

Swaziland: Male involvement in addressing the HIV epidemic

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Young men in Luyengo area of Swaziland discuss sexual and reproductive health issues. (Photo by Maserame Mojapapele).

Men and boys are a critical but often overlooked group in efforts to improve the health of people living with HIV. They are, therefore, one of the targets of Swaziland's Ministry of Health (MOH) programme, Maximising ART for Better Health and Zero New HIV Infections (MaxART). The ministry is committed to increasing male involvement in health services, and engaging men and boys in strengthening HIV prevention, care, treatment, and support. This is not only for improving men's health, but also for preventing infections and supporting their partners in accessing HIV and AIDS services.

Swaziland is strongly rooted in culture. Rituals are taken seriously especially among men, starting with boys circumcision, which is an acknowledged HIV prevention methods when used with other prevention options. Traditional leaders and traditional healers are important in addressing HIV and AIDS among men. The former, as the custodians of culture, provide leadership while the latter are regarded as health practitioners in addressing particular diseases.

The Clinton Health Access Initiative (CHAI), Southern African HIV and AIDS Information Dissemination Services (SAfAIDS), Swaziland National Network of People Living with HIV (SWANNEPHA), and local research students under the University of Amsterdam's Centre for Global Health and Equality, are backing up the MOH's programme implementation through a number of exciting new initiatives countrywide.

Findings from several studies in sub-Saharan Africa confirm that socialisation plays a key role in men and boys' perception of and subsequent access to health services. 'Real men' are physically, emotionally and psychologically strong...they are risk-takers and resilient to illness.¹

Although gender differences decline where serious health problems are involved, men make far fewer healthcare visits than women do, independent of reproductive healthcare visits.² Seeking health services only when health

deteriorates is a problem where HIV is concerned. This is because immune recovery is difficult when ARVs are started late and the CD4 count is minimal. Once health begins to deteriorate, the immune system has already suffered significant damage. Treatment prior to this produces better results.

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A recent study carried out in South Africa concluded that "Gender differences in experiences of HIV services relate more to social than health system factors". Health facilities are often seen as gendered spaces; these must be more responsive to men's needs and services designed that enable and encourage earlier and easier use by men. Therefore, the MaxART programme is taking innovative approaches to bring both health services closer to men and men closer to these services:

- Involvement of traditional leaders as "champions" of HIV testing, care, and treatment and encouraging community mobilisation in addressing HIV issues;
- "Fast Track" community mobilisation activities focused on accelerating HIV testing and linkage to care and treatment for men;
- Male-Focused Health Days aimed at attracting

men to their local clinic to learn more about health services available to them;

- A medical anthropology study focusing on men and where they go when they fall ill will inform ongoing community and health service initiatives as regards HIV.

Training traditional leaders capitalises on their role as cornerstones of Swazi culture.

Their involvement is an effective way of connecting with men in their communities to prevent new HIV infections and keep communities healthy.

SAfAIDS has trained 98 traditional leaders and 12 political leaders to mobilise their own communities to seek HIV Testing and Counselling (HTC), and necessary care and treatment. One male traditional leader from Luyengo Community said: "During the SAfAIDS training, I was tested for HIV. Now, I encourage the men in my community to go for a test regularly". Men from his community are now motivated to test for HIV every three months.

These traditional leaders along with community-based organisations have facilitated 28 community dialogues for 1,050 members...nearly 50 per cent were men.

The dialogues centred around why men do not test for HIV and measures to be taken to motivate them to test. It is anticipated that by the end of 2012, the dialogues will reach over 3,000 men, with at least 60 per cent of them expected to take an HIV test.

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Dialogues engage gender groups separately, allowing men to feel free to express their concerns, test for HIV, and receive results.

