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Zambia Male Characterization Study:
Insights to Inform HIV Programming to Increase Men's HIV Service Utilization

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17 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

AUTHORS AND CONFLICT OF INTEREST STATUS

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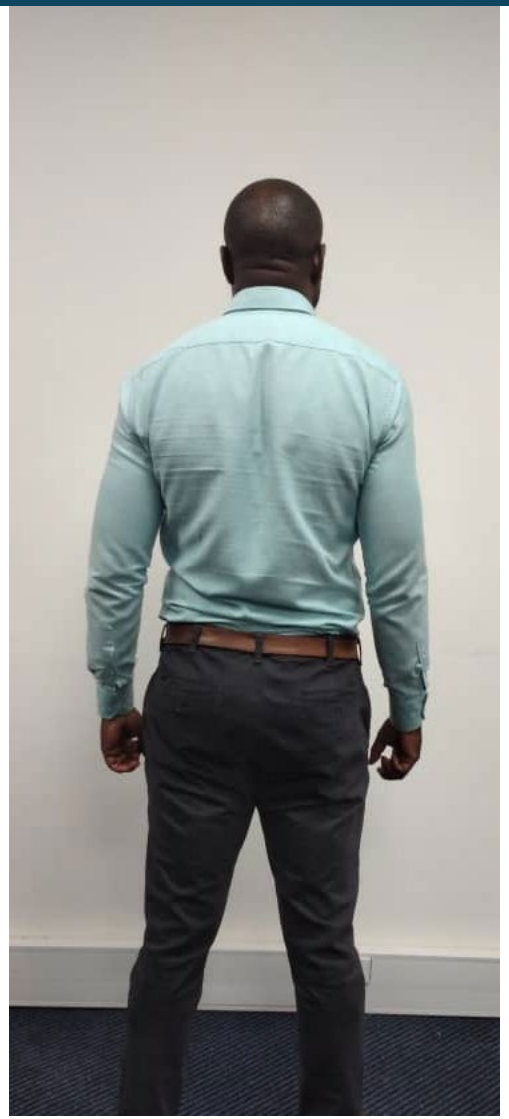
The authors declare that they have no conflict of interest.

STUDY METHODOLOGY

The **sequential mixed methods study** was conducted in 2017-2018 in three **urban DREAMS districts**: Chingola, Lusaka, and Ndola.

- A quantitative survey among adolescent girls and young women (**AGYW) 15-24** years old **characterized their male sexual-partners**.
- A subsequent qualitative study (15 focus group discussions and 9 in-depth interviews) among 123 **males 20-34** years old **defined men's health-seeking behaviors**.

HIV services that we asked about included HIV testing (**HTS**), HIV treatment (**ART**), voluntary medical male circumcision (**VMMC**), and **condom** use.



Who are the male sexual partners of AGYW?

92% Older than the girl (20-34 years old)

65% Single

68% Attained secondary school education

13% Attained college education

65% Salaried or self-employed

63% Live in the same community as the girl

58% Circumcised

TERMINOLOGY

Important terms used during the qualitative analysis:

- **User:** a respondent who reported having received **one or more** of the following HIV services: HTS, VMMC and/or ART.
- **Non-user:** a respondent who reported **not** having received **any** of the following HIV services: HTS, VMMC or ART.
- **PLHIV**: person living with HIV or people living with HIV receiving ART.

