

Breaking the Cycle of Transmission:

Increasing uptake of HIV testing,
prevention and linkage to
treatment among young men in
South Africa.



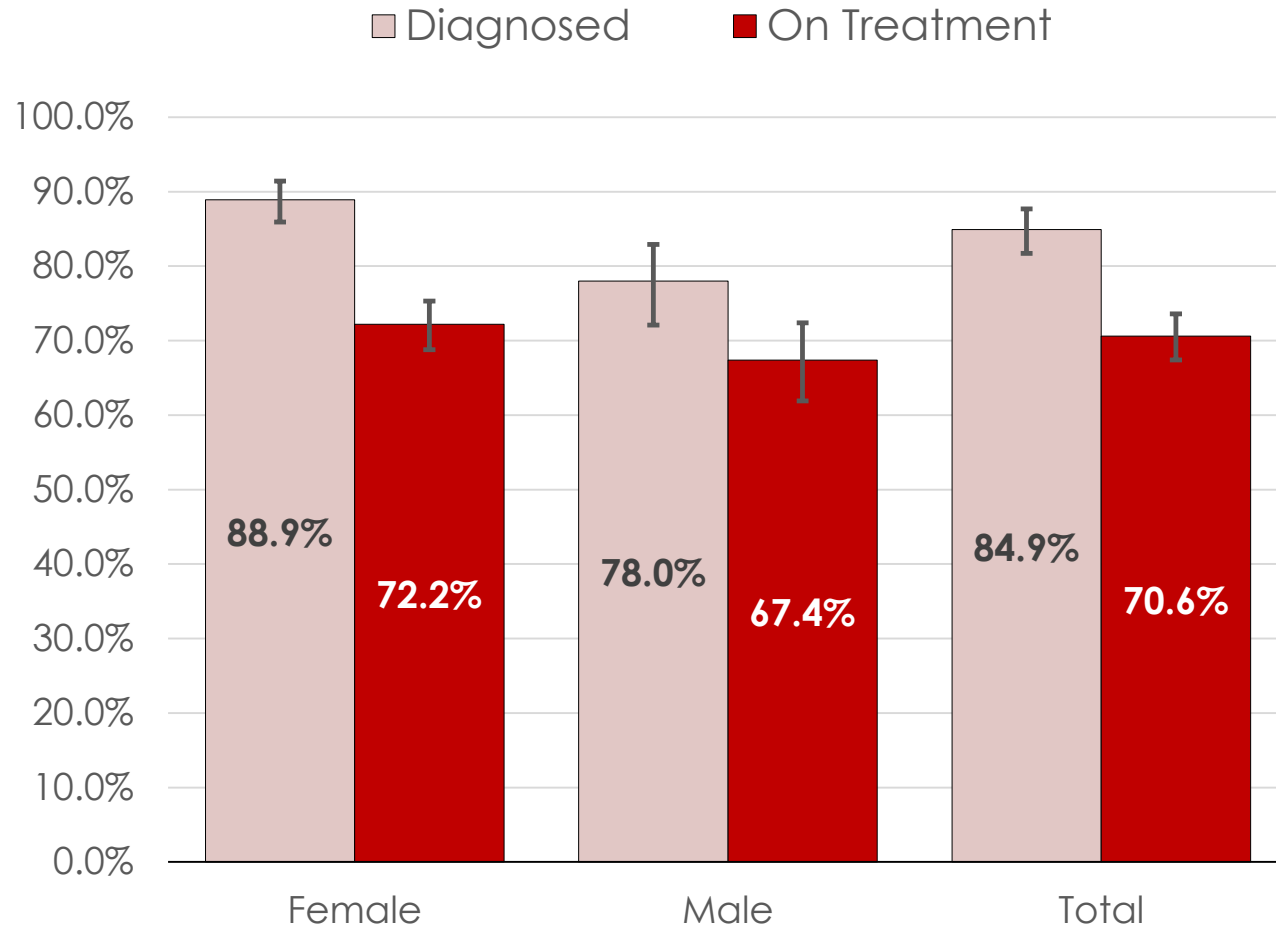
health
Department:
Health
PROVINCE OF KWAZULU-NATAL



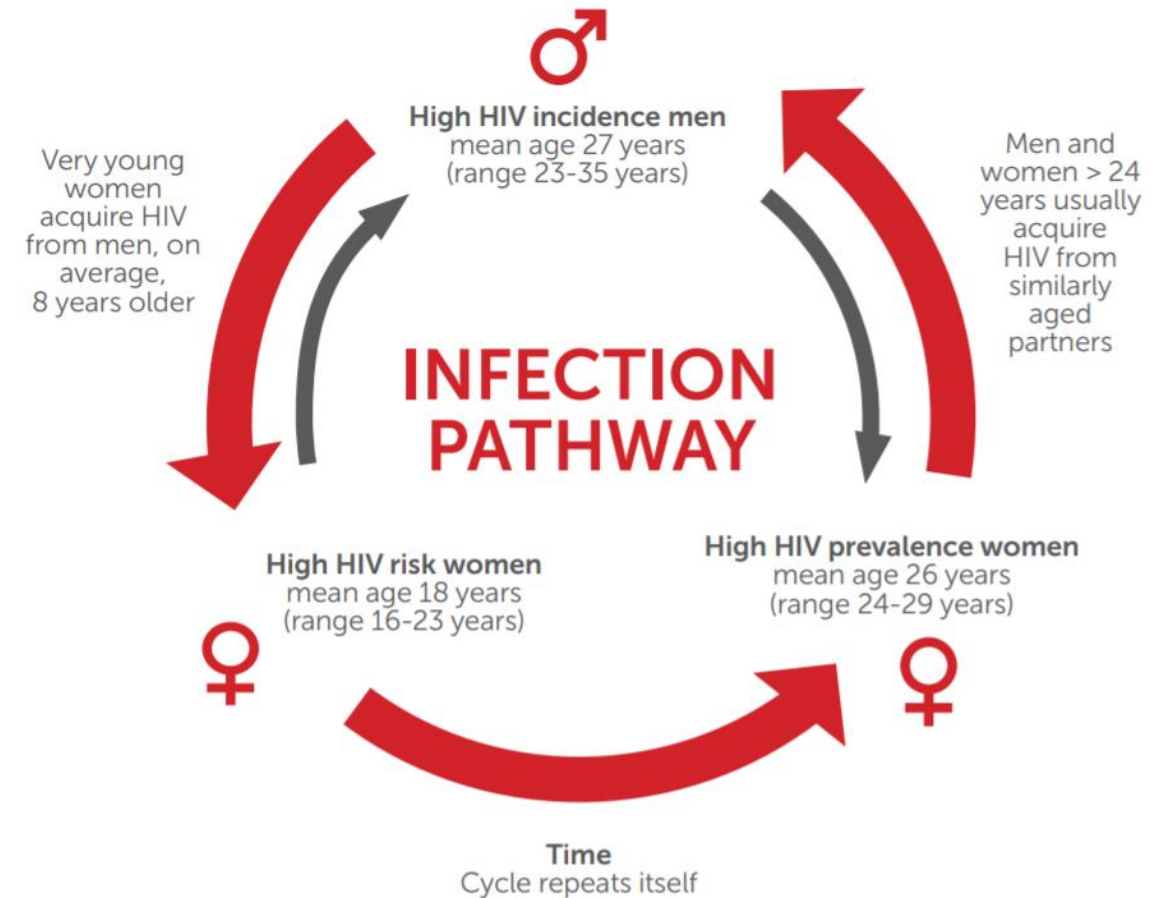
health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA



The challenge: Young South African men are less likely to be diagnosed and treated and are transmitting HIV to younger female partners



Source: Fifth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, (SABSSM V)



Source: South African National Strategic Plan on HIV, TB and STIs 2017-2022

The goal: Support South African stakeholders in reaching young men with HIV services.



