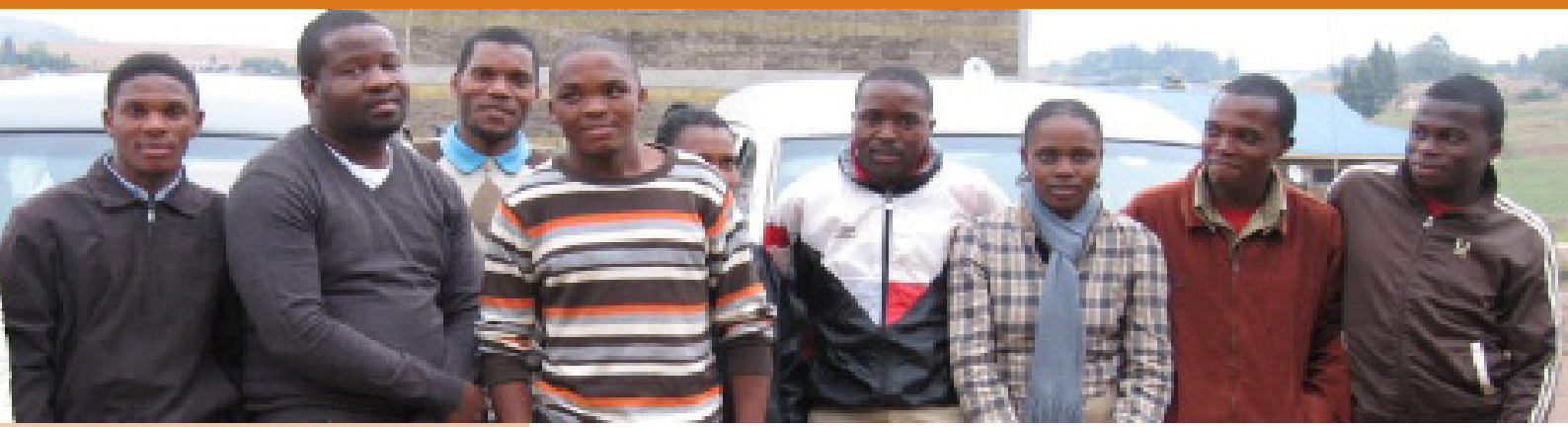
STEPS TO INTEGRATION • ISSUE 8

Integra

Strengthening the evidence base and good practice for integrating HIV and SRH services



This Steps to Integration series provides a guide on how to integrate HIV and sexual and reproductive health (SRH) services based on findings from the Integra Initiative.

The Integra Initiative is a research project on the benefits and costs of a range of models for delivering integrated HIV and SRH services in high and medium HIV prevalence settings, to reduce HIV infection (and associated stigma) and unintended pregnancies. It was managed by the International Planned Parenthood Federation (IPPF) in partnership with the London School of Hygiene & Tropical Medicine (LSHTM) and the Population Council.

Findings from the project show that integrating HIV and SRH services has the potential to:

- ✔ Increase uptake of health services
- ✔ Increase range of services available
- ✔ Improve quality of services and efficient use of resources
- ✔ Enable health systems to respond to client needs and improve overall client satisfaction

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Male utilization in integrated SRH and HIV services

Introduction

Worldwide, men are less likely to seek sexual and reproductive health (SRH) and HIV services than women. This is due to the way in which SRH and HIV services are organised and promoted as well as rigid gender norms and harmful perceptions of what it means to be a man, with far reaching consequences on health and wellbeing. In many contexts women do not control decision making, including with SRH choices, yet they bear a significant burden of contraceptive use and child bearing. Harmful conceptions of masculinity say however, that a real man should be physically fit and self-reliant, and that it is seen as a sign of weakness if they are concerned with their health. Gender and normative inequalities are increasingly used as an explanatory lens for examining SRH and HIV service usage differences between men and women. SRH and HIV programmes often advocate male engagement, however, funders, implementers, and researchers grapple with 'how' to address inequitable gender norms and models of service delivery to improve SRH and HIV service usage by men.