"…the people attending talk sarcastically…"
-PLHIV, Chingola

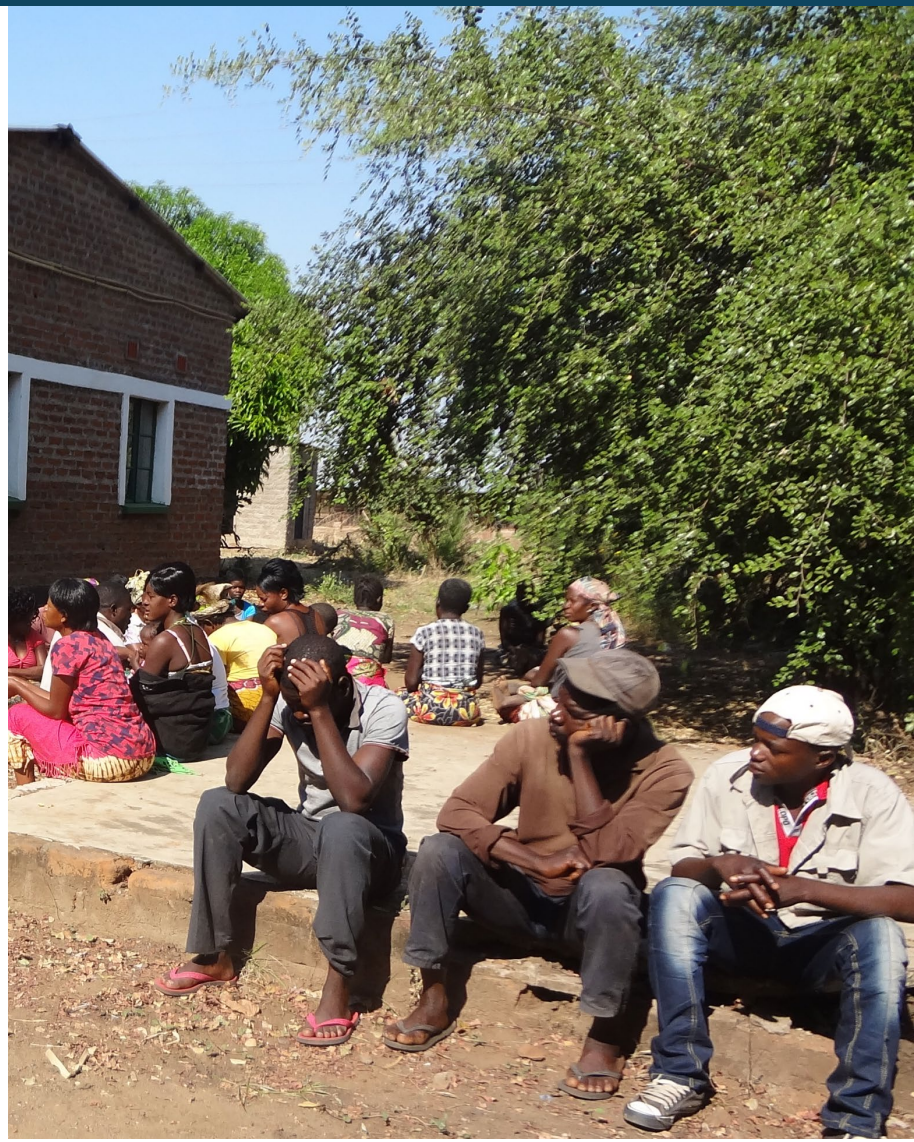
"…us men we don't like queues, we like fast things…"
-non-user, Lusaka

BARRIERS TO HIV SERVICE ACCESS AND UTILIZATION

Two themes or domains emerged from our analysis.

