

Improving access to HIV testing and treatment services for men in South Africa: a qualitative evaluation

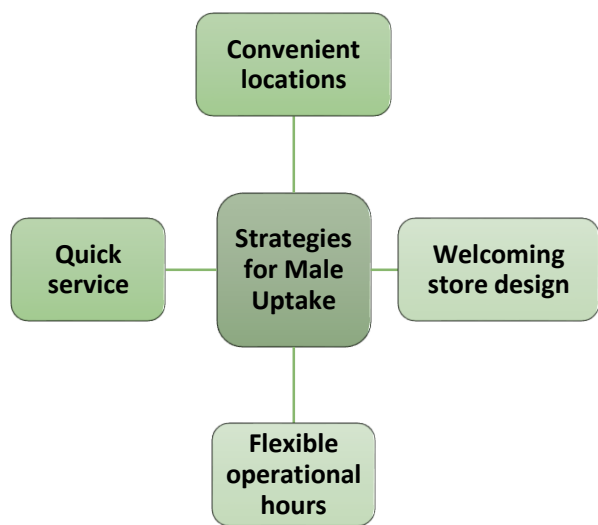


Authors: Catherine Chinyandura & Kate Rees
Policy Brief Prepared by Melanie Bisnauth.

Background

Data in South Africa indicate that men use HIV services less frequently compared to women. Men in South Africa are less likely than women to test for HIV and are more likely to start treatment late, interrupt treatment and become lost to treatment follow-up. Community-based HIV services tailored to meet men’s needs have been successful in reaching men.

The Score4Life project was launched in 2016 in Johannesburg district, South Africa to offer HIV testing and antiretroviral treatment (ART) initiation services to men 21 years and older. The project ran pop-up clinics/stores which were located in local communities, spread across Johannesburg. The clinics/stores were located in areas of high foot traffic such as taxi ranks and malls. The project employed male-focused strategies to increase service uptake including:



The Objective

The assessment aimed to explore men’s experiences and opinions of services, and what helped and hindered men to access HIV testing and treatment services.



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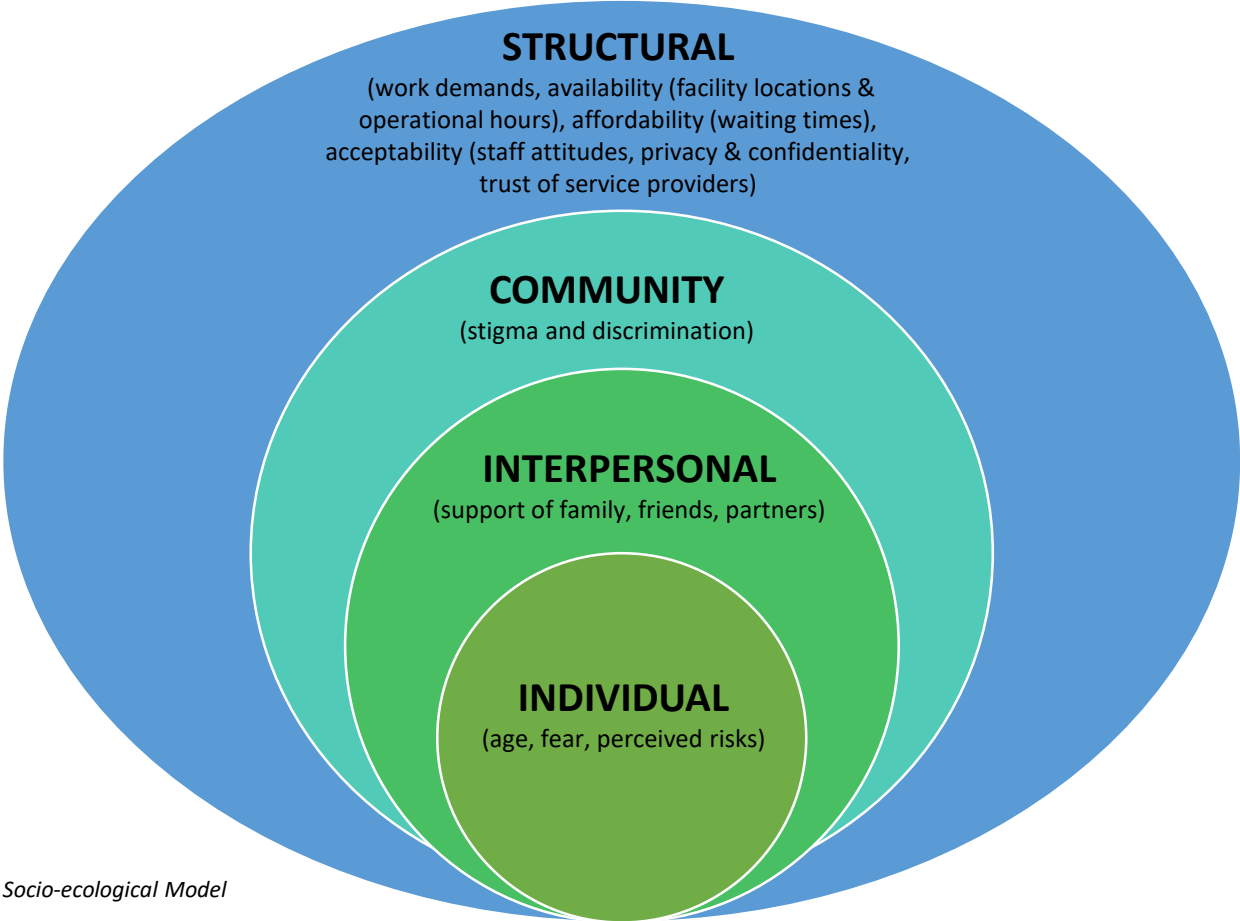
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What was our approach?