1

How can we **better understand young men's decisions and behaviours** around HIV testing, prevention and treatment?

2

How can we **identify different segments** of young men to enable better tailoring/targeting?

3

How can we **reach each segment more effectively** with HIV prevention, testing and treatment?

We have finished the research phase and are now moving into design and piloting.



Ethnography: Participant led observational method

QUALITATIVE RESEARCH



Patient Pathways + Provider Archotyping: Framing journeys through care systems



Segmentation: Quantifying journeys and clustering different group pathways

QUANTITATIVE RESEARCH



Designing and piloting new interventions and monitoring to see whether we are moving the needle

PILOTING

Research took place in KZN and MPU with a total of 2095 men and 67 healthcare providers.

Geographic focus

- 5 districts of KwaZulu-Natal (eThekweni, King Cetshwayo, Ugu, uMgungundlovu, Zululand)
- 3 districts of Mpumalanga (Ehlanzeni, Gert Sibande, Nkangala)

Qualitative phase (n=76 men aged 25-34, 67 healthcare providers)

- Targeted sample to achieve mix of HIV-positive (linked and not linked) and HIV-negative, in 'high-risk, hard-to-reach' areas
- Eight-hour ethnographic shadowing (18 men, 4 HCPs)
- Two-hour in-depth interviews (58 men, 64 HCPs)
- Carried out by trained interviewers from similar demographics in the respondent's home language

Quantitative phase (n=2019 men aged 20-34)

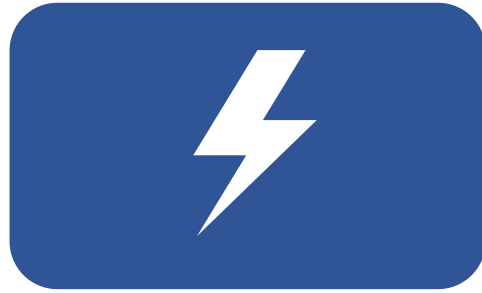
- Men 20-34, matric or less, lower socio-economic status (NLI 1-4)
- Random sample based on Enumerated Area sampling
- One-hour tablet-based survey, carried out by trained interviewers from similar demographics in the respondent's home language



The qualitative research pointed to various barriers and challenges.



**Anticipated loss with
no corresponding gain**



Fear, not indifference



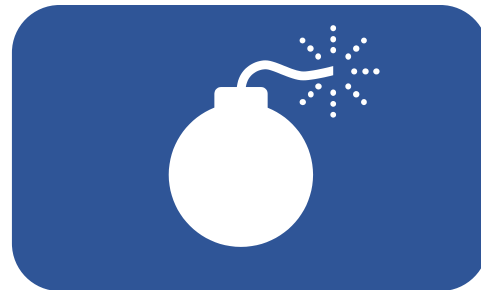
Grief and trauma



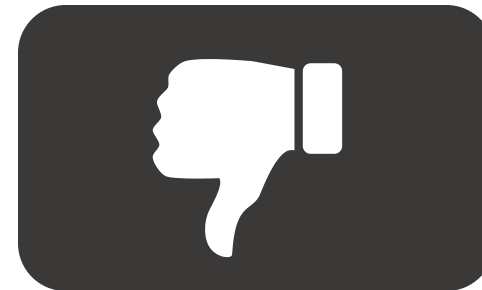
**Inconsistent condom use
based on intuition**



**Testing positive means
life collapses**



Disclosure is frightening



**Provider empathy is not
guaranteed**

Selected insights from the qualitative research

- Many men's responses to HIV are characterized by **anticipated loss** with no corresponding gain.
- Men are often perceived as **indifferent** when actually they are **paralysed by fear**.
- Many live with constant **stress and insecurity**; HTS and ART feel like additional burdens – not a relief.
- Many are AIDS orphans, and **unresolved grief and trauma** can trigger reflexive distancing from HIV services.
- Many engage in high-risk behaviours for HIV transmission that they **rationalize or misunderstand**.
- Testing positive can feel like life is over, triggering anticipated **loss of identity, status, pleasure and even life**.
- They want to be **in control** of decisions around testing, treatment, and disclosure, but often feel **hunted and coerced**.
- **Disclosure** ranks high on their list of fears. Many anticipate it will result in relationship conflict or loss, as well as loss of status among their family, peers and community.
- The **clinic environment** is not welcoming or familiar.
- Provider empathy is often **limited and conditional**, and counselling is often **scripted and didactic**.

The quantitative results facilitated identification of segments based on knowledge, attitudes and behaviours.

A good segmentation meets several criteria:

Distinct

- No overlap in the segments
- Easily identifiable and recognisable
- Easily described (in terms of attitudes and behaviours)

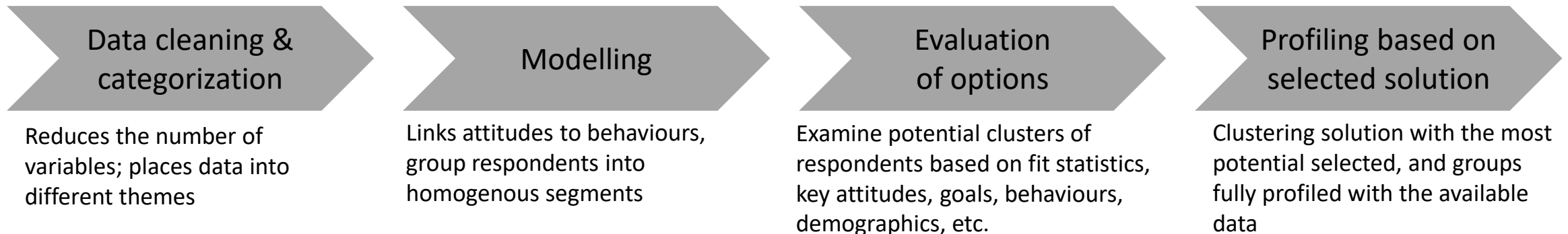
Meaningful

- Based on attitudes and behaviours that are relevant to the product or service being developed/offered

