Pathways to Acceptance: Understanding Male’s Experience with HIV in a South African Township, Gugulethu

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Background

- Men drop out of HIV testing, treatment and care at much higher rates than women
- Ideas of masculinity are cited as a reason why men fail to access health care services

Objective

- To understand the male perception of the clinic
- To understand what can be done to better support men in accessing health care services
- Long term: to use this enhanced understanding of men seeking health care to improve the current negative discourse surrounding masculinity and health care

Methodology

- A qualitative study based on key informant interviews
- Data were collected as part of a larger NIH funded study-iALARM-to understand the male perception of the clinic
- Men aged 20-53 who attended the clinic were recruited into the study
- Interviews were audio-recorded, translated from Xhosa to English, and then transcribed verbatim. The results were then coded and analyzed using Nvivo 11.
- Codes for this study were developed through independent and original analysis using an inductive process

Results

Theme 1: Initial Fear of Stigma

- A consistent fear among all men in this study, was the initial fear of stigmatization from the community.
- To be seen at the clinic in Gugulethu is to be vulnerable, which is inconsistent with the local constructions of manhood.

“I think the real issue is that men are afraid to be seen in the clinic, especially in the area of Gugulethu because people believe that if you go to the clinic, then you are sick. So the community sees you entering the premises of the clinic, they know you are sick. So men specifically in Gugulethu, they think if they go to a clinic, they will not be welcomed back by the community. They will [be] called names and be stigmatized.”

Theme 2: Intrinsic Self-Confidence

- After the initial fear of being seen at the clinic, the participants acknowledged that stigmas would still persist whether they were seen at the clinic or not.
- The participants recognized that prioritizing their health and the needs of their family was of more value to them than the opinions of the community.

“You need to think about yourself and your health and your family because the majority of the people, there are many who are sick and feeling not well. So I would rather look at myself and treat myself and move on with my life. I don’t bother if my neighbor sees me. What I am interested in is to live longer for my kids.”

Theme 3: Motivators

- Participants described several extrinsic motivational factors that helped them to stay on treatment. In many ways, the increased social support and motivation from family members or the medical community relieves the men from blame and isolation of their diagnosis.

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Theme 4: Acceptance

- As a final stage in the pathway to acceptance, several men described their social, moral, and physical reconciliation between who they were before they were diagnosed with HIV and who they had become.
- Through each step of the pathway, ultimately culminating in acceptance, the men regained a renewed sense of responsibility.

“I learned to accept the setup. I’ve been to many workshops-Desmond Tutu (HIV Clinic) and other places to learn more. I have learned a lot about HIV and I am at peace about HIV, so I am not bothered anymore.”

Conclusion

- The idea that men do not take control of their health or acknowledge the responsibilities that they have, is not consistent with the group of men interviewed. They largely have acknowledged their role in their family and as a man, and are taking the necessary steps to ensure that they can live a longer life and thus, provide for their family that depends on them

Future research: Engage women in the conversation and see if themes persist across both genders.

Limitations

- Women were not interviewed to serve as a comparison to the male response
- Sample of men interviewed were engaged in health care services, which does not capture the perspective of men who do not engage in health care services.

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*References:
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