



Creating a Generation of Allies: New Ways to Engage Men and Boys in HIV Services

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Introduction & Background

Achieving the global Fast Track target to end the AIDS epidemic by 2030 will take a holistic and multi-faceted approach, particularly when it comes to preventing adolescent girls and young women (AGYW) from acquiring the virus. One of the key challenges to reducing HIV infection is removing the gender norms and structural barriers that prevent men from accessing HIV services. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2016 estimates, only 51% of men ages 20–35 know their HIV status and are on ART, compared with 67% of women. On the whole, men are less likely to initiate treatment, more likely to have a lower CD4 when they start treatment, and more likely to interrupt treatment and be lost to follow-up than women. Consequently, men are less likely to achieve viral load suppression, increasing the likelihood of transmitting the virus to their sexual partners. The DREAMS Innovation Challenge sought new ways to find adolescent boys and young men (ABYM) and link them to HIV services (Focus Area 3) through voluntary HIV testing services, including self-testing; pre-exposure prophylaxis (PrEP) or antiretroviral treatment (ART) where indicated, and voluntary medical male circumcision (VMMC).

Preventing HIV infection among ABYM and linking them to HIV services with the goal of reducing their likelihood of transmitting the virus to their female partners is a critical strategy in preventing AGYW from acquiring HIV. The World Health Organization and the UNAIDS have set an ambitious target of achieving 80% coverage of VMMC among males ages 10–29 in priority settings in sub-Saharan Africa by 2020. VMMC is seen as a key entry point to HIV and sexual and reproductive health (SRH) services, as the majority of those seeking the procedure are adolescent boys who have had no or very few sexual partners. However, there are significant challenges to engaging ABYM in these services, and gaps in service delivery and evidence remain. There is a general lack of evidence-based services focused on the health needs of male adolescents, even among ABYM

The DREAMS Innovation Challenge

The DREAMS Innovation Challenge was launched in 2016 to advance the U.S. President's Emergency Plan for AIDS Relief's (PEPFAR's) commitment to reducing HIV infection among adolescent girls and young women (AGYW) in sub-Saharan Africa. Funded by the U.S. Department of State, Office of the Global AIDS Coordinator, and managed by JSI Research & Training Institute, Inc. (JSI), DREAMS Innovation Challenge spurred new partnerships and approaches in a multi-dimensional response to HIV prevention for AGYW ages 15 to 24 in 10 DREAMS countries: eSwatini, Kenya, Lesotho, Malawi, Mozambique, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe. Forty-six global and local organizations implemented two-year projects in six focus areas: 1) strengthening the capacity of communities to deliver services; 2) keeping girls in secondary school; 3) linking men to services; 4) supporting pre-exposure prophylaxis; 5) providing a bridge to employment; and 6) applying data to increase impact.

Determined

Resilient

Empowered

AIDS-Free

Mentored

Safe

who have undergone VMMC, and uneven quality and effectiveness of counseling ABYM for VMMC and SRH/HIV. For example, while single-session counseling has been shown effective in reducing risky sexual behavior and post-procedure complications among older men, ABYM need multiple counseling or information sessions to achieve impact (Kaufman, 2018). There is incomplete or incorrect understanding of the protective effects of VMMC, particularly its protective effect for female partners, and especially among boys 10–13 years. Further, dominant norms regarding masculinity increase men and boys' risk of contracting and transmitting HIV and lower their likelihood of accessing HIV services.

This brief highlights the contributions that DREAMS Innovation Challenge grantees made in filling these gaps and overcoming challenges. All grantees discussed in the following section focused activities on linking ABYM to HIV and SRH education and services.

Focus Area Overview

Three DREAMS Innovation Challenge partners worked specifically on linking men and boys to HIV services: Afya Mzuri in Zambia; TackleAfrica in Kenya; and Witkoppen Health and Welfare Centre in South Africa. Another 26 partners incorporated this element as part of a larger package of activities.

In traditional settings, adult males are targeted for HIV services, including HIV testing services (HTS) and VMMC, through workplace initiatives or at a health facility. However, to reach ABYM who may not be working and are less likely to interact with the health care system, grantees in this focus area piloted innovations that met them where they were, provided age-appropriate services and information, de-stigmatized discussion of SRH and HIV through sports, and developed male-friendly clinics (MFCs) staffed with male health workers.

In two years, grantee innovations achieved strong results in this area, reaching 16,150 ABYM as follows:

- More than 800 ABYM were circumcised through VMMC interventions.
- Over 10,000 boys and men received HTS and their results.
- 80% of ABYM reached through DREAMS programs had a comprehensive knowledge of HIV when surveyed.
- 86% of ABYM reached through DREAMS programs, when surveyed, viewed gender-based violence (GBV) as less acceptable than before participating.
- 90% reported increased agreement with the concept that males and females should have equal access to social, economic, and political resources and opportunities.



