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# MALE ENGAGEMENT IN HIV PREVENTION RESEARCH: LESSONS AND OUTCOMES

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South African Medical Research Council (SAMRC)

MTN Regional Meeting, Cape Town, 07 October 2015



South African Medical Research Council

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- Introduction
- Concepts and Definitions
- Aims and Objectives
- Method
- Lessons and Outcomes
- Recommendations
- Conclusion





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“Wherever you find a great man, you will find a great mother or a great wife standing behind him -- or so they used to say. It would be interesting to know how many great women have had great fathers and husbands behind them.”

— [Dorothy L. Sayers, \*Gaudy Night\*](#)

*Dorothy Leigh Sayers was a renowned English crime writer, poet, playwright, essayist, translator, and Christian humanist. She was also a student of classical and modern languages.*



- Shared decision-making facilitates participation in healthcare programs including family planning and Prevention of Mother-to-Child HIV transmission (PMTCT) (WHO, 2012, Shattuck et al, 2011).
- HIV prevention programs that were aimed at providing interventions for women, have viewed men as barriers to women having improved health outcomes (Higgins et al, 2010).
- Vaginal microbicides, as a potential HIV prevention option for women may be used without the consent of male partners, however, it is important to consider the role of male partners in the use of such methods, especially in Sub-Saharan Africa, where there is gender inequity in terms of employment and financial security, and women may face challenges with independent decision making regarding use of HIV prevention options.
- Efforts to include male partners in HIV prevention for women have focused primarily on **engaging men to support their female partners** in adopting a prevention strategy.
- However, there has been limited consideration for **men's own health needs** and achieving **greater sex equality**, both factors which may reduce HIV risk among women (Montgomery et al, 2011).



- **Engage:** “participate or become involved in”...*Oxford English Dictionary*
- In HIV prevention research, “Male Engagement” and “Male Involvement” have been used interchangeably to describe involving **male partners** in women’s health.
- For the purposes of this presentation: “**Male Engagement**” refers to engaging males in biomedical and other research:
  - in their capacity as *male partners* to female study participants and
  - in their *individual capacity as community men* participating in community events and research studies, and accessing healthcare.



Describe the:

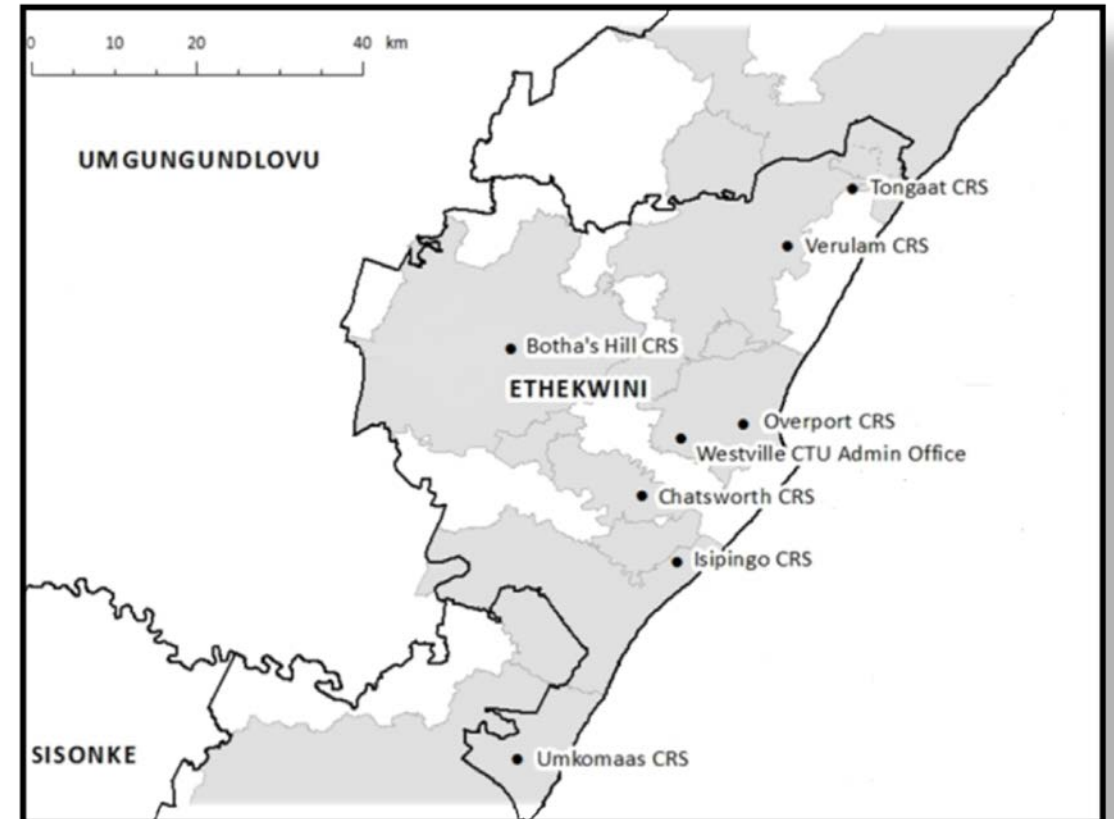
- **Strategies** used to engage male partners and men in the community in education and research activities
- **Barriers and Facilitators** identified during the HPRU male engagement programme
- **Outcomes** of the male engagement programme





