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Department:
Health
REPUBLIC OF SOUTH AFRICA

“Confirmation of an unspoken truth:” Community perspectives on men's HIV testing behavior in South Africa

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HIV Counseling and Testing (HCT): Achieving the First “90”

- South Africa has approximately 6.5 million PLHIV
- Ambitious COP 15 targets: more than a doubling for HTC, almost 50% increase for ART; DREAMS test and start for men
- Only about 70% of PLHIV know their status and less than 40% of HTC clients are males.

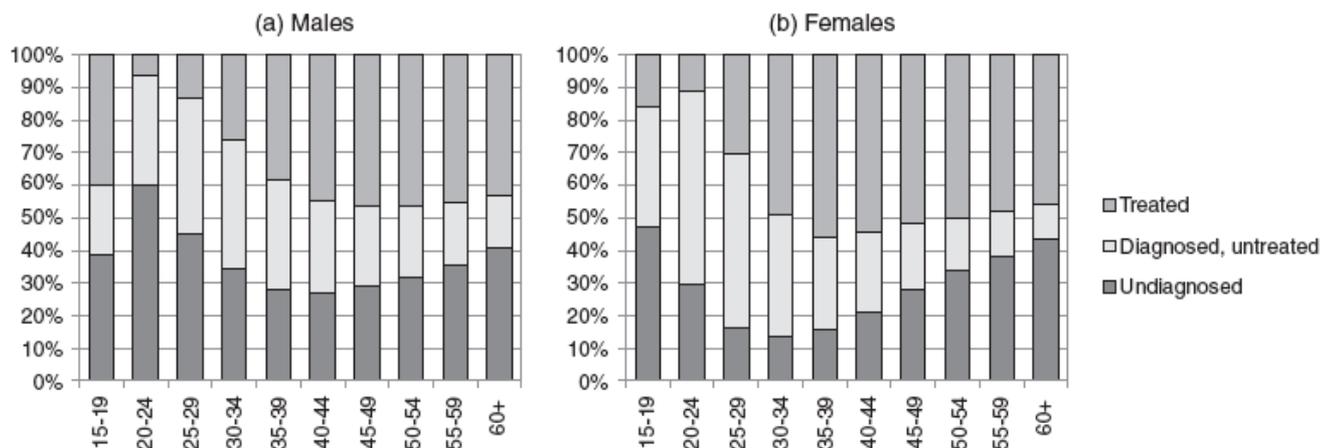


Fig. 2. Proportions of HIV-positive adults diagnosed and treated, by age and sex (2012).

Methodology and Demographic Profile

- 15 focus group discussions (FGDs) and 9 in-depth interviews (IDI) in 6 districts in 4 provinces
- 97 males and 26 females ages 18-24 and 25-35 recruited from urban, peri-urban and rural localities
- All participants unemployed; majority (76%) had secondary or post-secondary education
- Data coded using qualitative software, thematically analyzed

KEY FINDINGS

- ❑ Awareness and Knowledge
- ❑ Barriers
- ❑ Enablers

Awareness and Knowledge

- High awareness of HCT, ART and condom usage and link to HIV prevention

Reasons cited for testing:

- To protect one's status if negative and adopt a healthy lifestyle if positive
- To access treatment
 - *“It's better if you know because you'll be going for treatment and all that, you can live longer, than not knowing and die without knowledge” (urban male, 18-34, GP)*
- To protect your sexual partner

BARRIERS TO HCT

Psychosocial Barriers

- ❑ Psychosocial factors were the most frequently cited barriers to HTC uptake for men, including:
 - Gender norms and notions of masculinity
 - Fatalism/perceived inevitability of infection
 - Continuing belief that positive result equals death
 - Denial and preference not to know one's status
 - Stigma related to HCT and fear of disclosure
 - Mistrust of HIV test
- The essence of these barriers is captured in the respondents own words--in Additional Slides.