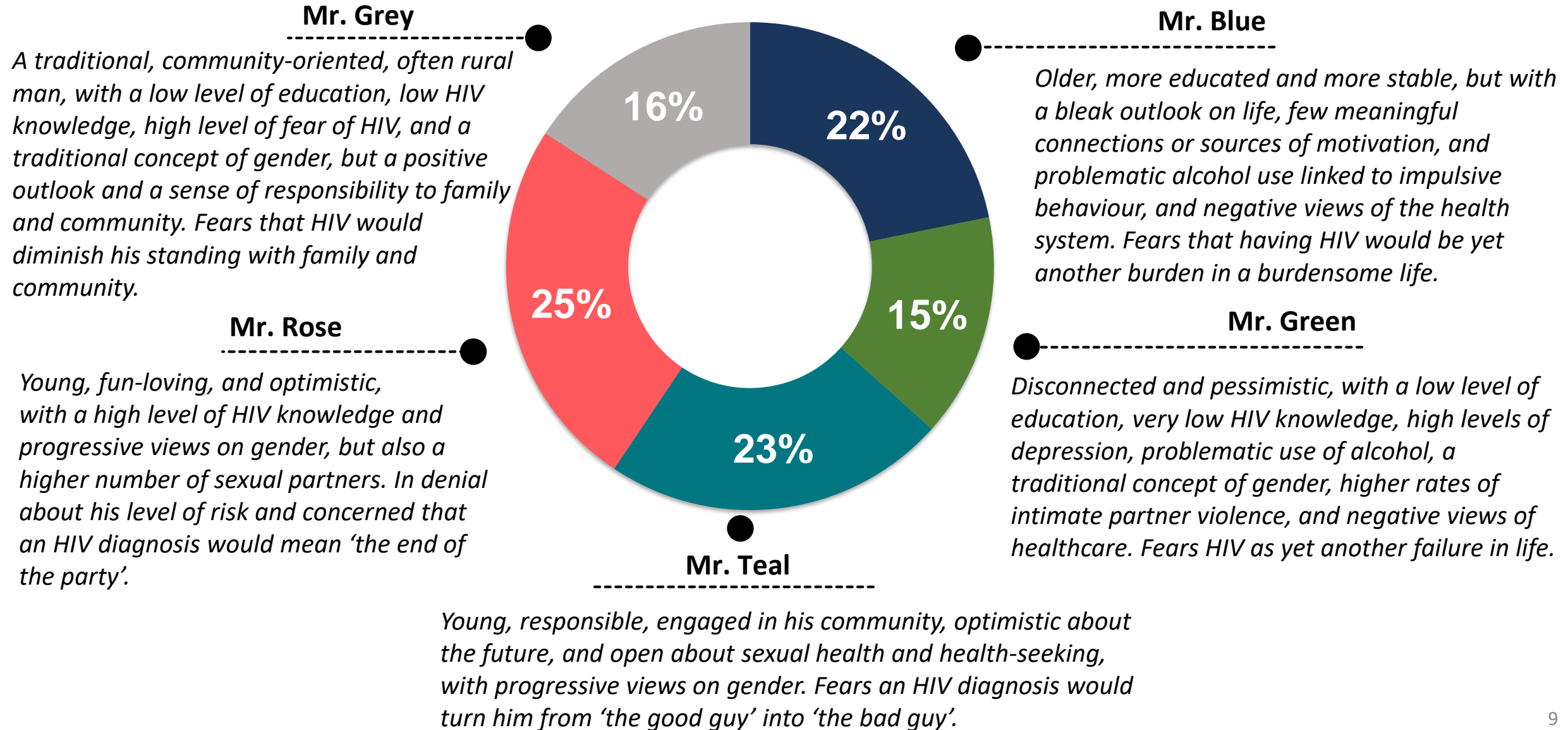
Actionable

- Informs prioritisation of segments to target (and why), how to find them and how best to engage with them

Process:



We identified five segments of men in relation to HIV testing and linkage.



What's similar across segments?

- Low levels of stable employment, averaging 35%.
- Low and inconsistent condom use – only 31% said they 'always used a condom in the past year'.
- Average of 2.4 sexual partners in past year.

(Note: All figures are self-reported.)



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

Mr Teal

18% of the men in this segment who had tested positive never initiated treatment

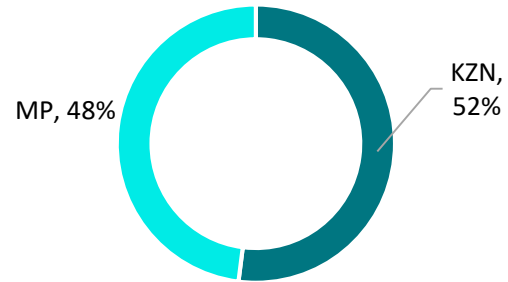
What's keeping him from linking?

- 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 a good member of the community
- Support in disclosing to his family and community
- Messages that reduce stigma around PLHIV as irresponsible, promiscuous, 'a problem'

Mr Teal by the numbers



More likely to be urban,
predominantly Ehlazeni
and eThekweni

Education

58% matric

Average level of education

Employment

32% with a steady job

Least likely to be employed

Circumcision

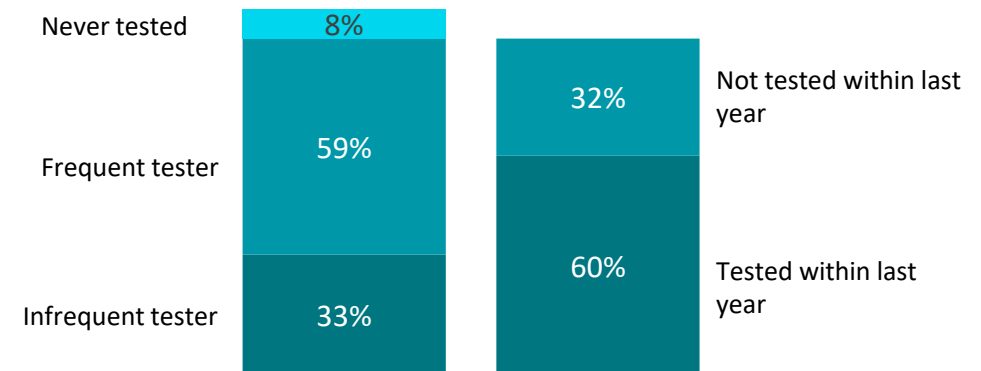


Joint youngest of segments



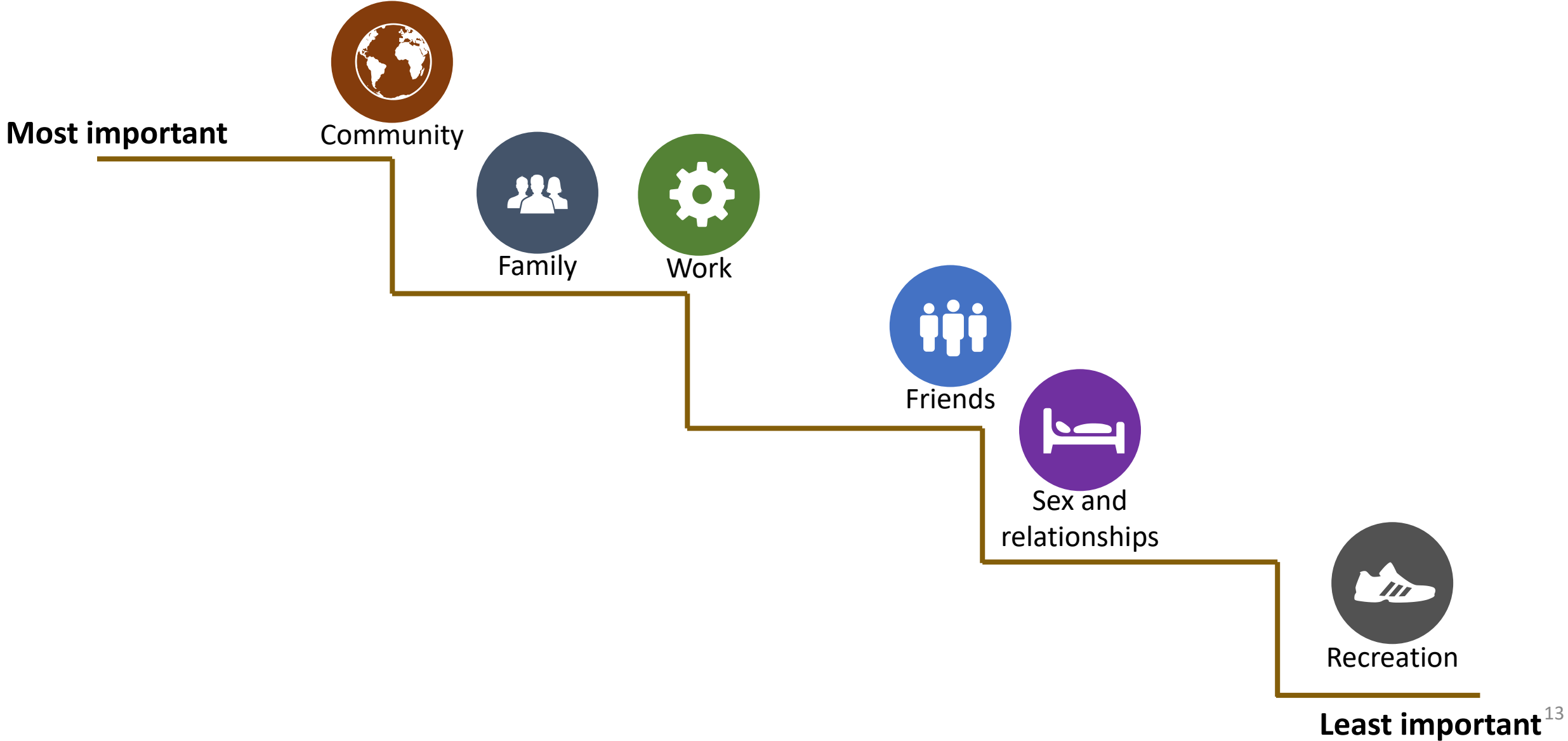
More likely to have been medically circumcised

Testing



Most likely to test

Mr Teal prioritises community, family and work.