- SAMRC, HPRU has engaged communities in KwaZulu-Natal for more than a decade.

CRS	Number of years active at HPRU
Botha's Hill	11
Chatsworth	12
Isipingo	11
Tongaat	13
Umkomaas	11
Verulam	13



# Data Collection Source



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Community event reports

Site event reports

HPRU study logs

HIV partner testing logs

Targeted Chart Reviews

Interviews with men in the community, peer educators,  
study PIs, community teams



# Access to Male Partners of Women Participants



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Women in  
microbicide trials

Male Partners

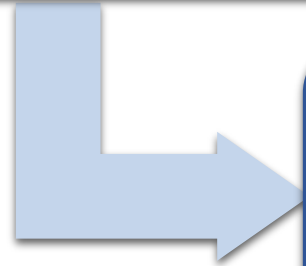
Couples Workshops  
Male Participants  
Male Partner testing (HCT)

# Engaging Males in the Community

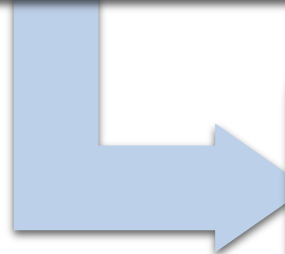


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Community  
Outreach Activities  
and Male Workshops



Community Men



Male Community  
Stakeholders  
Male CWG members  
Male Study participants  
Male Peer educators

# Male Partner Workshops



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Strategy	Outcome
Couples Workshops	<ul style="list-style-type: none"> <li>▪ Between 2013-2015, 123 men attended 21 couples workshops.</li> <li>▪ Male partners were educated on HIV/STI risk, prevention, treatment and care, relationship dynamics, study product and study participation.</li> <li>▪ Provided with HIV Counseling and Testing (HCT) and wellness assessments, encouraging access to public health care.</li> <li>▪ Women in the trial were enabled to negotiate condom use and decisions related to the trial with their partners, giving them an opportunity to ‘bond’, and allowing their partners to gain greater insight into their activities at the clinic.</li> <li>▪ Male partners reported a better understanding of how the ring is used and it’s purpose and expressed appreciation for the education and the opportunity to access healthcare.</li> <li>▪ Case study: Umkomaas Peer educator’s husband supported media participation</li> </ul>

