative, that is when I was free. - Man, 28, frequent tester

When we misread men's emotional state, we can overlook or even reinforce fears that make linkage and retention more difficult

Loss of a sense of control and personal autonomy can feel threatening

- Our intent is to ‘reach’ men, but some can experience it as being ‘chased’ or ‘hunted’
- Tracking men down and dragging them into the system is at best a short-term solution

They are so difficult, especially the ones that are referred... They come here and 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.
- Nurse

I don't like the fact that when I go in for a headache the nurse will ask me when I last tested for HIV and now I will be compelled to test even though that's not what I came in for. - Man, 30, infrequent tester

I walked to the [VMMC] center in a great mood, not even thinking I'll be tested when I'm there. When I got there, they said I must be tested, my mood changed. I wanted to turn back, but I was already there!...When she told me I was positive I was shattered into pieces.
- Man, 27, HIV+, not linked

A testing and linkage process that ensures privacy and confidentiality and leaves men feeling a greater sense of control may contribute to more stable linkage

Being positive can feel like life is over, figuratively or even literally

- Some men still associate HIV with sickness and death.
- Many men associate HIV with losing identity, status, relationship and pleasure.

When I think of HIV I think of an early grave. After that, my mind comes back to the fact that there are pills for this illness, but that comes as an afterthought. - Man, 30, frequent tester

*They say that once you get the news that you are positive, you die quickly.
- Man, 27, never tested*

*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.
- Man, 30, never tested *name changed*

Men are scared to know their status, they assume that if they are positive, they no longer have a future and people won't respect them in the community. - Man, 27, HIV+, not linked

Many men need individualized counseling and support in coping with anticipated loss and reframing their lives after an HIV diagnosis

Awareness of the benefits of treatment is low

- U=U/treatment as prevention is virtually unknown
- “A longer and healthier life” often feels too vague and distant to be compelling
- We tell men to start and stay on treatment if positive, but we don’t always explain why—in terms that are positive, relatable and compelling

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. - Man, 27, HIV+, not linked

*Why? I’m not sick. My body shape has not changed, I am not losing or gaining weight.
- Man, 25, HIV+, not linked*

We will only achieve stable retention when we have helped them to internalize a motivation to start and remain on treatment

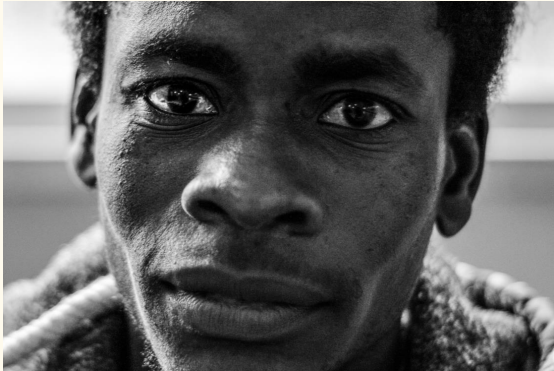
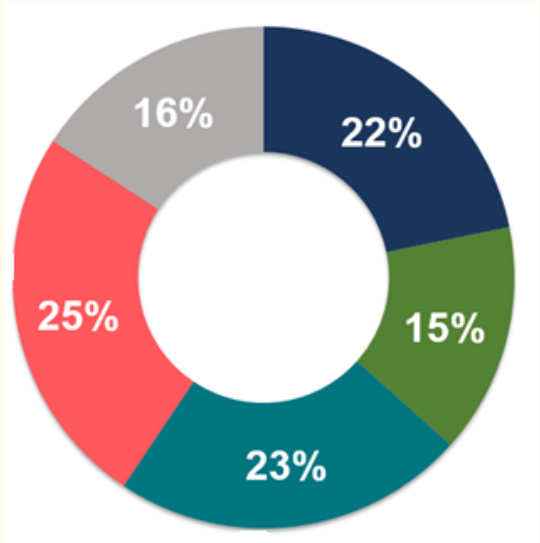
The quantitative research enabled identification of five distinct segments based on HIV-relevant knowledge, attitudes and behaviors



Mr Rose



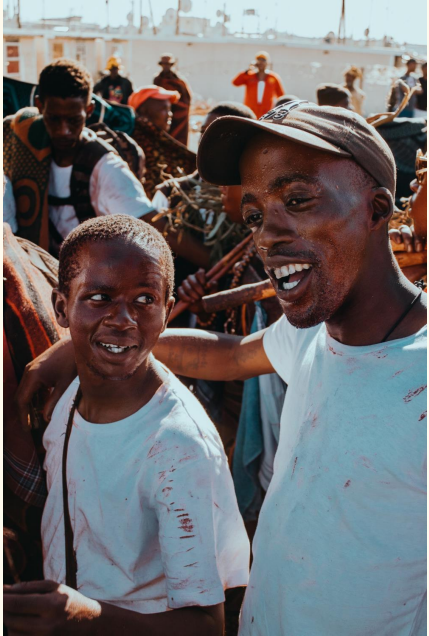
Mr Grey



Mr Green



Mr Blue



Mr Teal

Mr. Rose

30% never initiated treatment on testing positive

What's keeping him from linking?