Mr. Rose

30% of the men in this segment who had tested positive never initiated treatment

What's keeping him from linking?

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

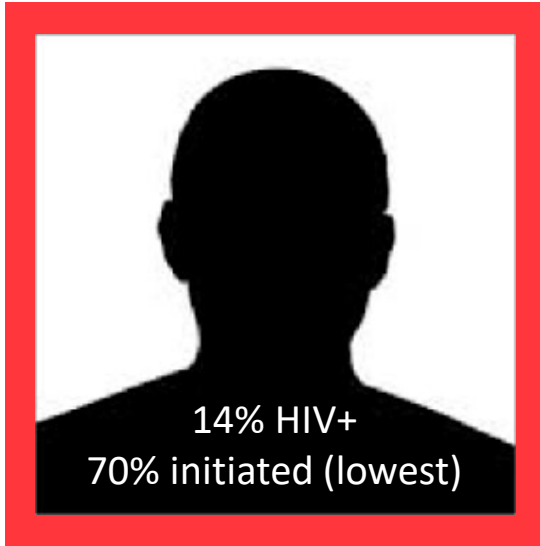
What might help?

- 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

Mr Rose by the numbers



More likely to be urban,
predominantly Ehlanzeni
and eThekweni

Education

60% matric

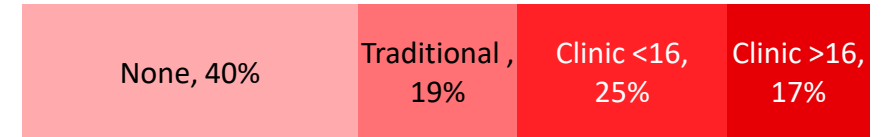
Above average level of education

Employment

36% with a steady job

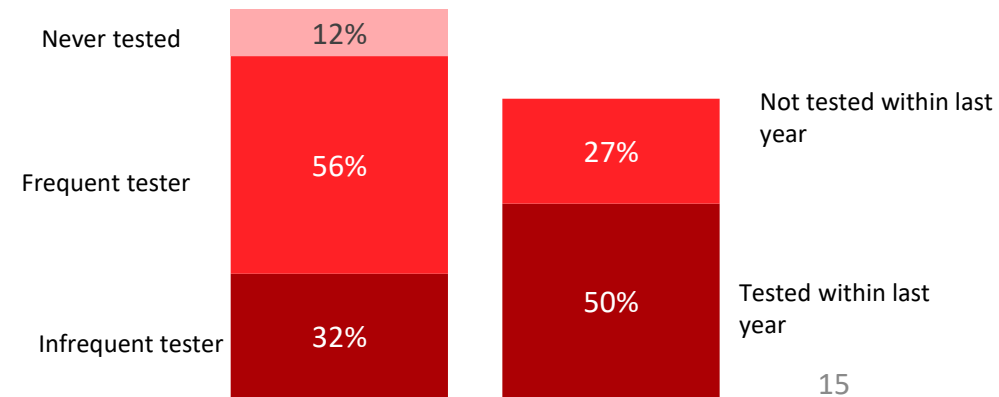
Above average likelihood of being employed

Circumcision



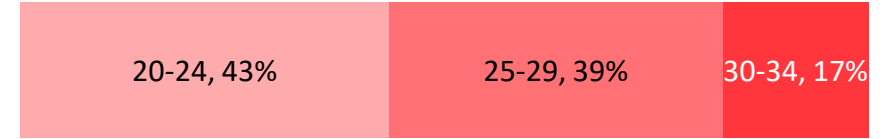
Average rates of medical circumcision

Testing



Second highest testing frequency compared to other segments

Age



Joint youngest of all segments

Mr Rose prioritises friends and fun.

Most important



Recreation



Sex and relationships



Friends



Family



Community



Work

Least important¹⁶

Mr Green

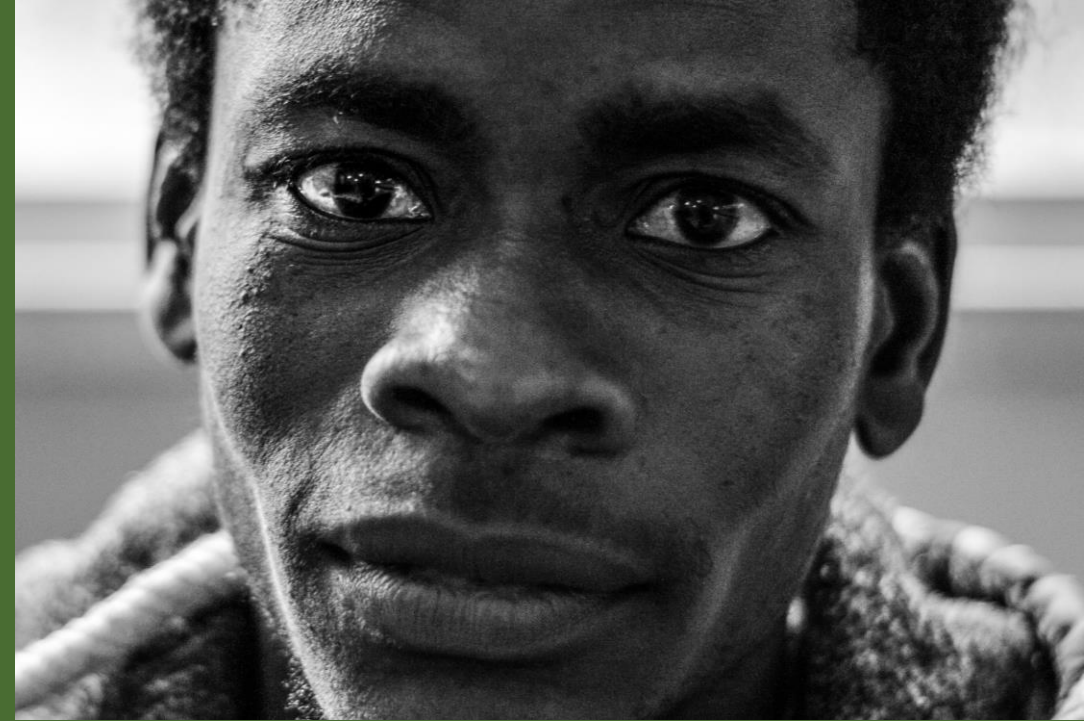
30% of the men in this segment who had tested positive never initiated treatment

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

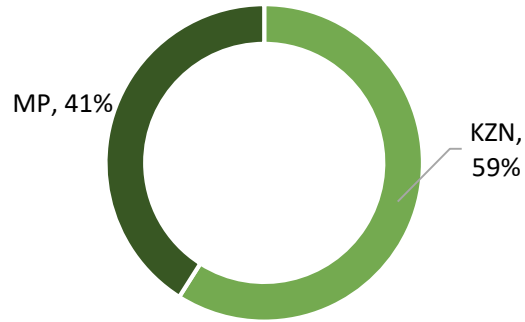
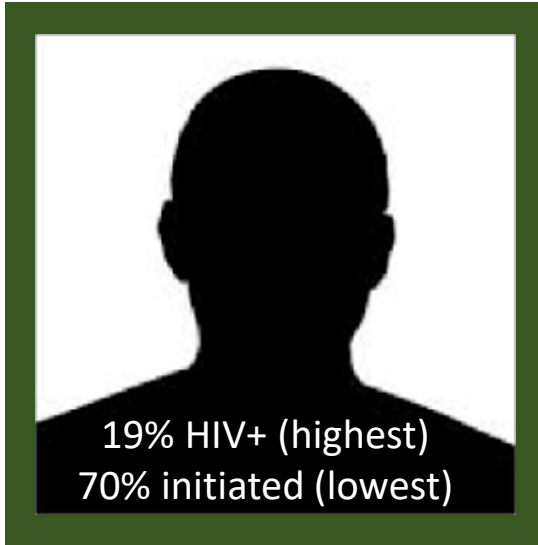
What might help?