Selected Innovations & Results

Kenya: Linking Adolescent Men to VCT and VMMC Using Football Coaching (TackleAfrica)

In partnership with the Mathare Youth Sports Association (MYSA) in Nairobi, TackleAfrica used community football coaches as sexual health educators to reach ABYM in slum areas and informal settings who would not normally present in a traditional health care setting. Coaches were trained to deliver interactive weekly football sessions and use community football tournaments as a vehicle for mobilizing, informing, and ultimately providing SRH services.



TackleAfrica players celebrate.

The Challenge: TackleAfrica and MYSA had planned to put central HIV testing points for players at zonal levels. However, they found that the stigma from peers, associated with being seen going to the HTS sites, discouraged ABYM from going for testing. TackleAfrica modified its approach and introduced pitch-side HIV testing at training sites. This was more effective, providing a safe and supportive environment for the players to take this important step in protecting themselves and their current or future partners. The project also faced parental resistance to having children undergo VMMC due to religious and cultural beliefs, and misconceptions and misunderstanding about VMMC. In response, the project organized more meetings to educate parents on VMMC health benefits and service locations.

The Lesson: Adolescent boys rarely make health decisions alone. Barriers like transportation, peer pressure, and parental resistance must be addressed to before they can access services. Provision of free, youth-friendly medical advice and clinical services at weekly football sessions and quarterly tournaments, accompanied by education sessions for parents, are good ways to create demand and increase uptake of HTS and VMMC. Additional lessons included:

“When we met, we learned how to protect [ourselves] from HIV, sexually transmitted infections, risk behaviors such as drugs and engaging in unsafe sex. How you can help the community, and stages of getting tested for HIV. We also learned about the importance of getting VMMC and that it can give you up to 60% protection [from HIV].

- Football tournaments and other outreach events can engage the wider community. Even those who did not play football availed the free services offered in a friendly non-clinical setting in the heart of their communities.
- Involving coaches in curriculum design and providing face-to-face support motivates them to deliver sessions and improves session quality. Provide incentives (e.g., more tournaments, equipment, and sessional support) to boost coaches' motivation and players' attendance.

The Achievement: TackleAfrica reached 1,479 boys and young men (and 156 female players) with HIV and SRH education, yielding an 85% increase reported in correct and consistent use of condoms compared to before the

program. It reached 2,095 ABYM with HTS and 805 ABYM with VMMC, exceeding both targets by over 30%.

South Africa: HIVST of Partners and PrEP to Empower Young Women for an HIV-Free Future (Witkoppen Health and Welfare Centre)

While it is well documented that men in sub-Saharan Africa have poorer health-seeking behaviors than their female counterparts, few programs have explored male-centered approaches to primary care. Witkoppen provided HIV self-test (HIVST) kits and information to AGYW to pass to their male sexual partners (MSP) and encourage them to seek care, regardless of HIV status, at Witkoppen's male-friendly clinic (MFC). This clinic hoped to overcome the logistical and barriers to accessing HIV services that men face, and to identify optimal operating conditions for male-friendly services. Witkoppen conducted a study of its model to investigate a novel combination prevention approach to empowering AGYW to stay HIV-free in a poor, urban African environment.

The Challenge: Witkoppen sought to remove a major barrier to reducing HIV infection among AGYW: the ability of both partners to advocate equally for their sexual health and negotiate safe practices, including regular HIV testing and medical care. AGYW received counseling on how to administer and read the test and how to discuss this sensitive topic with their MSPs. Follow-up revealed that 87% of MSPs used the HIVST kits, and nearly all told their partners the results. However, only 80% showed the result as proof, leading to the possibility that men who tested positive lied about or did not disclose a positive result. A second challenge was linking men to care. While an aim of the HIVSTs was to be a gateway to care regardless of the results, links to care remained low. Of the more than 1,200 MSPs who used HIVST kit, fewer than 50 visited the MFC to confirm results and receive additional SRH information. One possible reason for this was that men who tested negative did not see a need to visit the MFC. While national guidelines do not require a confirmatory test at a health facility after a negative self-test, additional strategies are needed to get men in the door.

The Lesson: To mitigate stakeholder concerns that having AGYW distribute HIVSTs kit to MSPs could put them at increased risk for GBV, especially intimate partner violence (IPV), Witkoppen developed tools to screen for AGYW who may be victims of or at risk for IPV, and guides to help AGYW discuss HIV testing with MSPs. Witkoppen also provided advice on how to distribute the HIVST kit, designed its contents, and established a system to track the outcomes of the HIV self-tests. Second, gender norms, stigma, and the fear of a positive HIV test result decrease a man's likelihood of testing for HIV, disclosing his positive status to his sexual partner(s), and seeking care and treatment. Overcoming these issues takes substantial time. The project added valuable evidence on the acceptability of HIVST, but further study is needed to address the low treatment rates.

"I like the fact that I can test myself anytime, at the comfort of my home. There is privacy there. I am not going to get scared thinking that I will be tested by someone and that person is obviously going to know my status."