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

What might help?

- 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% never initiated treatment on testing positive

What's keeping him from linking?

- 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 might help?

- Counseling to help him reframe and retain his identity as an upstanding member of the community
- Support in disclosing to his family and community
- Messages that reduce stigma around PLHIV as irresponsible, promiscuous, 'a problem'

Mr Green

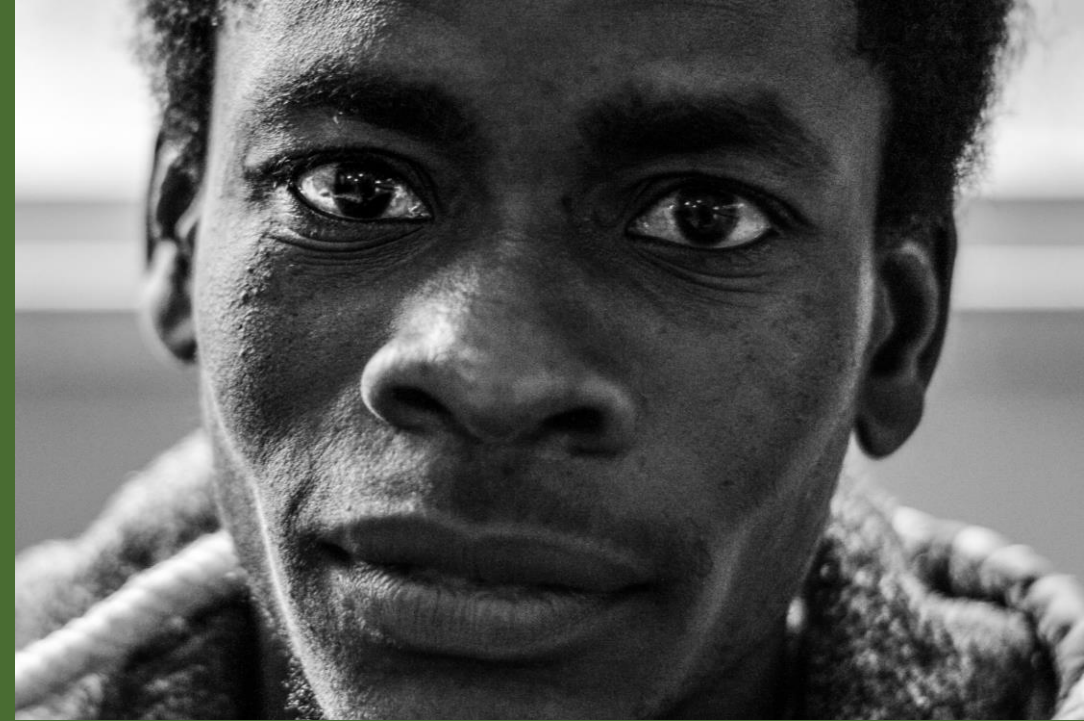
30% never initiated treatment on testing positive

What's keeping him from linking?

- 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 his 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% never initiated treatment on testing positive

What's keeping him from linking?

- 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 might help?

- Empathetic counseling that helps him to identify and leverage sources of motivation
- Services that make it easy to be on treatment
- Information on the benefits of treatment