- 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 Green by the numbers



More likely to live in informal housing

Education

58% matric

Average level of education

Employment

35% with a steady job

Second least likely to be employed

Age

20-24, 38%

25-29, 37%

30-34, 25%

Average age amongst segments

Circumcision

None, 46%

Traditional, 20%

Clinic <16, 19%

Clinic, after 16, 14%

Least likely to be medically circumcised

Testing

Never tested

12%

Frequent tester

52%

Infrequent tester

36%

22%

Not tested within last year

66%

Tested within last year

Lower than average testing rates and frequency

Mr Green prioritises friends and recreation.

Most important



Friends



Recreation



Sex and relationships



Community



Family



Work

Least important



Mr Blue

25% of the men in this segment who had tested positive never initiated treatment

What's keeping him from linking?

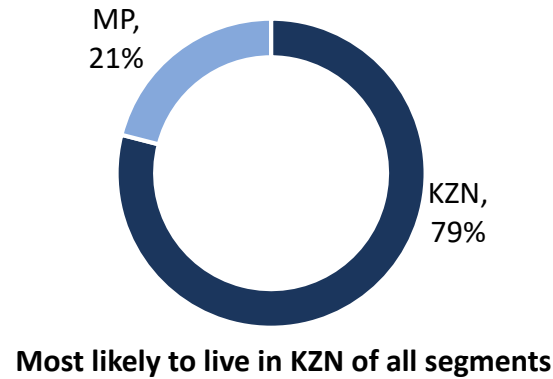
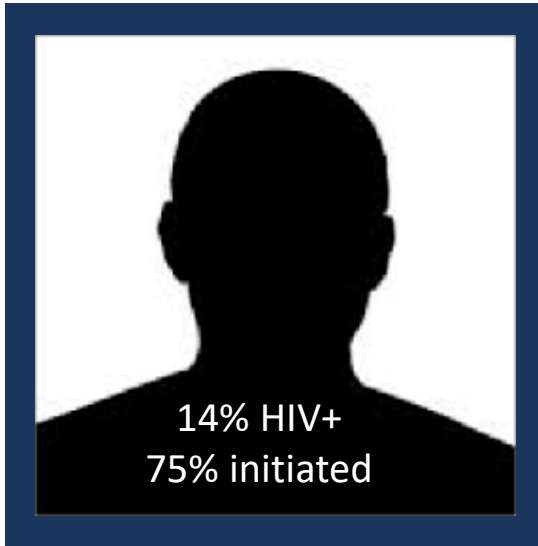
- Fears that having HIV would be yet another burden to carry
- Few meaningful connections or sources of motivation
- Few people he trusts or feels comfortable talking to
- Negative view of the healthcare system and providers

What might help?

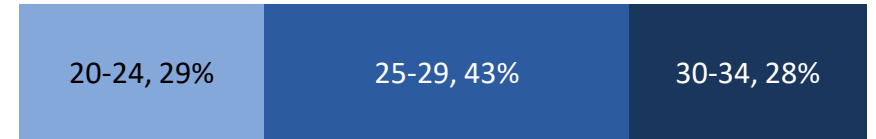
- Empathetic counseling that helps him to identify and leverage sources of motivation
- Services that make it easy to be on treatment
- Information on the benefits of treatment