1. **Domain 1: Fear and Apprehension**

2. **Domain 2: Health System Shut-out**



BARRIERS TO HIV SERVICE ACCESS AND UTILIZATION

Domain 1: Fear and Apprehension

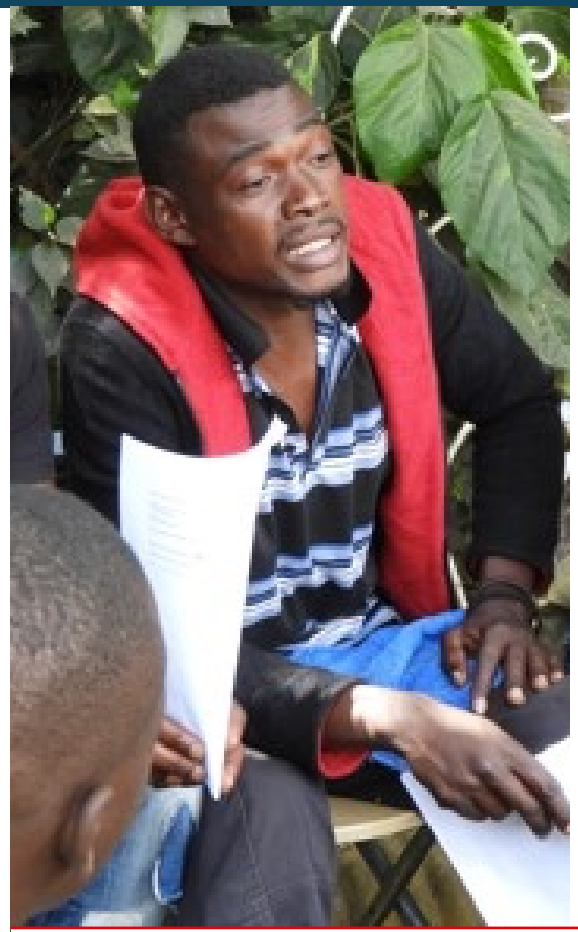
The **men** in this study **fear:**

- **A positive HIV test and living with HIV,** which they and their communities look down upon. These men view HIV as emasculating, isolating and a sign of weakness.
- **Failing to make the grade**: Men indicated that society expects them to be strong about sex and health. They fear being perceived as "less than" a "real man."
- **Pain:** ***physical pain*** from procedures such as VMMC, and ***physical and psychological pain*** from living with HIV and worrying about HIV.

"Our sexual behavior is very bad because of the groups we are found in… The group members will encourage you to have sexual partners… When you do not have a sexual partner others will see you to be weak… When you are found HIV-positive at the age of 25, there is just a deep realization about how many more years you would keep taking medication..." - Non-user, Ndola

BARRIERS TO HIV SERVICE ACCESS AND UTILIZATION

Domain 1: Fear and Apprehension



The **men** in this study **fear:**

- **HIV-related stigma and discrimination**: Men report that stigma and discrimination are still very prevalent both in health facilities and communities. Internalized stigma is also very prevalent, with own HIV infection equated with weakness and failure to be a real man.
- **Undignified death from AIDS**: Most of these men still equate HIV diagnosis to imminent and inevitable death from AIDS. They believe that death from AIDS is often undignified and embarrassing.

"The things we say about someone who is HIV-positive, the way we treat those we know to be positive, the assumptions we make about promiscuous behavior…. It is easier not to know than to be that person everyone points at and makes jokes about!" – *User, Lusaka*

BARRIERS TO HIV SERVICE ACCESS AND UTILIZATION

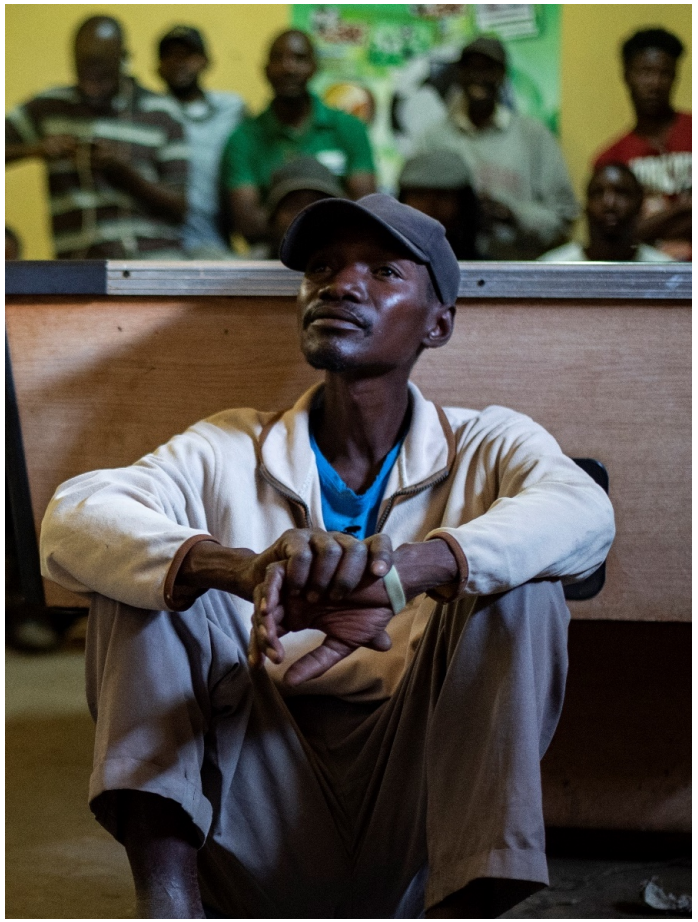
Domain 2: Health System Shut-Out

These **men** feel **shut-out** of the health system.