The CHAI-led "Fast Track" initiative is a community-owned effort in which a problem is defined (low HIV testing uptake by men and adolescents) and solved by the community themselves. It has proven successful in mobilising communities for HTC services in a short period of 90 days. During a Fast Track, teams from each chiefdom (community) of the *Inkhundla* (district) are tasked with brainstorming and implementing practical ideas to support local men and adolescents to know their HIV status. A "Quality Assurance" team comprising health workers from the different health facilities within the *Inkhundla* ensures that quality counselling and testing is provided throughout the 90 days. Popular events throughout different Fast Tracks have included adolescents' sports days and dialogues for men at cattle dip tanks, with HTC services available.



A client tests for HIV in Swaziland.
(Photo by Adriaan Backer).

From October 2011 when the first Fast Track was launched to October 2012, Fast Tracks in seven locations have been completed with an additional five underway. During the three months of Fast Track, HTC increased by 730 per cent among the target groups, from an average of 180 people tested prior to Fast Track to 1,310 people tested during Fast Track per Fast Track location. The increase in HIV testing was eight-times the baseline among male adults; 39 times the baseline among male adolescents; and four times the baseline among female adolescents. The majority of the increase in HIV testing (80 per cent) occurred at community-based testing events. Additionally, the impact of Fast Track continued beyond the first three months: HIV testing at health facilities was 30 per cent greater than the baseline at three months after completion of the first five Fast Tracks. In terms of outreach, the Fast Track teams visited a total of 5,800 households with 23,600 individuals, and distributed 45,300 condoms.

Male-Focused Health Days (MFHDs) – *Sibobabe Nemphilo Yetfu* – are monthly "men's days" organised at health facilities to increase consistent health seeking behaviour in men in Swaziland and to share key health information to help them take charge of their health. They are mostly held on Saturdays during regular clinic hours, and are overseen by the clinic staff with the support of each clinic's Health Committee. The focal people promote the day at the clinic and in the community and organise the programme for the day. Topics for discussion cover a variety of health issues, including diabetes, hypertension, STIs and HTC; attendees also make requests for specific topics to be addressed.

At MFHDs, televisions and DVD players in clinic waiting rooms show health information addressing men's issues. Social activities such as playing cards and table tennis create a relaxed environment for men to gather in, and t-shirts are awarded for regular attendance. Most importantly, as men continue to participate, they interact with clinic staff and see other men sharing in health dialogues and learning. MFHDs are unique opportunities for bringing non-traditional male topics such as family planning, into focus.

"The great challenge that hinders us from getting the whole treatment from clinics is that we do

not report the actual disease that made us to come to the clinic because you find a young lady nurse at the clinic – young enough to be your daughter. So it becomes difficult to report an STI to the nurse and you end up reporting headache instead of the real disease," said Aron Dladla, 39.

From the launch of the first MFHD at Horo Clinic in March 2012 to October 2012, 40 MFHDs had been held across 14 clinics, reaching over 700 men, 30 per cent of whom made repeat visits. Based on insights from participants (n=80), 47 per cent reported having last attended a clinic six months ago or longer, and 66 per cent said they would not have been able to attend the event if it had been on a weekday. The men reported valuing the opportunity to learn about health, with a specific interest in information relating to HIV, male circumcision and diabetes, and they appreciated the supportive environment offered by the MFHDs.

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HTC is also being promoted during these health days, such as at one MFHD where a representative from SWANNEPHA shared his experience, and 13 men were inspired to test.

Given current understanding of men's reluctance to access health services, a medical anthropology study to be conducted by a Swazi researcher from the University of Amsterdam, will investigate what sectors and services men access for health services (including traditional, religious, and medical), with a component following men who recently tested HIV-positive, to explore why they drop out of the continuum of care.

The study will help inform the ongoing projects to adapt and target the key reasons why men in Swaziland are late in accessing health care and HIV services. The *MaxART* programme will continue to drive and adapt all of its male-focused activities in order to mobilise and support men to strengthen Swaziland's response to the HIV epidemic ■

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