USAID DISCOVER-Health Project

Male Characterization Study:
Preliminary Qualitative Stage Results

Presentation Focus: HIV Service Utilization by Males 20-34 Years Old

USAID DISCOVER-Health: 0966 740 243

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Phase 1 (Quantitative) Findings: Who are the male partners of the AGYW 15-24 years old?

Characteristics AGYW male partners		
Age of male partner	15-24	33%
	20-34	92%
Single/not married		65%
Attained secondary school education		68%
Has a formal job		65%
Lives in the same community as the girl		63%
Circumcised		58%
Does not use condoms		60%

Phase II: Male Partners of DREAMS AGYW – Methodology

Who:

123 males aged 20-34years interviewed (average age 30 years)

15 FGDs: males 20-34

9 IDIs: PLHIV males 20-34

Where:

three DREAMS districts – Chingola, Lusaka, Ndola

Phase II: Male Partners of DREAMS AGYW – Key Questions

1. Why do some men in Zambia access and use HIV services?

2. Why do some men in Zambia not access and use HIV services?

3. How can we design and tailor HIV services and programs so that men in Zambia are more likely to access and use them?

Phase II: Male Partners of DREAMS AGYW – Methodology

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15 FGDs: males 20-34

9 IDIs: PLHIV males 20-34

Where:

three DREAMS districts – Chingola, Lusaka, Ndola

Phase II: Male Partners of DREAMS AGYW – Additional Questions

Asked at the end, after rapport was established:

1. Why do some men engage in transactional sex with adolescent girls and young women?

2. Why do some men engage in forced sex with females?

Phase II: Non-DREAMS and PLHIV AGYW – Methodology

Who:

6 FGDs: non-DREAMS vulnerable girls

15 IDIs: AGYW PLHIV

Where:

three DREAMS districts – Chingola, Lusaka, Ndola

Phase II: Non-DREAMS and PLHIV AGYW – Questions

1. What makes men use or not use condoms when having sex with adolescent girls and young women?

2. Why do some men engage in transactional sex with adolescent girls and young women?

3. Why do some men engage in forced sex with females?

Males 20-34:
Selection Criteria for Male Participants for FGDS/IDIs

All participants shared the criteria below:

- Aged 20-34 years
- Currently in a sexual relationship (or in a sexual relationship within the past 12 months) with an AGYW
- Educated (at least Grade 12)
- Had informal/formal job
- Lives in a DREAMS district

User is defined as a respondent who reported having received one or more of the following services in the last 12 months:

- HIV testing services (HTS)
- Voluntary medical male circumcision (VMMC)
- HIV treatment (ART)

Location and Occupation of Males Recruited for Study

Location	Type of Occupation (formal and informal)
Companies	Permanent employees and casual workers in construction and mining companies.
Markets	Traders, welders, carpenters, plumbers, bricklayers.
Bus stations	Drivers, conductors, supervisors

Male PLHIV were recruited from the ART clinics in the DREAMS districts

Screening and recruiting process

The purpose was to identify the correct participants as characterised by AGYW.

- All participants were screened before recruitment using a standardized screening tool.
- Written consent was obtained from all participants

An orientation training for recruiters was held prior to the start to ensure consistency.

- Recruiters worked with coordinators from markets, companies and clinics, who were familiar with the participants and the environment.

Phase II: Male Partners of AGYW – Methodology

HIV services: Which services did we specifically ask about?

1. HTS
2. VMMC
3. ART
4. Condoms

Phase II: Male Partners of AGYW – Methodology

Why do some men access HIV services?

Why do some men not access HIV services?

How can we tailor HIV services and programs to better reach men?

- All IDIs and FGDs were digitally recorded and transcribed verbatim by the interviewer/facilitator.
- Each transcript was read through twice by a team of four analysts, and responses to the three study questions were categorized.
- Responses were coded in Google Sheet matrix; emergent themes from the data were identified; and quotations to illustrate themes were selected.
- In addition, each transcript was further reviewed by a team of seven local analysts, in order to ensure local context interpretation of the responses.