A number of factors make the health system inaccessible to them:

1. Experienced, observed or peer-reported **negative staff attitude**, which emerged as the most significant health system barrier to HIV service access and use.

2. Strong **preference for male HIV service providers**, but clinics rarely offer them a choice.



"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 in the queue the people attending talk sarcastically..." - *PLHIV, Chingola*

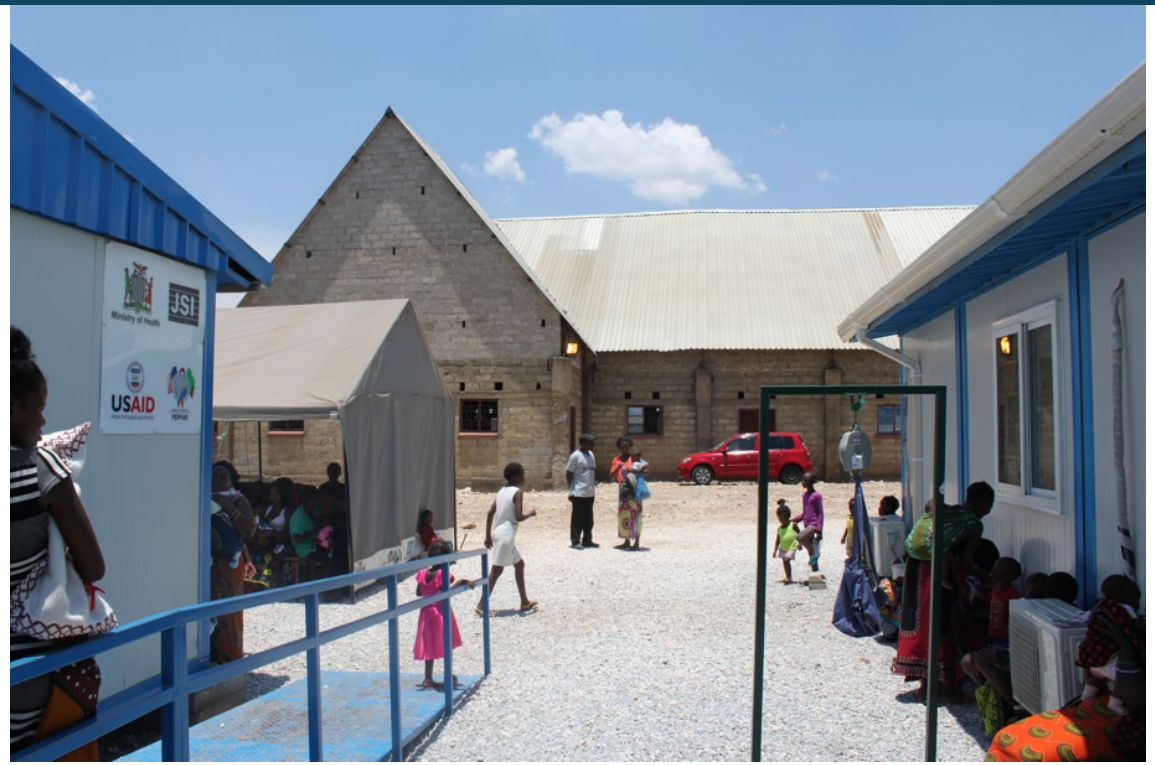
BARRIERS TO HIV SERVICE ACCESS AND UTILIZATION

Domain 2: Health System Shut-Out

3. Perceptions that **clinics are set up for** (and thus overcrowded with) **women and children**, which creates a strong cultural barrier for the men.

4. Perceived **lack of confidentiality and privacy** in clinics.

5. Long clinic queues and **long wait times**, as well as **operating hours and service location** that make service access and utilization difficult.



