

# EFFECTIVE ENGAGEMENT OF MALE PARTNERS OF ADOLESCENT GIRLS AND YOUNG WOMEN IN HIV SERVICES

## IMPLEMENTATION SCIENCE RESEARCH IN SOUTH AFRICA

South Africa has the largest HIV epidemic in the world—an estimated 7 million people in the country are living with HIV.<sup>1</sup> Rates of new infections among adolescent girls and young women (AGYW) aged 15–24 years are more than four times greater than that of their male peers.<sup>2</sup> AGYW in South Africa, as in many countries, are particularly vulnerable to HIV due to a host of reasons, including economic disadvantage and lack of power to negotiate condom use or refuse sex with their male partners—many of whom are older and/or engage in high-risk behaviors.<sup>3</sup>

HIV status awareness is low among men: only 38 percent of HIV-positive men 15 years and older are aware of their status, compared to 55 percent of women.<sup>4</sup> More women living with HIV have been initiated on ART (34.7 percent) compared with males (25.7 percent).<sup>5</sup> When men do enter ART programs, they do so at a more advanced clinical stage than women and are nearly one and a half times more likely to die on ART than women.<sup>5</sup> Bolstering men's engagement in HIV services, therefore, is critical for their own health and that of their partners.

The South African Government is responding to these challenges by strengthening and scaling up a variety of strategies to increase men's uptake of HIV services. These strategies, supported by U.S. President's Emergency Plan For AIDS Relief (PEPFAR) and other initiatives, include expanding male-friendly HIV testing services and linkages to care, increasing awareness of these services through intensive outreach, and improving systems to link HIV-positive men to care and treatment.

The Population Council is conducting implementation research in collaboration with local partner organizations to learn more about men's relationships with AGYW and how HIV services can better engage them—two neglected areas of research.<sup>6</sup> Similar studies are being conducted in Uganda, Swaziland, and Malawi. Learnings from these studies will be valuable for informing ongoing programming in South Africa and the region, as well as HIV prevention, care, and treatment efforts for AGYW and their male partners globally, particularly in this era of test and start.

### OUR RESEARCH

Using mixed methods and capturing multiple perspectives, we seek to examine male partners' characteristics and perspectives and assess the successes and challenges of the intervention strategies.



*Exploring men's perspectives about their relationships with AGYW and how HIV services can better engage them will be valuable for informing ongoing HIV prevention, care, and treatment efforts.*

**Research Partners:** Epicentre

**Location:** eThekweni municipality, KwaZulu-Natal Province

**Study Duration:** 2016–2018

**Funder:** Bill & Melinda Gates Foundation

For more information, contact Ann Gottert ([agottert@popcouncil.org](mailto:agottert@popcouncil.org)), or Cherie Cawood ([cheriec@epicentre.org.za](mailto:cheriec@epicentre.org.za)).

## POPULATION COUNCIL'S DREAMS IMPLEMENTATION RESEARCH

This study is part of a portfolio of implementation science studies the Population Council is conducting, with funding from the Bill & Melinda Gates Foundation, related to the DREAMS (Determined, Resilient, Empowered AIDS-free, Mentored, and Safe) Partnership. DREAMS aims to significantly reduce new HIV infections among AGYW in 10 countries in sub-Saharan Africa, including South Africa. Our studies are exploring whether the intended beneficiaries—AGYW and their male partners—are being reached and retained in services, how different intervention components are being delivered to each group, and ultimately whether HIV risk among AGYW is being reduced.

We will administer a cross-sectional survey to 500 men (ages 20–40) recruited at community venues such as hotels, bars, parks, and taxi stands, and to 300 men accessing HIV services. We will also collect qualitative data from DREAMS implementing partners, HIV service providers, community leaders, and male partners of AGYW. These data will help further explore the types of relationships men have with AGYW, the dynamics within these relationships, and men's perceptions and use of HIV services.

Between 9 and 12 months after the initial survey, we will re-administer a cross-sectional survey to another 500 men recruited at venues and 300 men accessing HIV services across the study sites. Additional qualitative data will be collected from DREAMS outreach and HIV service staff, as well as the same male partners of AGYW interviewed earlier. Comparison of data collected at the two time points will assess changes in uptake of HIV services, the profile of men who seek HIV services to help us determine whether the “right men” were reached through programs, and an assessment of strategies to link male partners to services.

## RESEARCH UTILIZATION

We will actively engage key stakeholders throughout the study, including in interpreting the findings, and supporting their adoption in South Africa and beyond. Stakeholders in South Africa include, among others, the South Africa Department of Health and National AIDS Council, PEPFAR, civil society groups, and implementing partners (e.g., FHI 360, Maternal Adolescent and Child Health, Community Media Trust, Health Systems Trust, and Wits Reproductive Health Institute).

## WHAT WILL WE LEARN?

This innovative implementation science study will generate valuable evidence about:

- The diversity and dynamics of relationships between men and AGYW in South Africa.
- Men's perceptions about how HIV services can best respond to their needs, and their decision-making about these services in the context of new test and start policies.
- The effectiveness of different strategies to reach the right men with the right services.
- Implementing partners' evolving, on-the-ground processes and experiences.

<sup>1</sup>UNAIDS. 2014. *The Gap Report*. Geneva: UNAIDS.

<sup>2</sup>Avert. 2017. “HIV and AIDS in South Africa.” Accessed on 30 March 2017. [https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/south-africa#footnote1\\_weh798k](https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/south-africa#footnote1_weh798k) – source of statistics

<sup>3</sup>Pettifor, A. E. et al. 2004. “Sexual power and HIV risk, South Africa,” *Emerging Infectious Diseases* 10(11): 1996–2004.

<sup>4</sup>Shisana, O. et al. 2014. “South African National HIV Prevalence, Incidence and Behaviour Survey 2012.” Cape Town: HSRC Press.

<sup>5</sup>Orr, Neil et al. 2017. “Development of a national campaign addressing South African men's fears about HIV counseling and testing and antiretroviral treatment,” *JAIDS* 74 (Suppl 1): S69–S73.

<sup>6</sup>Pulerwitz J et al. 2010. “Addressing gender dynamics and engaging men in HIV programs: lessons learned from Horizons research,” *Public Health Reports* 2010: 282–92.



The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science and public health research in about 50 countries, the Council works with our partners to deliver solutions that lead to more effective policies, programs, and technologies to improve lives worldwide. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization with an international board of trustees. [popcouncil.org](http://popcouncil.org)

Suggested citation: Population Council. 2017. “Effective engagement of male partners of adolescent girls and young women in hiv services: implementation science research in South Africa,” *DREAMS Activity Brief*. Washington, DC: Population Council.