Cross-cutting Barriers and Facilitators

Why do men access and use HIV services?

Why do men not access and use HIV services?

What can we do to improve HIV service access and utilization by men?

Study Findings:
Why do some men access and use HIV services?

Cross-cutting Facilitators mentioned across all FGDs and IDIs and across all services (HTS, VMMC, ART, Condoms)

- Peer influence
- Persistent ill health and wanting to get better
- Family support
- Positive health staff attitude

Study Findings: Why do some men access and use HIV services?

Cross-cutting Facilitator: Peer Influence

- The males in this study population talk to other males who they view as peers, about their health and use of health services, more than they talk to any other group.
- Both men who are users and those who are non-users of HIV services mentioned peer influence as very important in decision-making about health, including using HIV services.
- **Peers** emerged as the **primary source of health information** and **opinion** that shapes individual health seeking behavior.
- Peer influence was singled out as an especially important facilitator for use of HTS and VMMC services.

"It also depends the way you play with your friends but if you have friends who have been circumcised, they will encourage you with their experience." (non-user, Chingola)

Study Findings: Why do some men access and use HIV services?

Cross-cutting Facilitator: Persistent Ill Health and Wanting to Get Better

- The men we spoke to informed us that they sought health services, especially HTS and ART, when they had **persistent ill health** and were left with no option but to seek clinic services.
- Among users and PLHIV, more than three quarters of the men indicated that they are or were worried about HIV infection because of **past high-risk behaviours** – they also know/knew that persistent ill health could be an indication of HIV disease.
- Most among this group of men **delay contact with the health system** until symptoms force them to access services.

"I was not very surprised to be found HIV positive. In the first place, I had a problem, I had sores all over my head and I realized that I just had to come to the clinic…five days after I started taking ARVs I was surprised that all the sores all over my head disappeared!" (PLHIV, Lusaka)

Study Findings: Why do some men access and use HIV services?

Cross-cutting Facilitator: Family Support

- Across all groups, men indicated that having supportive family members is important for service access and use.
- Overall respondents told us that there are not many men who find it easy to disclose to family members and therefore this facilitating factor is underutilized.
- Family members often are brought into the picture when illness becomes serious.
- Among the users, virtually all those who reported family support said family support is important for facilitating access to service, but even more important for **sustaining use** – no need to hide.

"I am motivated to take ART because I want to strengthen my blood cells. My wife also encourages me to take ART. She reminds me to take ART and she wakes me up to take medication when I am asleep." (PLHIV, Chingola)

Study Findings: Why do some men access and use HIV services?

Cross-cutting Facilitator: Positive Health Staff Attitude

- Men find it easier to seek health services including HTS, VMMC, condoms and ART if the health staff are polite, friendly, non-judgemental, caring, professional, and welcoming.
- Across users, non-users and PLHIV, men indicated that if they feel **respected** and are engaged in a professional manner by providers, they will go back to that health facility and sustain care, and they will tell other men to access their healthcare from the facility.
- Positive staff attitude emerged as a very important determinant for facilitating **access and utilization** of HIV services by men, and importantly, for **sustaining utilization**.

"I think they should put people [in the clinics] that are patient, caring and brave. The moment you speak to them and they are patient and caring, you will feel better. Us people don't hide diseases if people are caring and patient…so if they are polite and patient we will be going to there." (user, Lusaka)

Cross-cutting Facilitators: positive staff attitude

"Actually yes; like in my case the counselor I found, she was very encouraging; I came to the clinic because I was down with malaria, then she asked me if I had ever tested for HIV…she was so nice to me that I came back to her the day I started medication…ARVs – I told her that my life is never the same because of her." (PLHIV, Ndola)

Study Findings: Why do some men NOT access HIV services?

Cross-cutting Barriers mentioned across all FGDs and IDIs and across all services (HTS, VMMC, ART, Condoms)

- **Fear of/apprehension about**: positive HIV diagnosis and living with HIV; pain; being disrespected during service access; being perceived as '*less than*' what society and they view as a '*real man*' (failing to measure up to peer and societal expectations); stigma and discrimination; death….