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

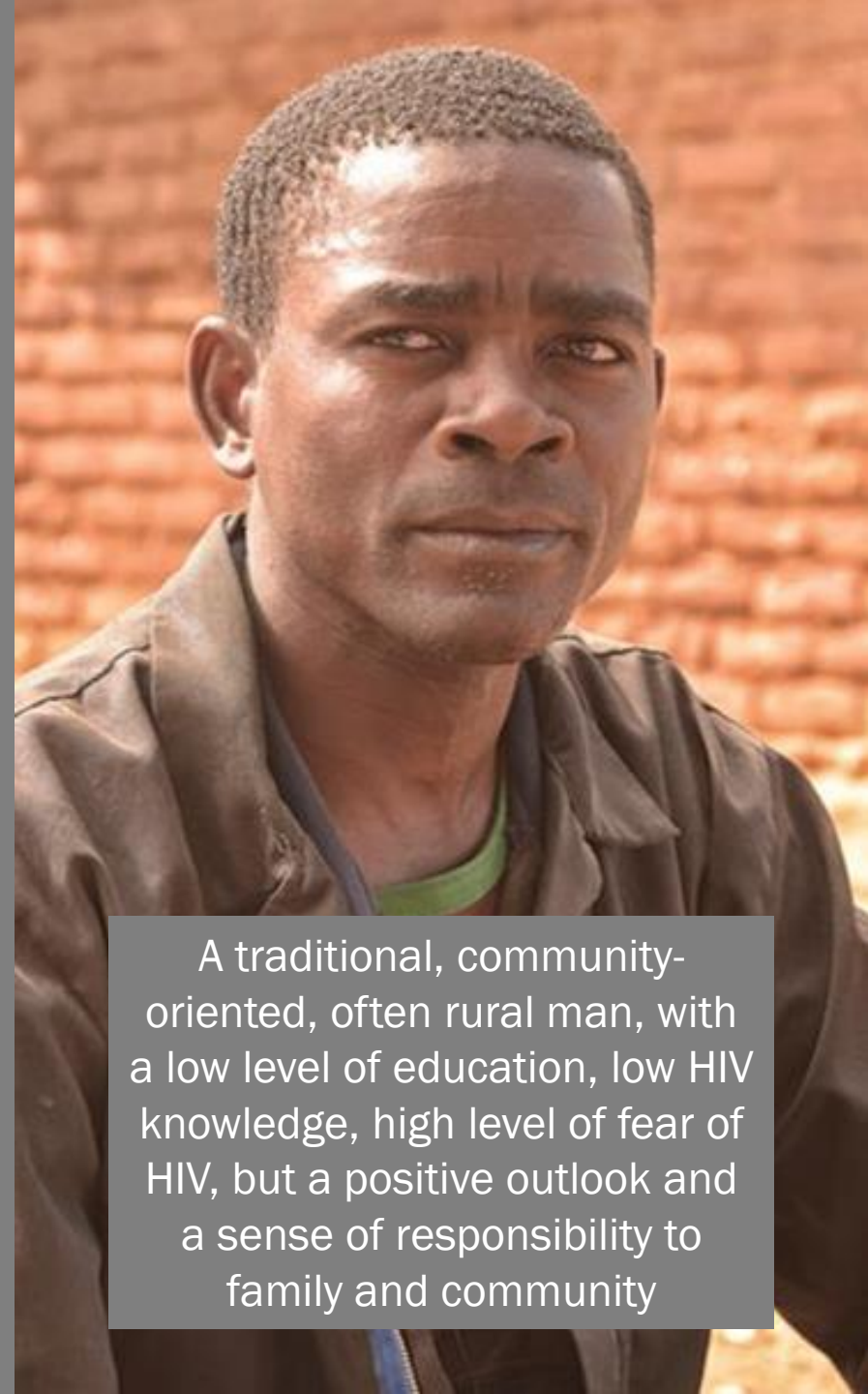
14% never initiated treatment on testing positive

What's keeping him from linking?

- 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 might help?

- 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
- Messages on 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

Conclusions

Making linkage easier is important...

Across segments, barriers related to time, cost and convenience can be the primary impediment to linkage. Those barriers can also camouflage root causes, making them harder to surface and address.

...but for some segments of men it will not be sufficient

We can follow up with men who test positive, and we can even put services right in front of them in the community, but we are unlikely to achieve sticky linkage if treatment remains passive and externally driven.

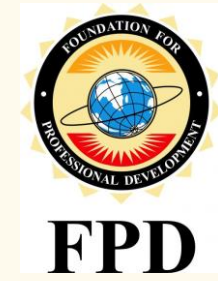
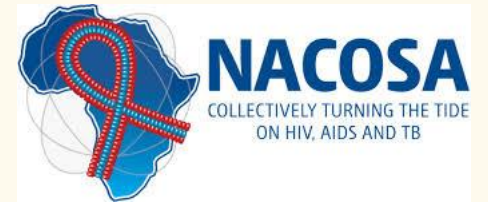
We also need to pay attention to other factors

- Internalizing motivation
- Retaining or reframing identity and lifestyle
- Reducing stigma and increasing social support
- Increasing provider empathy

What works on each of these points will be different for different segments

We therefore need tools and approaches that allow us to understand each individual and to surface and address their particular barriers and challenges.

Acknowledgements



Thank you!

Contact:

Shawn Malone

Project Director

+27 81 038 1862

smalone@psi.org



#IAS2019 | @IAS_CONFERENCE | WWW.IAS2019.ORG