Male norms

- *“Males have got this thing that we are strong and no disease can conquer us, or something like that. We have that mentality that we are men, so that thing makes us feel like we are strong and immune to diseases when you actually do not know what is going on in your body” (peri-urban HIV+ M, 18-34, GP)”*

Testing by Proxy

- *“My boyfriend used to encourage me to go and test. He would tell me that if my results came back negative, then it meant he was negative as well” (urban F, 18-24, GP)*

Fear of Death

- HIV-positive status still seen as a death sentence, rather than hope of a better life after a positive test.
- *“The fear of finding out that you are positive is the fear that your lifestyle is going to change completely and you are going to live with this and whatever and ever until you die. The fear of death, the fear of death, they are afraid of dying.... If you have HIV, you are going to die, no matter what, you are going to die and death is very sore” (peri-urban male, 22, HCT-, Gauteng).*

Denial of Risk

- Some knew that their lifestyle was risky but felt they were immune to HIV because they had no symptoms
- Most participants said it is better not to know ones' (positive) status

Fatalism/Inevitability of Infection

- Acceptance that past behavior probably exposed them to the virus, so no need to go for HIV test.
- Even people who are not engaging in risky sexual behavior believed they could acquire HIV by other means and were scared to test

Stigma and Fear of Disclosure of Positive Status

- For those who test HIV positive, disclosure was not considered an option

Stigma related to HCT and condom use

- HCT is seen as confirmation that one is not using condoms or is sick
 - *“Sometimes our friends are judgmental, even though they might not always say it to your face, they will say (that person) is having unprotected sex that is why she is testing’ (urban F, 18-24, GP)*

Mistrust of the HIV Test

- Some HIV-positive men believed that the needle used for testing can infect clients with the HIV virus

Health Service-related Barriers

The formative research also identified a number of significant health services-related barriers

- Health facilities are not “male-friendly”
- HCT services do not provide sufficient privacy
- Health workers are judgmental, and do not respect clients' confidentiality
- Pre-test counseling seen as intrusive, fear-based and of limited value

Health Facility-related Concerns

- Men generally perceive clinics to be spaces for women, not men
- Physical layout draws attention to those seeking HCT
 - *“What's worse about the clinics, they have these rooms, it's written there 'HIV and AIDS blood, TB.' When you go to that block they know that you're going to get tested or you're HIV positive” (urban HIV+ M, 28, FS)*

Health Worker-related Concerns

- Participants complained that health workers violate confidentiality and/or treat clients badly
- *“The time I was testing for TB there were a lot of people there in that room. I think there has to be privacy between a doctor and a patient.... She said to me, 'you're HIV, your HIV results were positive', and everyone was listening.... I asked her' why are you making noise, do you want people to know my status? ... She said to me, 'do you want to teach me how to do my job?' “.... (urban HIV+ male, 28, Free State).*

Intrusive and Poor Quality Counseling

- Participants who had tested were dissatisfied with intrusive questions and quality of pre-test counseling
 - *“For me the counselling was very bad. I was asked whom I slept with? And [if] I start getting sick whom will I tell? And that was the end of the counselling. Counseling must encourage you with what you need to do when you get sick and not be asked who you slept with and what you've been doing (rural male, 25-34, Mpumalanga).*

HCT ENABLERS

HCT Enablers

- The research also identified several factors that encouraged men to test; these include:
 - Being symptomatic
 - Knowing a person living with HIV
 - Partner-related factors
 - ART availability (mentioned only by a few)
 - VMMC as an entry point
 - Workplace testing

Participants Recommendations

- Enhance HCT privacy and quality of services
- Provide door to door HCT and mobile testing for men who avoid health facilities
- Make home testing kits (self-testing) more accessible as these provide privacy and confidentiality
- Extend the Men's Health/Wellness Clinic concept
- Discard the hypothetical “HIV positive” scenario during pre-test counselling

CONCLUSION

IMPLICATIONS FOR PEPFAR

- Barriers to HTC are barriers to epidemic control- men as a special population.
- The study identifies a number of significant barriers to men's uptake of HCT, as well as some enabling factors
- Men are not a homogenous group: Targeted testing—More resources—more case identification
- Scale-up models for reaching other special populations (e.g. key populations—peer to peer).