- **Health system shut-out:** perceived negative health staff attitudes; gender of providers; real or perceived lack of confidentiality and privacy; long wait-times in public health facilities; inflexible service timing/location; shortage of drugs; health system set-up for women and children – not men.

Study Findings: Why do some men NOT access and use HIV services?

Cross-cutting Barrier: Fear and Apprehension

- **Fear and apprehension** emerged as nuanced, but ***strong and pervasive*** barriers to HIV service uptake and utilization across service platforms and across users.
- Fear and apprehension ***delay service access***, until the problem is so serious that service access is no longer avoidable.

"Sometimes it is the influence from the guys we play with, if you tell them the kind of woman you had sex with they will start telling you all sorts of things, they will even tell you that the person you slept with has HIV and if you are given such information it is not easy for you to go and test for HIV, you would rather just stay and wait…." (non-user Ndola)

Study Findings: Why do some men NOT access and use HIV services?

> *"The only barrier is that some men are not strong, they feel if they are found to be HIV positive then that is the end of them that is the reason why they do not go for HIV testing, they are not strong…."(user Ndola)*

Cross-cutting Barrier: Fear and Apprehension

Men told us that they fear or are apprehensive about:

- A **positive HIV diagnosis**, living with HIV, and dying from AIDS – many still believe that a positive HIV is a **death** sentence.
- Suffering ***physical pain*** from procedures such as VMMC and/or ***physical & psychological pain*** from HIV disease (some told us that an HIV diagnosis would lead them to consider suicide).
- Being **disrespected**….men were very clear that there is a level of respect that they expect when they access health services…. those who feel disrespected don't return and tell peers…who then also stay away!

Study Findings: Why do some men NOT access and use HIV services?

Cross-cutting Barrier: Fear and Apprehension

Men told us that they fear or are apprehensive about:

- **Failing to meet the grade**: men indicated that society expects them to be strong or to **'man-up'** about sex and health – they fear being perceived as **'less than'** what they and society view as a **'real man'**….. and so they conform regarding sex by having many sexual partners and try to deny/hide when health problems arise.

- **Stigma and discrimination**, which they report is still very prevalent both in the health facilities and in the community.

"….three quarters of us are scared that when you take a test and I am found HIV positive I will become a laughing stock in the community because of being HIV positive and being on medication. And again as the result of this fear us youths stay with an HIV virus in our bodies until our CD4 count drops before we know our HIV status....." (non-user, Ndola)

Study Findings: Why do some men NOT access HIV services?

Cross-cutting Barrier: Fear and Apprehension

- To a large degree fear and apprehension are driven by past high HIV-risk behavior and lack of access to correct/consistent information to help build understanding of own health issues and on which to base health seeking behavior.

- Note: Most of the men we spoke to have a history of high HIV-risk behaviors, and had underlying anxiety, confusion and even psychological pain about their health, that clearly also needs to be addressed!

"At times it is what us as men do that prevent us from going to the clinics, here is a person who sleeps around with prostitutes and we tend not to want to go to the clinics because we already think we are sick, we think we already have HIV because of our behavior…" (user, Ndola)

Study Findings: Why do some men NOT access HIV services?

Cross-cutting Barrier: Fear and Apprehension

- Fear/apprehension is not only about own health status, but also about not knowing enough to make the right health seeking choices… it is also about the perceived problems of accessing healthcare/help.

- Peers have emerged to fill the information gaps, but if this information is incorrect, it fuels myths & misconceptions….**and more apprehension**!

"…. our sexual behavior is very bad because of the groups we are found in, when we associate with certain group the group members will encourage you have sexual partners for example when you do not have a sexual partner other group will see you to be weak. Again when you are found HIV positive for example at the age of 25years there is just a deep thought over how many more years you would keep taking medication...." (non-user, Ndola)

Cross-cutting Barriers: Institutionalized and internalized stigma and discrimination

"…. I think just access to treatment is already discrimination….there are days that they have put specifically for ART and people will see you whether you like it or not. It should be in such a way that everyday people should go and get their medication because people will not know if you have gone there to collect medication for HIV…I am not so comfortable about the days set to go and collect medication for HIV. People can easily tell that these people have come to collect medication for HIV….." (PLHIV, Lusaka)

"…. it might be low self-esteem [why men are so afraid of a positive HIV test]….like you look down on yourself [when you test positive]." (PLHIV, Lusaka)

Study Findings: Why do some men NOT access HIV services?