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 Blue by the numbers

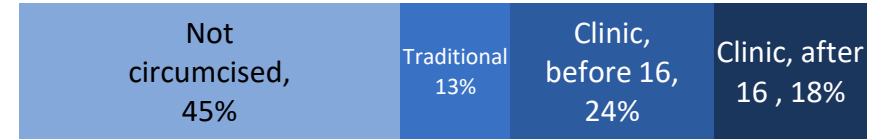


Age



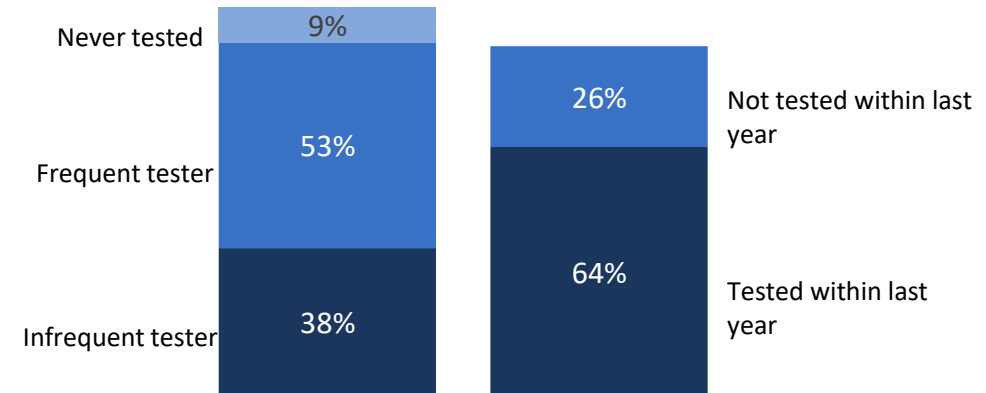
Comparatively older

Circumcision



Comparatively less likely to be circumcised

Testing



Medium testing frequency among segments

Education

73% matric

Most educated segment

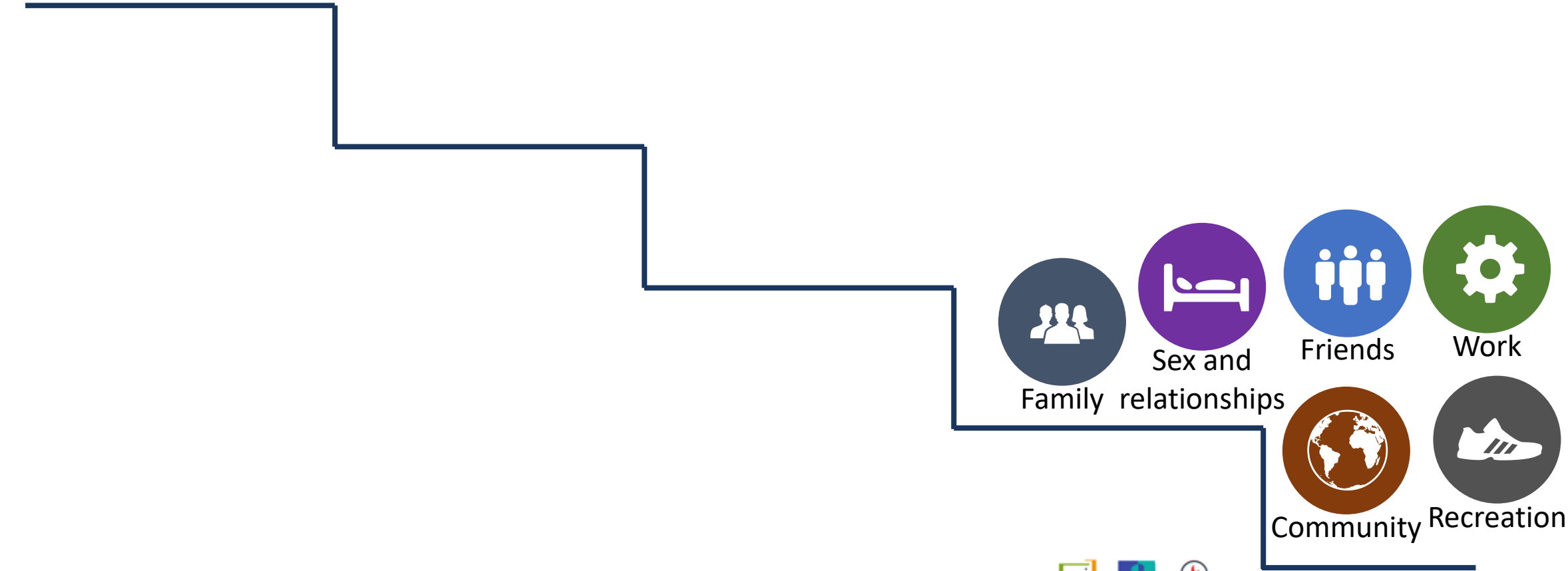
Employment

40% with a steady job

Most likely of all segments to be employed

Mr Blue has few strong motivations, making interventions challenging to design.

Most important



Mr Grey

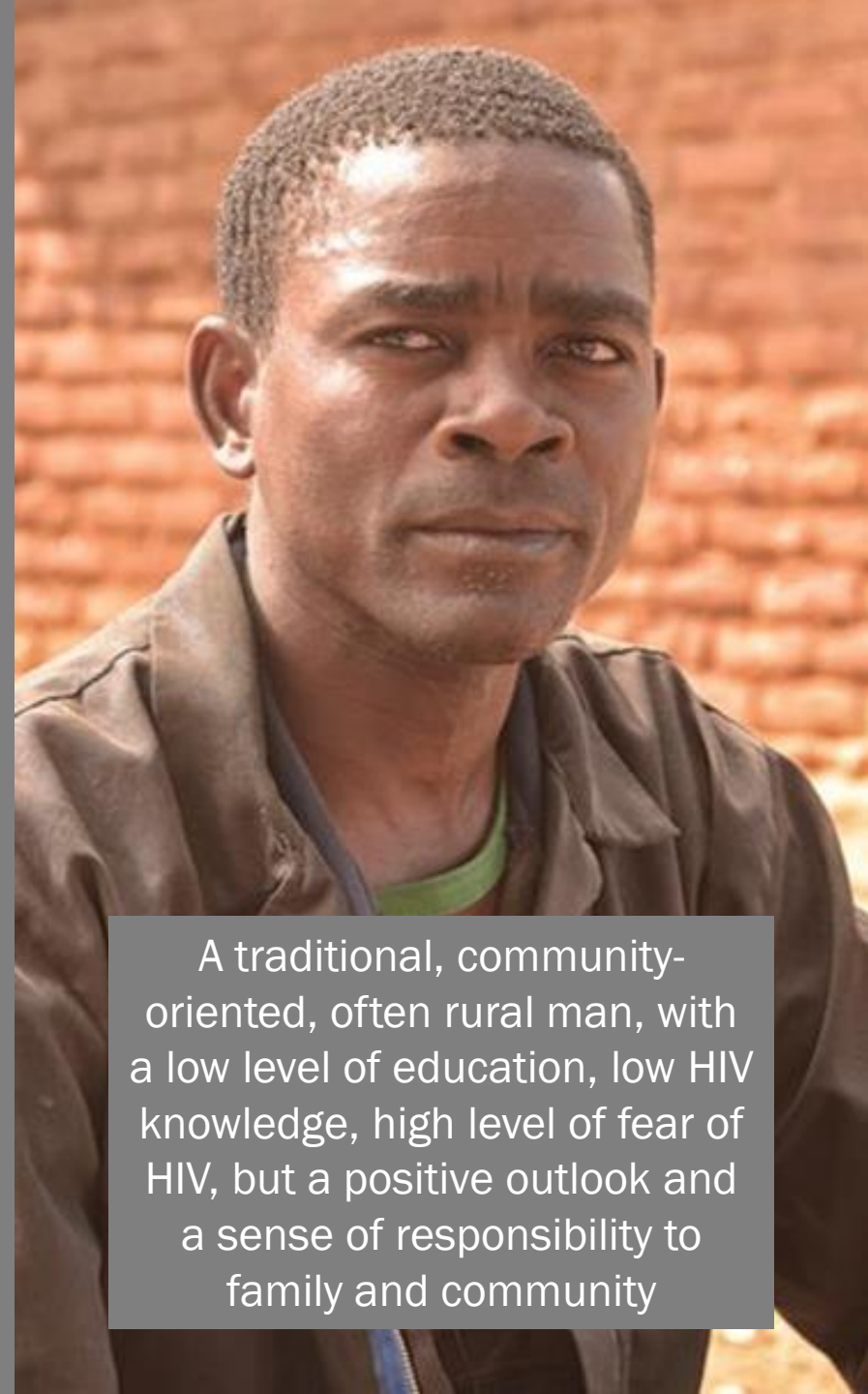
14% of the men in this segment who had tested positive never initiated treatment

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

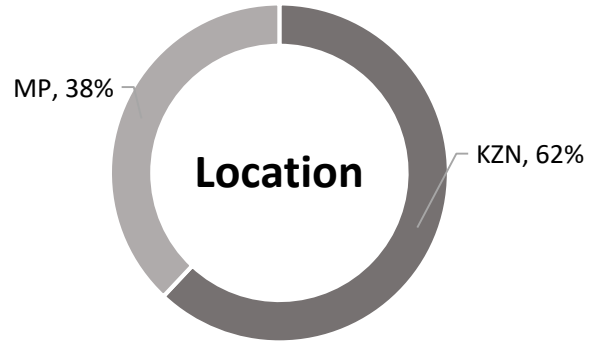
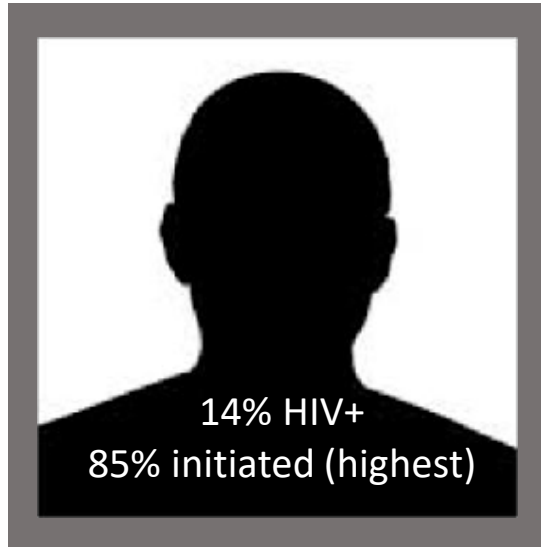
What might help?