Kuku Health Post hosted by the United Church of Zambia

"You find that women are standing on the same line with us men. It's 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

OTHER KEY STUDY FINDINGS

In addition to **fearing** being diagnosed with HIV and **feeling shut-out** of the health system, these **men have**:

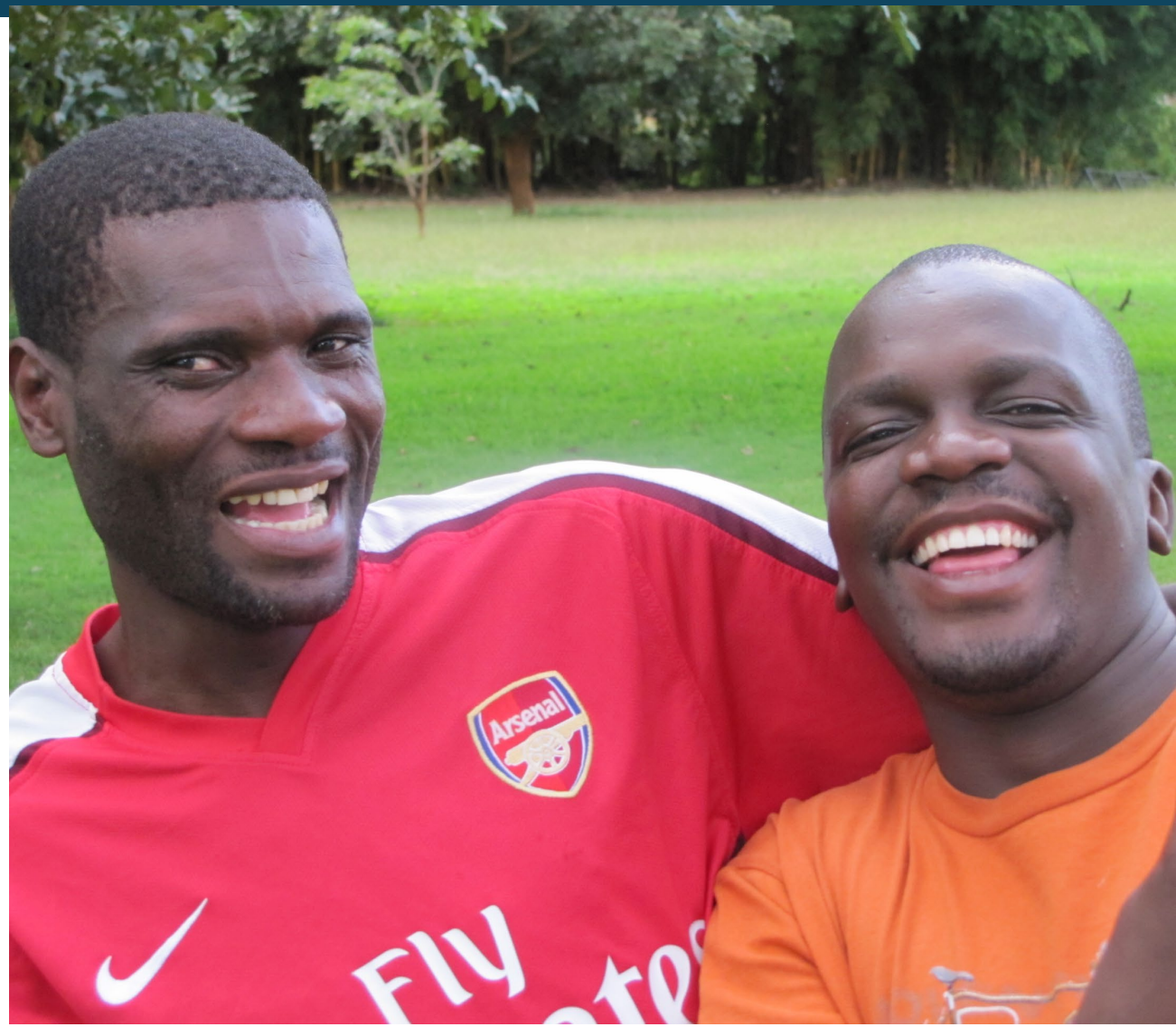
- **Little contact with the health system**: Most of these men report very little contact with the health system, unlike women 20-34 years old who interact more with the health system for their health as well as their children's.
- **Limited access to health information**: Most of the men do not have access to reliable health information to inform health-seeking behaviors or even reliable general information about HIV infection.