Cross-cutting Barrier: Health System Shut-out –Negative Health Staff Attitude

- Negative staff attitude emerged as the **most important barrier** to both seeking services and **to sustaining care** for users and as a key barrier to seeking services for non-users.
- Negative health staff attitude may **not** have been **personally experienced** – if peers report experiencing poor staff attitudes, it is **still a strong deterrent!**

"There is lack of commitment of health care providers – you can imagine that voluntarily I went to the health facility last month to test for HIV. The people I found sent me back and asked me to go back in the afternoon stating that I would be attended to by the nurses for the afternoon shift – so I did not go back there I became busy with work." (user, Chingola)

Study Findings: Why do some men NOT access HIV services?

Cross-cutting Barrier: Health System Shut-out – Negative Health Staff Attitude

- Most of the PLHIV indicated that they have experiences negative staff attitude but that is not a deterrent to using and sustaining ART.
- They view ART as a lifesaving service – they indicated that they will access and use ART, **even endure poor health staff attitude or anything else for that matter**, in order to live, for themselves and for their families.
- Like other users, they would much prefer a health staff that is non-judgmental, supportive and keeps confidentiality.
- **Caution!**: However, about **one quarter** of the PLHIVs indicated that **negative staff attitude** is a spur for switching facilities.

"You find that when you go to the clinic, the people that welcome you look at you as if you have committed a crime. Even when you are standing on the queue the people attending talk sarcastic." (PLHIV Chingola)

Study Findings: Why do some men NOT access HIV services?

Cross-cutting Barrier: Health System Shut-out – Privacy and Confidentiality

- Men strongly feel that matters related to their health, including and especially anything relating to sex, HIV, and other STIs, should be dealt with in private and remain confidential.
- Over three quarters of non-users cited perceived lack of privacy and confidentiality as major barriers to HIV service utilization.
- Privacy and confidentiality were seen as multi-faceted and could include: the physical space not set-up and/or adequate to assure privacy/confidentiality; lack of cultural competency by staff.

"What I saw there was so disappointing and I can never go back there, people were entering the testing room without even knocking." (non-user, Ndola)

Study Findings: Why do some men NOT access HIV services?

Cross-cutting Barrier: Health System Shut-out – Long Wait-Times in Public Health Facilities

- Over three quarters of non-users cited long wait-times at public sector facilities as a major barrier to HIV service access and utilization.
- Many non-users linked long wait-times to their decision to self-medicate or buy drugs from chemists without a clinical diagnosis.
- Many users cited long wait-times as one of the reasons why they go to private clinics (*not necessarily a bad thing — those with ability to pay should access private sector services in order to decongest the public sector!*), drugstores and traditional healers.

"When you go to the public hospitals, you find that there are long queues and you find that us men we don't like queues, we like fast things…" (non-user, Lusaka)

Study Findings:

Why do some men NOT access HIV services?

Cross-cutting Barrier: Health System Shut-out: Health System is Set-up for Women and Children, Not Men

- Most of the men indicated that it is difficult for them to queue up with women and children to access services and will only do so if they are very sick and need clinic services.
- The men indicated/admitted that this is a **cultural/social barrier**, but that it is a real barrier nonetheless.
- Many users and non-users indicated that if they had services tailored to them and their needs, they would utilize HIV services more.

Study Findings: Why do some men NOT access HIV services?