# Male Partner Participation

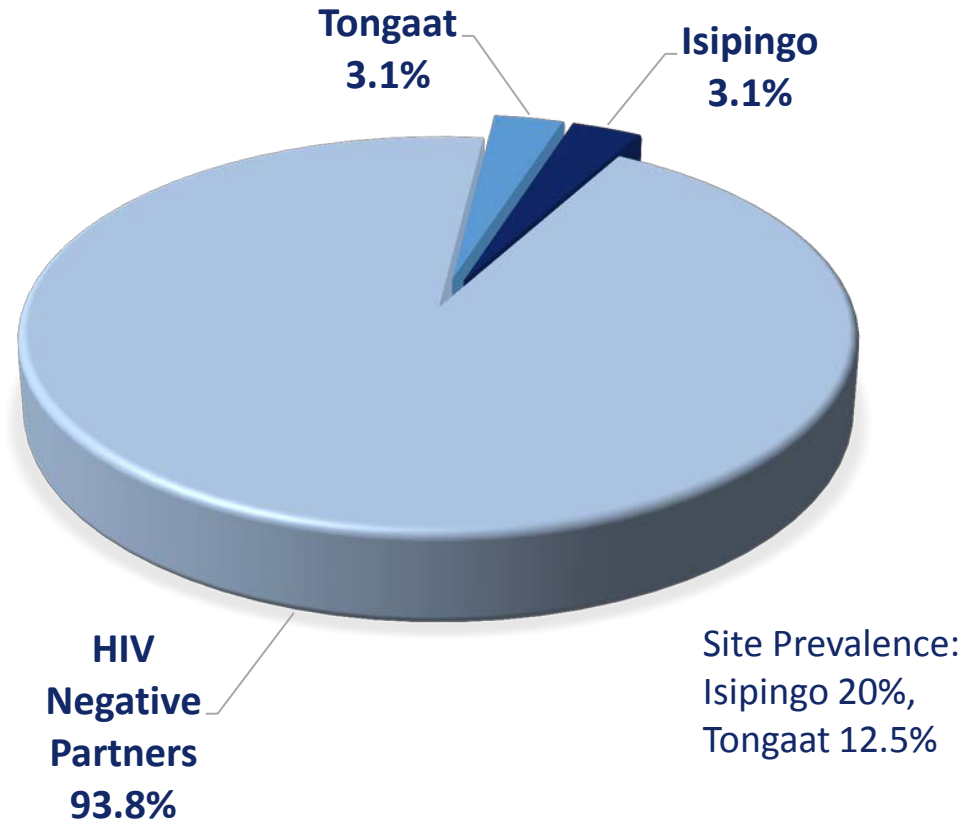


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Strategy	Outcome
Male Partners as Participants	<ul style="list-style-type: none"> <li>■ 2005-2009 (MDP)</li> <li>■ Male partners participated in In depth Interviews (n=13) and Focus Group Discussions (n=82).</li> </ul>
Male Partner HIV Counseling and Testing	<ul style="list-style-type: none"> <li>■ 2012-2015</li> <li>■ HCT was offered to partners of female study participants and conducted during couples workshops or as walk-ins.</li> <li>■ Education provided on HIV, STIs and risk.</li> </ul>

# HCT among Male Partners

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## HIV PREVALENCE AMONGST PARTNERS TESTED

**Table: HPRU Partner HIV Counselling and Testing, 2012-2015**

	n	%
HCT sessions	89	-
Partners tested	65	-
Partners tested 2-4x	18	27.7
Married/Unmarried	8/57	12.3/ 87.7
Couples/individual counselling sessions	35/54	39.3/ 60.7
HIV positive men	4	6.3
HIV positive women	2	-
Sero-discordant couples	4	6.3

\*3 female partners of HIV positive men, remained negative till the end of the study



