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Targeted Intervention Creation and Its Effects on Connecting Men to HIV Services, a Steppingstone to Ending the Epidemic.

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Introduction

Gender disparities in healthcare utilisation in South-Africa persist, with men underutilizing health services compared to women. Enhancing men's health-seeking behaviour affects their general wellbeing and plays a crucial role in contributing to public health efforts to reduce the transmission of HIV through early detection and treatment. This article identifies the barriers preventing men from accessing health services and explores the interventions of a South African based NGO (Non-Government Organisation) which successfully addressed these barriers to improve men's utilisation. This case study emphasizes the impact of tailoring services to target groups to increase service uptake.

Background

Men's health is a crucial component of public health, and their timely access to healthcare services is essential for the well-being of families and communities. South-Africa has one of the highest HIV/AIDS prevalence rates in the world, currently 8.45 million people in South Africa are living with HIV (StatsSA, 2023). Access to healthcare services, including HIV testing and treatment, is essential to reduce transmission rates, managing the disease, and improving the quality of life for those affected by the virus (Shisana et al, 2014). Men have poorer outcomes than women across the HIV prevention, treatment and care cascade (Tsai and Siedner, 2015) and play a crucial role in HIV transmission, both in heterosexual and same-sex relationships (Auvert et al, 2005). Knowing one's HIV status and early access to HIV treatment if positive, can lead to better health outcomes by preventing the progression to AIDS, and significantly reducing the risk of transmitting the virus to sexual partners (Granich, et al., 2013). Understanding and addressing these barriers are essential to promoting a healthier society.

Barriers

Several factors contribute to the reluctance of men seeking health services. These barriers include societal norms and expectations surrounding masculinity, fear of stigmatization and discrimination, lack of awareness about available services, geographical and financial constraints, and communication barriers between healthcare providers and male patients. South African men often face societal expectations of masculinity and toughness, which can discourage them from showing vulnerability and make them reluctant to seek healthcare services (Campbell, 2015), (Courtenay, 2000). There is also a fear of HIV related stigma resulting in some men avoiding testing and treatment (Mak et al.,2007). Some men may not be aware of the healthcare services available to them or may not understand the importance of regular check-ups and preventive care (Courtenay, 2011). In rural or underserved areas, limited access to healthcare facilities and specialists can be a significant barrier to men seeking medical attention (Bolin et al, 2015). This is further exacerbated by poverty, unemployment, and lack of resources, including transportation to clinics and the ability to afford medical expenses (Peltzer, & Phaswana-Mafuya,2013).

Approach and Methodology

Sonke Gender Justice in collaboration with the Western Cape Department of Health (WCDoH) established the Sonke Wellness Centre to promote healthy living among men. The centre provides HIV and STI screening and promotes the spread of key health-related information through engagements and support groups in one space. These activities encourage health-seeking behaviour and addresses individual barriers such as incomplete or incorrect knowledge of sexual reproductive health and rights and provides a safe space for men to discuss their health and find support from their peers. Established in 2006, Sonke Gender Justice is a South African-based non-

profit organization working throughout Africa that “strives for a world in which womxn, children, men, and gender-non-conforming individuals enjoy equitable, caring, healthy, and happy relationships that contribute to the development of gender-just and democratic societies, free from poverty” (Sonke Gender Justice, 2011).

Sonke established the Centre in 2012 in Gugulethu, Western Cape, South Africa. The centre provides a holistic range of interventions to men in the surrounding areas which includes HIV and STI screening, testing and treatment, support groups, capacity building, campaigns and general health services. The centre incorporated Sonke’s philosophy of effecting sustained change through addressing the forces that shape individual attitudes and community norms and practices. Community awareness campaigns and capacity building workshops focused on health education and addressing the traditional masculine norms and stigmatization which discourage men from utilizing the Centre services. This was further supported by intergenerational support groups, where men could safely discuss their concerns and seek advice and support from the men in their community. Finally, the Centre employed local staff and introduced male health workers which included a nurse and councillors.

Results

This article looks at available data from the Centre between 2018 and 2022 which show significant increases in the uptake of services from men in the community. In 2022, on average, 1000 men accessed the Centre every month, 2 support groups were held, 259 HIV tests were performed, 299 clients received treatment and 6 community outreach activities were completed. Between 2018 and 2022 access to the Centre increased by 87%. HIV screening and testing increased by 134% and those accessing treatment increased by 304% in the same period. Anecdotal feedback from men entering the Centre highlighted the significant role of male staff, with men expressing that they feel more comfortable seeking medical advice at the Centre. Men accessing the centre also mentioned that having a holistic space encouraged them to get tested, with some men initially entering the Centre for support groups in which the importance of getting tested was discussed. Research highlights the impact of male health care staff, indicating that men are less likely to experience feelings of stigma (Galdas et al., 2005) and find it easier to build trust and rapport with male staff (OliFFE et al., 2008).

Conclusion

In conclusion, the article highlights the impact of targeted intervention creation in increasing mens health service utilisation. By creating a holistic space which sought to address the key barriers to intervention uptake through raising awareness and challenging cultural norms Sonke saw a significant increase of men accessing the Centre and its services. To ensure the effectiveness of interventions aimed at increasing men’s access to healthcare, ongoing monitoring and evaluation are essential. Collecting data on healthcare

utilisation among men and tracking changes over time can help identify successful strategies and areas that require further improvement. Promoting men’s engagement with healthcare services requires collaboration between healthcare providers, policymakers, community organizations, and other stakeholders. By working together, these partners can design comprehensive and culturally relevant interventions that address men’s unique needs and preferences.

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