Cross-cutting Barrier: Health System Shut-out: Health System is Set-up for Women and Children, Not Men

"So we need a clinic specifically for men…if it is possible even just create rooms where men can go and lock themselves away from others …that's my contribution." (user Lusaka)

"You find that women are standing on the same line with us men. Its better us men are given a different place and our own counsellors. You find that if you go to the clinic you know that you will find a big queue and also you will be standing on the same queue with women and children…" (user Ndola)

Study Findings: Why do some men NOT access HIV services?

Cross-cutting Barrier: Health System Shut-out: Gender of Provider

- Approximately two-thirds of the men we spoke to indicated that they would prefer male providers to female providers across service platforms, but especially for VMMC, where virtually all prefer a male provider.
- This is another **social/cultural barrier**, but for most men it is a very significant barrier.
- It is however, worthy noting that a third of the men do not mind female providers.

"I was tested for HIV by a female personnel and she is the one that put me on ART. When I look at my friends, I would love them to be tested by fellow men so that they do not shy…as they are not as open as I am." (PLHIV Ndola)

Study Findings: Why do some men NOT access HIV services?

Cross-cutting Barrier: Health System Shut-out –Health Facilities Closed After Normal Working Hours

- Virtually all the users and non-users cited unavailability of out-patient services outside normal working hours at some public sector facilities as a major barrier to HIV service access and utilization.
- They indicated that the long queues at the facilities make it impossible for them to leave work to go and line up for services…they would lose wages if they did.
- Both users and non-users indicated that they would use services more if the clinics were open outside normal working hours

"….they close literally on time, if it is 15: 30hrs they close…and you will find that most guys are working and knock off at 17:00hrs so they have nowhere to go because the clinic is already closed…and given the lines that are there already, they cannot leave what they are doing to go and line up at the clinic…." (user, Ndola)

Cross-cutting Barriers: Fear/ apprehension; and health system shut-out – summary quotes.

*"The difficulty which is there among men is the **fear** if they find us with the HIV virus. So we decide to go to the pharmacy whenever we experience pain in our body because the pharmacist will give us the drugs when we explain how we are feeling and also our condition, since the pharmacist is business minded. So the difficulty is when we are sick we go to the pharmacy instead of the clinic because of **fear**. (non-user, Chingola)*

*"The way I have observed, I am from Makeni, the way it is concerning accessing HIV services as the whole constituency of Kanyama as in overall, **men are not considered**. We are not focused on, where HIV is concerned. You find that women are taking 90% of the ARVs and men are not taking …. **men are left out**. You find men are busy focusing on alcohol …. HIV medication they are not focusing on it. That is why women are living longer than us men. So there is much **emphasis on women and children…not men**" (user, Lusaka)*

Study Findings: Why do some men NOT access HIV services?

Cross-cutting Barriers & Consequences: The Drugstore/Pharmacy and the Traditional Healer are the Preferred Ports of First Call

- Because of the barriers, virtually all non-users and about half the users indicated that they would much rather buy drugs at the drugstore/pharmacy or consult a traditional healer as the ***first option*** than go to the clinic to access HIV and other services.

- These men do this, even if they know that it is better to find out what the problem is at the clinic, before going to the drugstore.

- When the ***problem is not resolved or becomes serious***, then they finally go to the clinic.

Study Findings:

Why do some men NOT access HIV services?

"I think this is more personal, I do not remember the last time I went to the clinic. I feel even if I go to the clinic they will not have medicines to give me, so I go to the pharmacy and convince them to give me the medication that I need…." (non-user, Ndola)

"I think it's better you go to the clinic…whether the doctor tells you to buy medicine or not, it's better that way because you would have known what the cause is in your body and the right medication to take than just doing on my own" (non-user, Lusaka)

Redesigning HIV Programs and Services

Summary of key insights

Redesigning HIV services and programs to increase male access and utilization: What should we do?

Insights: What insights did we obtain about this group of men?

- Nearly all the men we spoke to **fear HIV diagnosis** – perhaps due to the fact the men they know who are on ART were diagnosed as a result of symptomatic HIV disease…. they therefore do not have many **examples of men who are on ART who are thriving and strong.**

- They view **HIV diagnosis as emasculating and isolating,** and believe a positive HIV diagnosis signals the end of their life as they know it, and also signals the beginning of an **embarrassing and stigmatizing** steep slope of ill-health leading down to **early death**.