Strategy	Outcomes
Community Outreach Activities	<ul style="list-style-type: none"> <li>■ Community Outreach activities were conducted in collaboration with 23 male stakeholders and CWG members.</li> <li>■ Education was provided to both men and women and community leaders on HIV/STI transmission, risk reduction, HCT, Medical Male Circumcision (MMC), behaviour change, HIV treatment, clinical research, development of new drugs.</li> <li>■ Study-specific recruitment activities were included.</li> </ul>
Male Workshops	<ul style="list-style-type: none"> <li>■ Over 2000 men participated in 91 male workshops between 2014-2015.</li> <li>■ Men were engaged in the community in collaboration with traditional councils, NGO partners such as Brothers for Life, Mens Clinic International and Gender Dynamix (Transgender and intersex persons).</li> </ul>





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# Male Engagement



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# Male Engagement FAQs



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Why are new drugs developed for women only to prevent HIV, as Men are also vulnerable?

How safe is the ring to partners and women using it?

What will happen when women are no longer using the ring, won't it interfere with the size of the women's vagina?

Why do you think women will use an ARV based drug knowing they are not HIV positive?

Why were none of the microbicides shown to work?

Are women expected not to use condoms to know whether microbicides work?.

Is HIV resistance not a concern?



**Table: HPRU Research Studies: Male Enrolment: 2005-2015**

Research Studies	Enrolled participants (n)
Biomedical Research (investigational product)	11
HIV treatment	1
HIV Testing and Linkage to care	145
Laboratory Reference Range	140
STI Testing and Treatment *	100
Peer educators	1
Total	398

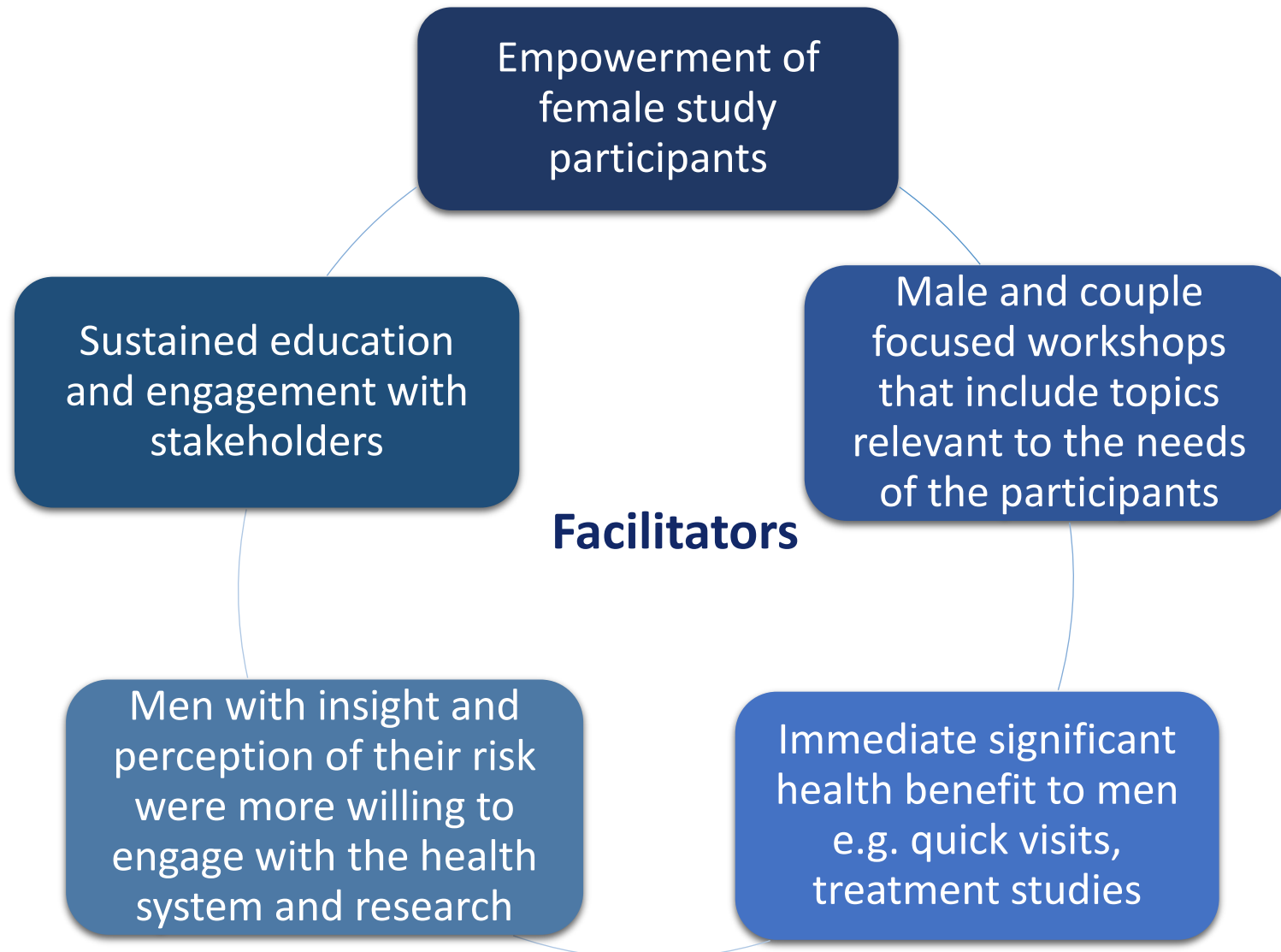
*\*10% prevalence asymptomatic genital chlamydia*