-Male sexual partner

The Achievement: Despite these challenges, Witkoppen saw high rates of acceptability of the HIVST kits. After the counseling and information sessions, all AGYW enrolled in the program accepted an HIVST with the intention of delivering it to their MSPs. Follow-up data provided by the AGYW revealed that 95% of distributed the test kits to their MSPs partner, and 87% of those men took the test. Confidentiality was seen as a major motivator for accepting the test. In addition, despite fears of IPV resulting from an AGYW asking her partner to test, none was reported.



Zambia: Men's Insaka Project (Afya Mzuri)

Bars and taverns are places where HIV transmission rates occur at heightened levels, often due to an increased prevalence rate in the area or a concentration of individuals engaging in behaviors likely to increase their risk of acquiring HIV, such as unprotected, transactional, or forced sex. These locations also have a high concentration of young men (18+) who have some of the lowest rates of HIV service use. Afya Mzuri engaged bar and tavern owners to promote SRH and HIV-prevention measures in these locations, and then link male patrons to the *insaka*, a male-friendly space where men could talk about SRH and receive HIV-prevention services.



A male champion leads an insaka in Lusaka.

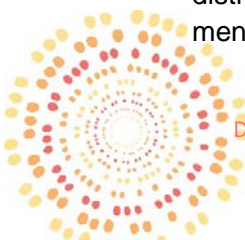
The Challenge: One of the first goals of the project was to create and share a Google map of the bars participating in the insaka program so men would know the location and types of services available at each site. However, bar and tavern owners were hesitant and unwilling to have their premises photographed and tagged because they were concerned that patrons would feel exposed. After talking about their concerns and conducting information sessions on the importance of the program, 30 bar owners consented to having their site mapped and listed as a service site. The project also faced an initial challenge of reaching targets for VMMC, due to myths and misinformation. Linking men to VMMC services was also challenging because men, once referred, often failed to complete the procedure. However, beginning in Year 2, JSI facilitated a partnership between Afya Mzuri and the DISCOVER-Health project (USAID), which was able to provide assisted referrals to health facilities and mobile service units, resulting in a nearly three-fold increase in completed referrals for VMMC.

The Lessons: Linking men to care presents many challenges, but the majority can be overcome through transparent, appropriate, and confidential communication. For Afya Mzuri, this was particularly true when it came to engaging bar and tavern owners. By making this a priority, the project saw a sustainable change in attitudes and policies. The value of partnerships and coordination to achieve project targets *and* provide accessible and comprehensive care for beneficiaries cannot be overstated. While the linkage with DISCOVER-Health hugely increased service provision for insaka clients, the partnership was not established until year two, highlighting the importance of building these connections early.

The Achievement: In the end, 30 bars were mobilized, and 27 developed HIV and wellness policies to continue implementation of their own. Over the two years, 1,332 insaka sessions were conducted: 3,000 men attended at least one session; and 670 “graduated” to become insaka champions, equipped with the knowledge and skills to engage other men on the topics of HIV, SRH, and gender. The project distributed more than 354,000 condoms and linked 583 men to HTS.

“I have learned the benefits of being circumcised: it reduces on chances of contracting HIV [and] it prevents transmission of the virus that can cause cervical cancer. I love my wife and would not want to risk and let her suffer. A lot has changed in my home and the way I think about health issues.”

-Men's insaka attendee



Recommendations

Based on the challenges and lessons described above, the following are recommendations for future implementation:

Recruit, engage, and support male peer champions through popular activities

The influence of peers, mentors, and parents is key to getting ABYM to seek HIV services and accept positive gender norms. By engaging these people in a common, popular activity like soccer, outreach efforts integrate a key social component and are more efficient.

Provide male-centered service delivery sites and providers

Boys and men are just as shy (if not more so about) seeking HIV and SRH services as AGYW. Without routine excuses to see a health care provider that women can rely on, men's health seeking behaviors have remained a major obstacle to accessing services. However, by providing male-friendly spaces and mobile service sites (through sport, male-friendly clinics, or existing social spots) to access information, services, and supplies like condoms and lubrication, improvement is possible. It is also important to have male counselors, coaches, mentors, and providers available.

Embed advocacy with community stakeholders to reach men where they are

Communication with stakeholders is essential to program success, particularly when entering into unconventional spaces—such as bars, taverns, and football fields—to provide HIV and SRH services. Effective messaging and thoughtful consideration of concerns can magnify the effect of an intervention. Whether discussing VMMC with parents or ensuring confidentiality with bar owners, assuaging stakeholder concerns creates advocates who are embedded in communities and able to promote program messages throughout their own networks.

Men-only dialogues can shift long-held attitudes that women are to blame for HIV

and GBV. Across DREAMS Innovation Challenge projects, changing harmful gender norms was one of the greatest difficulties. Many DREAMS Innovation Challenge grantees that did not explicitly include ABYM in their innovations faced criticism from communities for being singularly focused on girls. However, by not engaging boys and men in solutions to reduce the disproportionate vulnerability of young women, programmers miss opportunities to lift the burden of HIV-prevention on AGYW. Programs that explicitly engage men in discussions on gender equity, GBV, and damaging norms can shift the unequal gender norms and power dynamics within relationships, families, and communities that contribute to the HIV epidemic.

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