- The primary source of information for this study population is peers….however, this information is not reliable; these men therefore have **no access to reliable sources of health information** upon which to base their health choices.

Redesigning HIV services and programs to increase male access and utilization: What should we do?

Insights: What insights did we obtain about this group of men?

- Unlike women 20-34 years old who have significant contact with the health system for their own and their children's health, most of the men in the study population (apart from PLHIV participants) feel **shut out of the health system** and report **very little contact with the health system.**
- These men **use drugstores/pharmacies** and **traditional healers** as their ports of first call for healthcare.
- ZAMPHIA data corroborate their limited utilization of HIV services – men 20-34 years old had one of the lowest viral suppression rates in the study.

Redesigning HIV services and programs to increase male access and utilization: What should we do?

- ***The opportunity:*** many users and non-users indicated that if HIV services were tailored to their needs, and if they had programs to help them gain knowledge upon which to base health seeking behaviours, they would utilize HIV services more.

"…. the best way you guys can help us is the way you have done with DREAMS, you just make a group for [male] youth that meet and talk about HIV/AIDS issues I am sure this can help men to test…" (non-user, Ndola)

Redesigning HIV Programs and Services

To improve HIV service access and utilization by males 20-34 years old

Note: Most of the non-users in this study population are **'well'** 20-34 year-olds — they will not access services when they are feeling well, unless we tailor services to meet some of their needs! If we do nothing, they will continue to come only when they are very sick.

Redesigning HIV services and programs to increase male access and utilization: What should we do?

1. **Address fear and apprehension:** Increase male access to correct/consistent HIV information in order to assist men to better understand their health issues and to help them to make informed decisions, including informed health seeking decisions and actions.

2. Address other **'fear fuels',** especially social-cultural norms, perceptions and constructs of what a 'real man' should be, that facilitate high HIV risk behavior and prevent timely HIV service access and utilization.

3. **Harness the influence of peers,** but build skills and capacity to ensure correct and consistent HIV messaging

Redesigning HIV services and programs to increase male access and utilization: What should we do?

4. **Manage physical pain appropriately:** Programs such as VMMC must ensure adequate pain control! Asking clients to buy pain medication is not always appropriate – some truly have no ability to pay, and end up suffering significant pain!!

5. **Differentiate service delivery** through evening and weekend clinics and **establish male friendly services** – tailor services to the needs of men – this might require clearly labelling a part of the clinic or a time slot **"Men's Clinic"** (otherwise women and children will also come).

6. Provide services preferably as **integrated male services**, in order to avoid stigmatizing HIV services – if possible avoid specific ART pick-up days.

Redesigning HIV services and programs to increase male access and utilization: What should we do?

7. **Assign male providers** to provide the services to men wherever possible – female providers are culturally a significant barrier for this population and ignoring that, will come at a cost to effectively increasing access and utilization among men.

8. Address perceived and real **lack of privacy and confidentiality:**
    - Provider re-orientation to respect client confidentiality
    - Space reconfiguration to improve privacy

9. Address **staff/provider knowledge and attitudinal gaps** to ensure knowledgeable, empathetic, respectful and professional conduct in HIV service provision – this is a critically important **for sustaining use** and avoiding program retention failures!

Redesigning HIV services and programs to increase male access and utilization: What should we do?

"The men have to be sensitized, they have to be educated about the dangers of HIV, and they also have to be told the advantages of testing for HIV and starting medication if they are found to be positive. People should be told that being positive is not the end of the world; they should know that when you are positive you can still live as long as you take good care of yourself…" (user, Lusaka)

Redesigning HIV services and programs to increase male access and utilization: What should we do?

"I am a businessman; business is about how you receive the customers… for the customers to come back next time, you must have received them well the first time they came to your shop. That is the same with the nurses at the clinic; if the people have to continue coming to seek their medical treatment, nurses must show them a good hospitality."(non-user, Chingola)

Thank You

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ZAMBIANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS
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