

“If she tests negative, it means I am also negative”: Men’s construction of HIV testing in KwaZulu-Natal, South Africa

Adeagbo OA^{1,2}, Herbst C¹, Diamini N¹, Mhlongo T¹, Luthuli M¹, Xulu S¹, Sonnenberg P², Estcourt C³, Blandford A², Turbe V², Thomas M⁴, Herbst K¹, Pillay D^{1,2}, McKendry RA², Shahmanesh M^{1,2}

¹Africa Health Research Institute, South Africa, ²University College London, UK, ³Glasgow Caledonian University, UK, ⁴Imperial College London, UK

1. Introduction

- Globally, South Africa has the highest number of people (over 7 million) living with HIV/AIDS, with an estimated 2.7 million men living with HIV.
- The province of KwaZulu-Natal is mostly burdened with an estimated 18.1% HIV prevalence rate.
- High HIV infection (estimated 30% in district surveillance area) in our setting in Hlabisa sub-district, and men are more likely to die of AIDS-related death than women.
- Nationally, most men living with HIV are unaware of their status, not on treatment, and are not virally suppressed (particularly 25-44 years old).
- Men’s utilisation of HIV services is low in our setting despite substantial investment and availability of free HIV testing and treatment services.
- Uptake of confidential HIV testing services is key to achieving zero new infections and zero AIDS-related death in men.

2. Objectives

To understand men’s barriers to HIV services and how these could be addressed through development a new mobile phone-connected HIV diagnostics with online clinical care pathways into the current health system for HIV prevention, diagnosis and care.



HIV rapid test pictures for the development of the proposed technology.

3. Methods

- m-Africa study was carried out in uMkhanyakude district (rural and semi-urban areas) in KZN, South Africa.
- Data for this presentation forms part of the qualitative component of m-Africa study led by the Africa Health Research Institute (AHRI) and University College London (UCL).
- Fifty-four semi-structured in-depth interviews (IDIs) and nine focus group discussions (FGDs) were conducted between November 2017 and February 2018 with healthcare providers and potential end-users (both sexes aged 18-79 years) to understand men’s attitudes towards HIV services including HIV self-testing (HIVST) as well as their willingness to use the proposed technology.
- Prior to the main data collection, pilot study (4 IDIs and 2 FGDs) was conducted in November 2017 to strengthen our research strategies, methods and tools.
- Themes were identified from the interview transcripts, manually coded and thematically analysed following an interpretivist approach.

4. Results

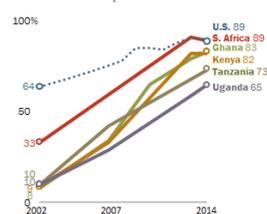
- It emerged strongly that it is difficult for men (both young and old) to test for HIV. Men are more afraid of knowing their HIV status than HIV itself.
- Some men often infer their HIV status from the status of their female partners, particularly pregnant partners in antenatal care.
- There is a social cost to accessing HIV care, thus, most men in our setting delay HIV testing until they are very sick. Some believe it is better not to test than to test positive.
- Reported major barriers to men’s underutilisations of HIV services are: social status, masculinity, fear, clinic structures (including long waiting times and office hours), segregation, stigmatisation and rejection; lack of trust in community clinics and healthcare providers.
- Participants believe that HIVST and the proposed technology will encourage more men to test and link to care given its privacy.
- Concerns about forced HIVST among partners were raised.



Group discussions in rural homesteads near AHRI (Source: DREAMS Project)

Cell Phone Ownership Surges in Africa

Adults who own a cell phone



Note: U.S. data from Pew Research Center surveys.

Source: Spring 2014 Global Attitudes survey, Q68.

PEW RESEARCH CENTER

Mobile phone ownership in SA



Focus Group Discussion With older females from community 2.

5. Conclusion

- To increase men’s utilisation, HIV prevention programme needs to address stigma and improve access to confidential male-friendly HIV testing and treatment services.
- Regardless of the anxieties that were raised, older and young males are eager to do HIVST and link to care using the online clinical pathway.
- Therefore, HIVST and the proposed technology are potential interventions that could increase the number of men accessing HIV care in our setting, thereby reducing the prevalence rate if those tested positive are virally suppressed.

6. Acknowledgements

- We would like to acknowledge the community of uMkhanyakude district and the participants for their time.
- This study is supported by the Global Challenges Research Fund and funded by the MRC, AHRC, BBSRC, ESRC IRC Early-warning Sensing Systems for Infectious Diseases (i-sense) EP/K031953/1 and NERC MR/P024378/1
- The research leading to these results has received funding from the People Programme (Marie Curie Actions) of the European Union’s seventh Framework Programme FP7/2007-2013 under REA grant agreement n° 612216.
- Africa Health Research Institute is supported by core funding from the Wellcome Trust [Core grant number (082384/Z/07/Z)]