



# Prevalence and predictors of HIV infection among men in South Africa 30 years into the epidemic: the 5<sup>th</sup> nationwide cross-sectional survey

By

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# DISCLAIMER

## WHY FOCUS ON THE EPIDEMIC ON MEN

- More than 30 years into the epidemic – **interventions and research focusing on the prevention, treatment and care needs of men are notably absent**
- Attention thus far on AGYW is without dispute
- **However, framing gender as women's health means we have failed to understand how gender affects and drives the burden of ill health for men**



# Background

- **Men in sub-Saharan Africa are less likely than women to get tested for HIV**
- **Less likely to present for treatment, and when they do, less likely to be maintained in treatment**
- **More likely to have detectable viral load**
- **More likely to transmit HIV with unprotected intercourse**
- **And more likely to progress to AIDS and die sooner from HIV**



# Methods

- Data obtained from a multistage cross-sectional nationally representative household-based survey design
- Bivariate and multivariate logistic regression models used to assess the relationship between:
  - HIV prevalence,
  - Demographic,
  - Behavioural, and
  - HIV-related risk factors



# Results

- Of 6 920 blood specimens of males 15 years older that were tested for HIV antibodies **14.2%** were HIV positive
- Men who were significantly more likely to be infected were:
  - 25-49 years old and 50 years and older,
  - Those residing in rural/farm areas,
  - Those with sexual partners five years older,
  - Those who reported condom use at last sex, and
  - Those who reported fair/poor self-rated health

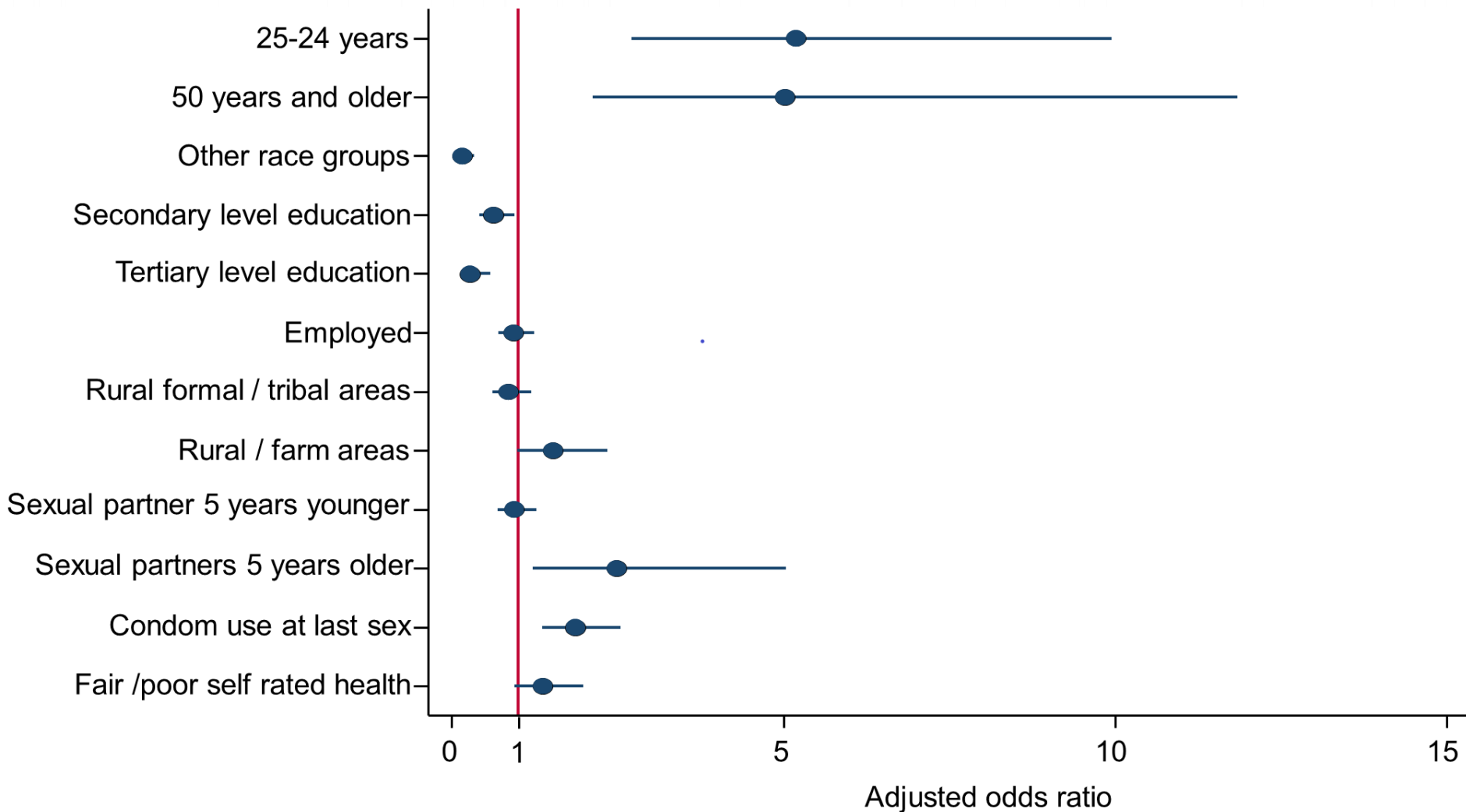


# Results

- **Men who were significantly less likely to be infected were:**
- Those of other race groups than Black African
- Those with secondary and tertiary level education compared to those with no education or with primary education



# Results from Multivariate logistic regression model





# What do these results mean for the epidemic?

- **Firstly, we need to know our epidemic at a local level**
- **Accelerating men's HIV service delivery & uptake is non-negotiable**
- Interventions need to be male-centred
  - taking into consideration all known factors affecting men to present themselves to testing, treatment and care, **while acknowledging that they are not homogenous**
  - They differ in terms of gender, identity, age, individual experiences & circumstances (including risks & vulnerabilities), the mode of transmission and context
- **ACKNOWLEDGING THAT** by focusing on men, we do not seek to exclude women and girls but **by also and specifically addressing men we reduce both men's and women's vulnerability to and risk for HIV.**





# Research gaps

## What we know from research out there?

- Very difficult to access men, depending on age, context, race & class
- Largely small-scale, qualitative research, which is context-based and unlikely to be generalizable **BUT** possibly replicable elsewhere
- What this means:
  - Difficult to measure implications of interventions with data that's available
  - Most studies do not have baseline and endline points
  - Difficult to account for confounders



# Research & intervention gaps

- Randomised Controlled Trials (although not the gold standard, do not answer all questions & are very expensive to implement)
  - Bring about measurable outcomes
  - Have treatment and control groups to measure effect of interventions
- Research usually donor influenced – usually without a proper understanding of the study context, population and required outcomes and priorities



Thank you!!!