- 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

Mr Grey by the numbers



Most likely to live in a traditional rural home
Second most likely to live in KZN

Education

55% matric

Lowest level of education

Employment

33% with a steady job

Second least likely to be employed

Age

20-24, 42%

25-29, 36%

30-34, 23%

Average age amongst segments

Circumcision

None, 32%

Traditional,
15%

Clinic <16,
32%

Clinic >16,
21%

More likely to be medically circumcised before 16

Testing

Never tested

11%

Frequent tester

47%

Infrequent tester

42%

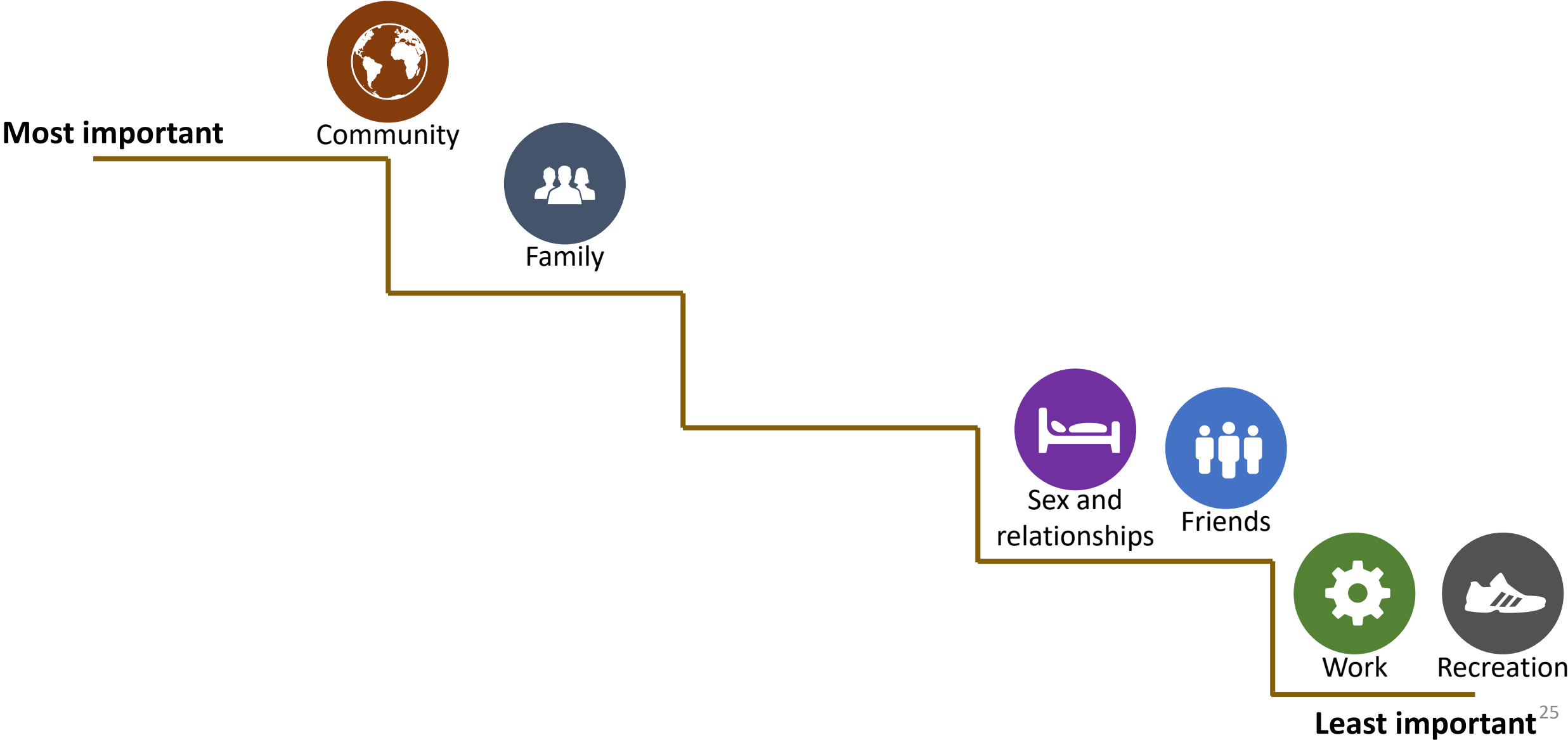
39%

Not tested within last year

Tested within last year

Low testing frequency among segments

Mr Grey prioritizes community and family.



Segments at a glance

	Teal	Rose	Green	Blue	Grey
HIV prevalence	15%	14%	19%	14%	14%
ART initiation	82%	70%	70%	75%	85%
VMMC	51%	42%	33%	42%	53%
HIV knowledge	High	Highest	Lowest	Middle	Low
Social support	Highest	High	Middle	Lowest	Low
Gender equity	Highest	High	Lowest	Middle	Low
Optimism	Highest	High	Lowest	Low	Middle
Top values	Community	Friends, recreation, sex	Friends, recreation	None	Community, family

Segments at a glance: Demographics



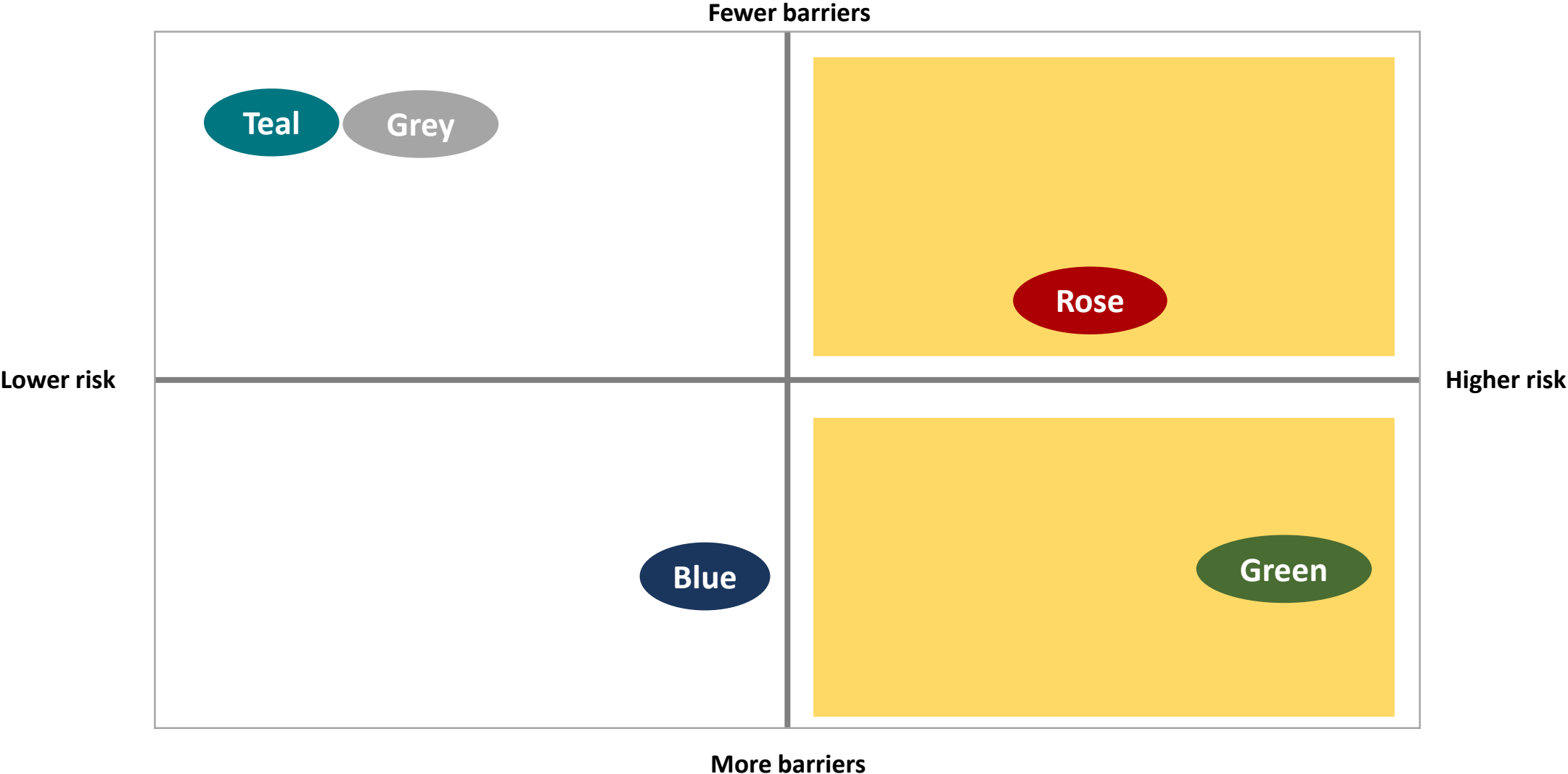
Segments at a glance: Risks and barriers