Methods

As part of the Integra Initiative, quantitative and qualitative data were collected in Kenya and Swaziland to assess the barriers to accessing SRH services and the perceptions of manhood. A three stage clustered household survey was conducted in the Manzini region of Swaziland in November and December 2011. Within each household, one participant between the ages of 15 and 49 was randomly selected, with an oversampling of young people under 25.

Semi-structured interviews and two focus group discussions (FGDs) among a sub-sample of male survey participants who consented to follow up interviews occurred between July and October 2012. Men were purposively sampled based on reported sexual behaviors and past year use of integrated SRH and HIV services at SRH facilities, with both users and non-users, because a minority of men reported past year use.

Results

Approximately 46% of participants were under 25, and 43% were married or in a cohabiting relationship. The majority, 88%, reported a religious affiliation, and 61% had a secondary education. Sixty percent of participants were sexually active, with 15% had more than one sexual partner in the past year.

Sexual behaviours and Reported use of SRH and HIV services

Survey participants with more than one sexual partner in the past year were more likely to be under 25, not in a relationship (single or separated/divorced/widowed), and with some secondary education. Sexually active men under 25 were more likely to report condom use at last sex compared to older men; while the reverse is true for those reporting other forms of contraceptive use. Men in partnered relationships (married or cohabiting) and those with none or only primary levels of education were also less likely to report consistent condom or contraceptive use, compared to those who were not in relationships and those with secondary or tertiary education.

Approximately one-third of the survey participants reported using at least one of the five integrated SRH and HIV services in the past year, with the most common being HIV counseling and testing at 28%, followed by male circumcision services at 7%. SRH service users were more likely to have had secondary or tertiary education, have children or report having sexual partner(s) in the past year.

Service preferences and experiences

Survey participants were asked how important they considered 11 specific facility characteristics, and over half of the participants considered all characteristics as "very important." However, four items were rated as "very important" by more than 80% of participants: 1) facility is high tech and modern, 89%; 2) distance, 88%; 3) waiting times, 85%; and 4) other services can be provided at the same visit, 81%.

Among men who used health facilities for SRH services, only a few reported positive experiences in the qualitative interviews. Many highlighted a lack of privacy and confidentiality as barriers, but some also reported unavailable staff, lack of staff motivation, as well as long waits. These were problematic for working men in particular, who may have had to take time off of work to attend a clinic. The few men who described positive experiences with health care providers at health facilities reported friendliness and lack of invasive questioning, which were seen as embarrassing, especially if the provider was a young female.

The qualitative data suggest a strong preference for traditional healers, particularly for STI issues. This was due to having a male provider, greater privacy, accessibility, and lack of physical examinations, as well as flexible or delayed payments, which incentivized men to consult healers when needed without delay.

Reasons for lack of health seeking behaviour

Discussions around SRH services revealed male uncertainties and ambivalence, and showed information sharing and care-seeking practice strategies included gossip, bragging, and discussing media messages, which led to fragmented or inaccurate understanding.

Recommendations

- Restructure health facility reception area and change client flow and queue configuration to increase confidentiality and privacy.
- Train existing health care workers on men's sensitivities, needs, and preferences within SRH service provision. Recruit more men to become health care providers, while this may be a long term solution, it would require substantial shift in what constitutes men's work, as well as investment of resources in training male providers.
- Strengthen collaboration between traditional healers and health providers as traditional healers are able to provide culturally appropriate care and may help address the shortage of health providers.
- Actively engage media and between health, education, sport, and economic sectors to support male roles as capable household and community providers to improve community sexual health and increase men's sens of responsiblity for their sexual behaviours.

Integra Papers

i. Mak Joelle, Mayhew SusannahH, von Maercker Ariane, von Maercker Ariane, Colombini Manuela. Men's use of sexual health and HIV services in Swaziland: a mixed methods study. Sexual Health 2016.

ii. Von Maercker, A., Mak, J., Colombini, M., Fakudze, P., Mayhew, S.H., Howard, N. 'There's a man and then there's a male person...': Qualitative analysis of masculinities and male sexual and reproductive health in Swaziland. *unpublished

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