**Case Study:**  
ASPIRE mum (nurse)  
supports her illiterate  
son's vaccine trial  
participation

# Barriers to Male Engagement

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Factor	Barrier	Solution
Employment	Difficult to engage during the working week	Weekend events and workshops. Engaging close to workplace.
Target areas	Some areas not conducive to adequate engagement e.g. bars, shebeens	Taxi ranks, shopping centres – more engagement. Work places in proximity to clinic.
HIV education/understanding	Lack of education resulted in scepticism	Education provided on health services and risk reduction.
Traditional/cultural Beliefs	Negative beliefs about research hindered engagement	Engagement of traditional councils, community leaders.



# Lessons & Recommendations

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- Researchers and community stakeholders need to facilitate an **active participatory role** from male partners and men in the community, in health and research outcomes, by emphasising the health benefits to men.
- Focused Male involvement activities will increase understanding of partner dynamics that impact on access to healthcare, and prevent assumptions about the barriers and facilitators to engaging men in the community.
- Tools and strategies need to be adapted to overcome the barriers to male availability and access to care, for example. Taking HCT and treatment to the workplace.



- Male partner engagement in research contributes to understanding the social, cultural and economic factors that impact on acceptability and adherence to HIV prevention options among women.
- Lessons learned and strategies implemented indicate a shift in the engagement of males in health and research over the last decade.
- By increasing the focus on men's individual challenges and needs, we will improve their access to healthcare, their understanding and support of their women and children accessing healthcare, and be able to engage them in research activities.



# Acknowledgements



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- Study Sponsors: Division of AIDS, US National Institute of Allergy and Infectious Diseases, US National Institute of Child Health and Human Development, US National Institutes of Health, Grant #: 2UM1AI069422-08
- UK Department of International Development and the Medical Research Council
- National Institute of Mental Health NIMH R01-MH08356
- HIV Prevention Networks: MTN, HVTN, MDP
- HPRU Director- Prof Ramjee, Study Principal Investigators, site investigators, study teams
- Neetha Morar-Community and Research Manager, HPRU
- Mduduzi Ngubane (CLO), Goodness Mvuyane (SC) and community teams
- Rashika Maharaj, Nathlee Abbai (Study PIs)
- HPRU Study Participants and Male Partners
- Community stakeholders and CWG

**THANK  
YOU!**