Thirty (30) first and repeat male service users, and fourteen (14) staff members were interviewed at four Score4Life stores/clinics. Data collection was conducted between July-September 2019. Interviews were conducted by a male research assistant fluent in local languages. Interview data was analyzed using qualitative methods. We categorized the data, and identified themes which we report in this summary.

The Socio-ecological Model (SEM) and McIntyre Access to Health Care Framework (McIntyre, Thiede and Birch, 2009; Baral et al., 2013) were used to guide the analysis and report writing.

The SEM made it possible to understand the complex interacting barriers and facilitators located at multiple levels which influence men’s access to HIV testing and treatment services. The McIntyre Access to Health Care Framework assisted in a comprehensive understanding and analysis of accessibility. Access is a multi-faceted concept composed of different dimensions: availability (physical access); affordability (financial access); and acceptability (cultural access). For services to be accessible or utilized, they should be available, affordable and acceptable.



Adapted Socio-ecological Model

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What did we find out?

There are multiple facilitators and barriers at personal, interpersonal, community and structural levels which influence men's access to HIV testing and treatment services.

Facilitators- these factors helped men access services

Flexible working hours

Men preferred to access services at Score4Life stores because of extended hours which enabled them to attend after their demanding work-related responsibilities; which often left them with little or no time during working hours and days to seek health care services.



Convenient locations

Men were likely to access HIV testing and treatment services at facilities which are conveniently located (near their workplaces and public transport routes and stations).



Quick service/Short waiting times

Participants were keen to utilize Score4Life stores due to quick service delivery. Demand for timely service, was due to work-related pressures which often left them with limited time to seek health care services.



Privacy and confidentiality

Participants were comfortable seeking services at Score4Life stores as they offered privacy and confidentiality and safe spaces for men only. They did not worry about being seen by other people.



Positive staff attitudes and warm reception

Interactions between health practitioners and men were found to be a key reason for men to use health services. Participants appreciated the warm reception and effective communication they received from service providers.



Support from social networks

Support from family and/or friends (social networks) are critical enablers for men to utilize HIV testing and treatment services. Men are willing to share test results with trusted family members, partners and friends.



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Barriers- these factors stopped men from accessing services

Fear

Fear linked to how men felt about their own HIV risk and stigma and discrimination contributed to them not wanting to test for HIV.

Perceived personal risks

Perceived risks can act as a facilitator or barrier to accessing services. Some men wanted to test for HIV because they believed themselves to be at risk due to their past behavior, while others were afraid of being diagnosed with HIV and did not want to test.

Long waiting times

Long waiting times were linked to service dissatisfaction and decreased willingness to seek health care. The long waiting times also resulted in patients questioning the competency of the staff and decreased their confidence in the health services provided. Frustrations of long waiting times were worsened by waiting in waiting rooms where there was no privacy.

Negative staff attitudes

Participants showed unwillingness to access health services at health facilities where they expected to be belittled and disrespected.

Lack of privacy & confidentiality

Lack of privacy during consultations and in waiting rooms were cited as a key deterrent to accessing services.

Stigma and discrimination

Fear surrounding social exclusion was found to hinder men from obtaining an HIV diagnosis and treatment. Fear of being seen utilizing HIV/AIDS services discouraged men from seeking HIV testing and treatment services.

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Next Steps

We need to understand more about ART uptake in men, and how it differs from testing uptake. Focusing on men’s utilization of ART can offer insights into the factors which need to be considered by service providers to make ART services more accessible to men.



Conduct interviews with Male Corners service users to investigate facilitators and barriers to ART uptake.



TAKE HOME MESSAGES

What Can We Do?

1

Create male-friendly spaces or services within health facilities to encourage men to participate in HIV/AIDS services, like our Male Corners

2

Offer home, workplace, or mobile services for convenience.

3

Increase the flexibility and options for accessing health services through flexible working hours, “one-stop services”, co-location with other services”, and offering services in non-typical settings.

4

Integrate services to create demand, improve efficiency and non-stigmatise HIV/AIDS services.

5

Leverage the supportive role of partners, family and friends to encourage male engagement in care, for example through family-oriented services and male-friendly index testing.

6

Train health workers on the sensitivities, needs and preferences of men within HIV/AIDS services.

So What?

Men face several accessibility barriers at individual, interpersonal, community and structural levels. Non-traditional interventions and offering services in unconventional settings have the potential to increase men’s uptake of HIV testing and treatment services. Sexual partners, family and friends play a supportive role in men’s health.

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