Teal	<ul style="list-style-type: none">• Lowest level of risk (more likely to be circumcised, fewer casual partners)• Fears that being HIV-positive would diminish his reputation and standing
Rose	<ul style="list-style-type: none">• High level of acquisition/transmission risk (more casual partners)• In denial about his level of risk• Fears that being HIV-positive would require undesirable lifestyle changes
Green	<ul style="list-style-type: none">• High level of acquisition/transmission risk (low VMMC, high alcohol use, more casual partners)• Low knowledge of HIV, perhaps as a deliberate avoidance tactic• Few people he trusts or feels comfortable talking to about sexual health• Negative view of health system and healthcare workers• Fears that being HIV-positive would drag him even further down in life
Blue	<ul style="list-style-type: none">• Few meaningful connections or sources of motivation• Few people he trusts to talk about sexual health• Negative view of health system and healthcare workers• Fears that being HIV-positive would be yet another burden to carry
Grey	<ul style="list-style-type: none">• Lower level of risk (higher VMMC and condom use, fewer casual partners)• Few people he trusts or feels comfortable talking to about sexual health• Fears that being HIV-positive would diminish his standing in the community

Segments at a glance: What might improve linkage to treatment?

Teal	<ul style="list-style-type: none">• Counseling that helps him cope with fear of losing 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'
Rose	<ul style="list-style-type: none">• 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 that focus on U=U/Treatment as Prevention, which he is likely to find motivating
Green	<ul style="list-style-type: none">• Empathetic counseling that helps him to surface and cope with his particular barriers (including depression)• Community/peer outreach that takes services and support to him—he is unlikely to go to the clinic• Services that make it easy to be on treatment—make it a relief rather than a burden• Adherence clubs and other social/group approaches—he likes 'safety in numbers' and tends to go with the flow• Information on the benefits of starting treatment—he has very low overall knowledge of HIV
Blue	<ul style="list-style-type: none">• Challenging segment as he reports few strong motivations in life• Empathetic counseling that helps him to surface and cope with his particular barriers• Community/peer outreach that takes services and support to him—he is also unlikely to go to the clinic• Messages that focus on U=U/Treatment as Prevention, which he may find somewhat relevant
Grey	<ul style="list-style-type: none">• Challenge for this segment appears to be more testing than linkage• Counseling that helps him cope with his fear of losing his identity as a traditional family man and community man• Support in disclosing to his partner, family and community• Messages that focus on U=U/Treatment as Prevention, which he is likely to find motivating

Priority segments for treatment



PrEP

Barriers to PrEP adoption and use fall into four main categories.



Mr. Teal and Mr. Rose seem to be the best candidates for PrEP.

Mr. Rose shows high interest in PrEP, motivated by the reward of a carefree lifestyle while staying away from the HIV 'cliff edge'. He also has fewer barriers than other segments. His level of risk is also relatively higher, with more casual partners and less consistent condom use.

Potential challenge: Motivation to sustain use given his tendency to underestimate his risk

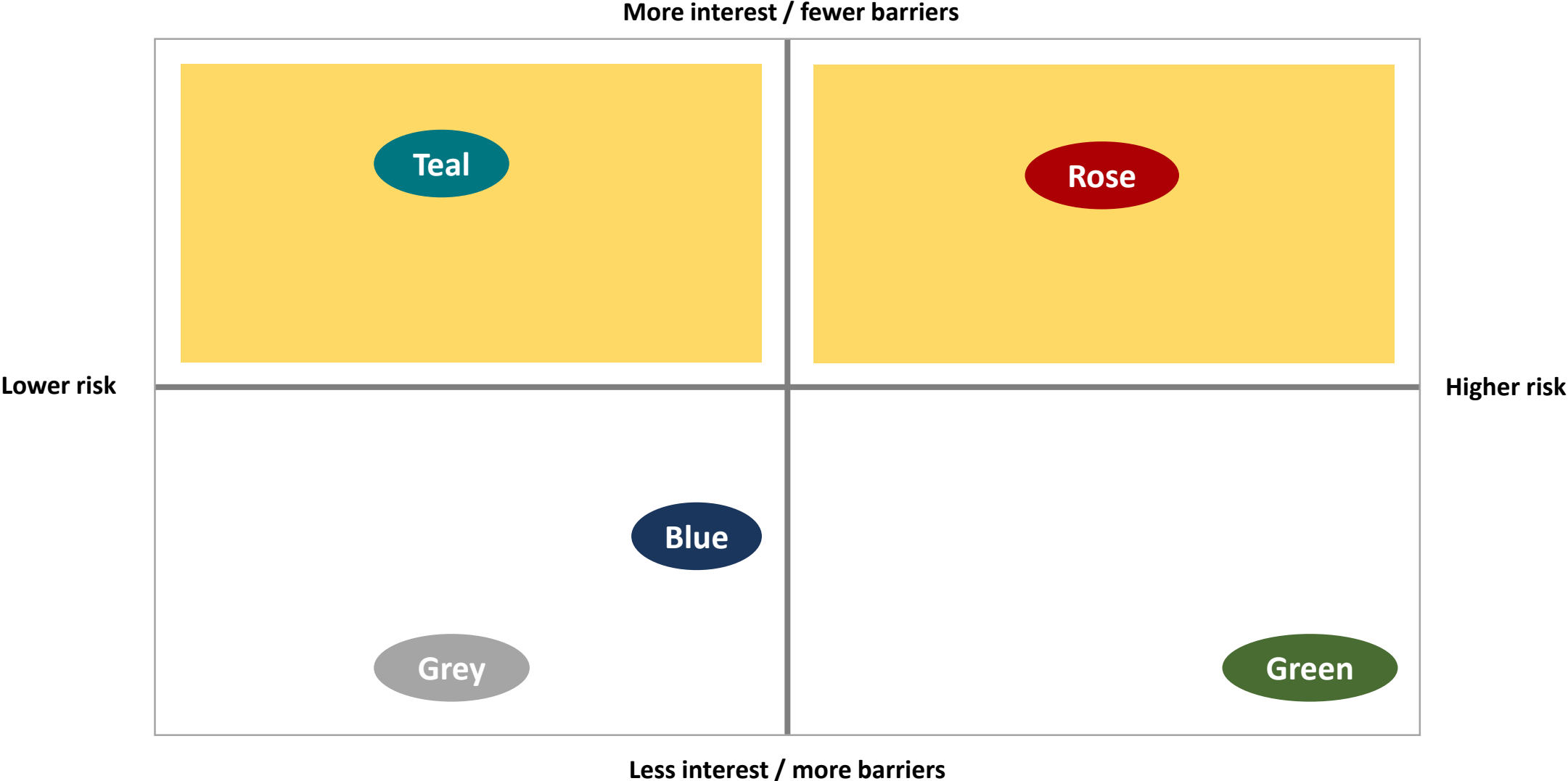
Among this segment, 36% responded that they are 'very likely' to use it.

Mr. Teal also shows high interest in PrEP, motivated by a sense of responsibility and the desire to protect his reputation. He also has fewer barriers than other segments. His risk level is relatively lower, but he may be a social catalyst for making PrEP acceptable to other segments.

Potential challenge: Motivation to sustain use given his lower level of risk

Among this segment, 42% responded that they are 'very likely' to use it.

Priority segments for PrEP



Next steps

- Design workshops
- Prototyping
- Piloting & evaluation

Acknowledgements

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- Premier's Office/Provincial AIDS Council in KZN and MPU
- District teams in Ehlanzeni, eThekweni, Gert Sibande, King Cetshwayo, Nkangala, Ugu, uMgungundlovu and Zululand
- South African National AIDS Council (SANAC)
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Thank you!

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