APPLICATION OF THE STUDY: DEMAND CREATION THROUGH MEDIA

MEDIA CAMPAIGN FOCUS



STRATEGIC EVIDENCE-BASED COMMUNICATION INTERVENTION

Uses television, radio, billboards, social media, SMS to increase uptake of key HIV/SGBV services:

- SGBV services
- Medical Male Circumcision
- HCT (IN PROGRESS)
- Consistent condom use
- Dual protection

Draws on established South Africa campaigns

- Brothers for Life (males)
- ZAZI (females)
- Based on evidence and in-line with NSP & PEPFAR 3.0
- Coordinates with other “legs” of Communities Forward, SAG, and other PEPFAR partners' programmes

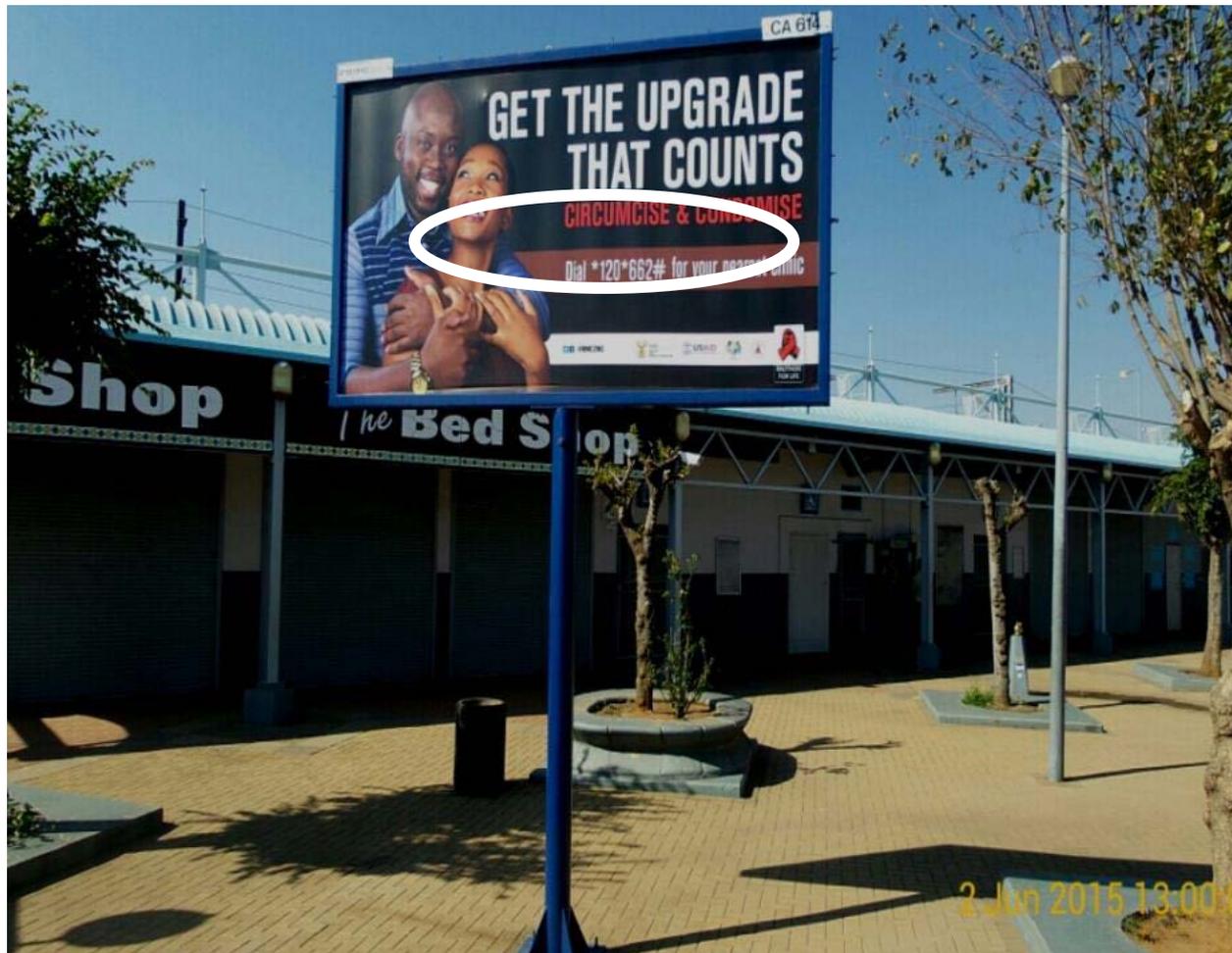


MEDIA CAMPAIGN ELEMENTS

- TV PSA
- Radio PSA
- Tavern posters
- Clinic posters
- Billboards
- Short documentaries
- M-Health elements
- Mobile TV



MEDIA LINKS AUDIENCE DIRECTLY TO SERVICES VIA SMS CLINIC FINDER



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