OTHER KEY STUDY FINDINGS

In addition to **fearing** being diagnosed with HIV and **feeling shut-out** of the health system, these **men:**

- **Listen to peers:** Peers, who are often equally ill-informed, are the primary source of HIV and health information that shapes individual health-seeking choices and behaviors.

- **Are unaware of HIV service benefits:** Most of these men are not aware of the benefits of early HIV diagnosis and ART. They utilize clinics and access HIV care as a last resort.



SUMMARY

In summary:

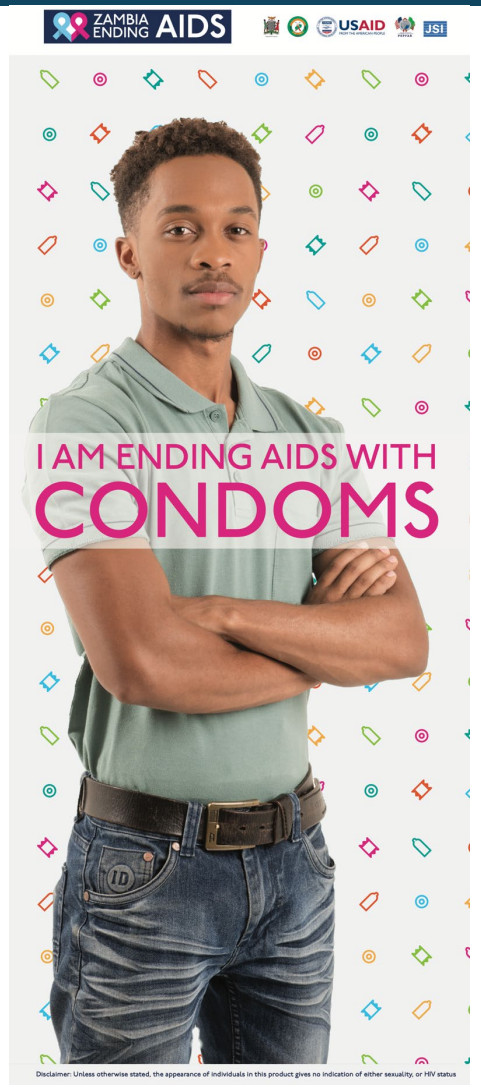
- **Fear** of HIV diagnosis and living with HIV; and
- **Health system shut-out,**

fed and compounded **limited access to credible health and HIV information**,

push these men to **delay HIV care and treatment**, until illness leaves them with no choice.

"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. 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

WHAT DO THESE FINDINGS MEAN FOR HIV PROGRAM REDESIGN?



- **These are "well" and busy men**: Most of the men in this study population feel well. Some may have HIV infection, but are not ill.

- **Redesigning HIV services and programs is an imperative**: These "well" men will not access and utilize HIV services unless we redesign them to address barriers and tailor to meet some of their needs. If we do nothing, they will continue to utilize clinics as a last resort and arrive already very sick.

- **Resonant messaging is required**: Many men in this study were not knowledgeable about HIV and health. Concurrent resonant messaging that encourages preventive health behaviours, timely HIV service uptake and adherence to care is critical.

WHAT DO THESE FINDINGS MEAN FOR HIV PROGRAM REDESIGN?

Effective HIV services and program redesign : Interventions should address fear and 'fear fuels', especially perceptions about masculinity, **AND** fix the health system to make it more accessible to these men.

In it for the long haul: It is important to recognize that change will most likely take place gradually. Establishing a supportive community (including leveraging peer influence), social behaviour change and communication, and health service delivery process will help sustain incremental gains.

"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…"

- User, Lusaka

CONCLUSION

- For Zambia to achieve HIV epidemic control by 2020, a key gap must be addressed: finding, engaging, and sustaining the missing men in HIV services, particularly men 20-34, who are among the least virally-suppressed groups.

- The Zambia Male Characterization Study provides useful insights to improve HIV programs and support men to access and utilize HIV services in a timely manner, for their own health and the health of their sexual partners.

- Effective HIV programs for these men will help Zambia not only to achieve, but also maintain, HIV epidemic control.

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Thank You!

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