



Men and HIV

Understanding men to increase access to
HIV education and services

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Dalberg Design

INTRODUCTION

A theme is emerging in the battle to fight HIV/AIDS: effectively engaging men and boys. Young women bear the burden of the crisis, but face long-term barriers when male partners are disengaged. Supporting testing and treatment of men is a huge opportunity for design and impact.

This report represents a summary of collective insights gathered across several projects and geographies in relation to male engagement in HIV programming, education, and services. It is meant to be a starting point for dialogue and design.

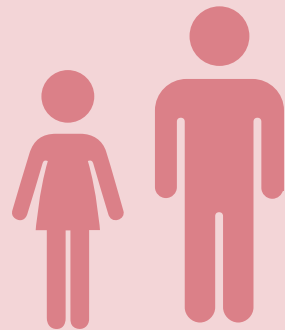
3

Continents



328

Men and boys engaged



9

Countries

BOTSWANA,
LESOTHO,
SOUTH
AFRICA,
NIGERIA,
UGANDA,
INDIA,
MEXICO,
PERU,
ARGENTINA

481

Women and girls engaged

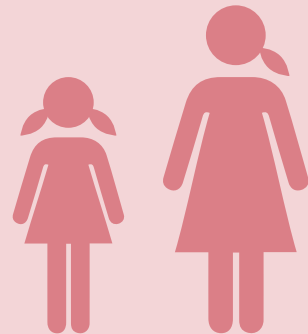


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1. HIV Journey*: Prevention and Treatment

PREVENTION			TREATMENT		
	AWARENESS <i>Becoming aware of HIV</i>	EDUCATION <i>Learning about HIV prevention and treatment</i>	TESTING <i>Testing for HIV</i>	LINKAGE TO CARE <i>Transitioning from a positive HIV test to clinical care</i>	ADHERENCE <i>Maintaining ARV treatment regimen</i>
CHALLENGE	<i>HIV is not as scary as it used to be.</i> While there is broad awareness of HIV, the threat is not as formidable. Education and related health services are often regarded with indifference.	<i>Health care is a woman's concern.</i> Traditionally, women are responsible for the health of a family, so men often disregard health information unless it is unmistakably male, like circumcision.	<i>Ignorance is bliss.</i> Family responsibilities and economic strain can be heavy burdens. Knowledge of an HIV-positive status is yet another source of stress that many men prefer to avoid. Long waits and inconvenient clinic hours make testing even less appealing.	<i>Acceptance is uncertain.</i> Testing is a big step. Accepting an HIV-positive status is even bigger. Many men are not ready to face the realities of living with HIV or do not feel the need to begin treatment if they are not noticeably ill.	<i>Treatment is a burden and a bummer.</i> A regimen of daily medication for life is yet another source of stress and requires significant lifestyle changes, like limited alcohol use, which many men struggle to accept.
	DESIGN OPPORTUNITY*	Integrate HIV awareness with issues that matter to men, like economic opportunity and skills building.	Design health education and services that feel distinctly male and account for their practical needs and traditional obligations.	Connect traditional male ideals—strength, courage, and being a provider—to HIV prevention, and offer discrete, easily accessible testing options.	Utilize reliable male communication channels, like mobile messaging and respected community figures to follow up with testers until they are ready to begin treatment.
SUPPORTING CONCEPTS*	Speaking to Men	Male-specific HIV Programming	HIV Self-test Kit Design		

Speaking to Men

Male-specific HIV Programming

HIV Self-test Kit Design

*Illustrative examples

**Illustrative journey with a focus on the male experience from Dalberg Design HCD research

2. Gender Dynamics

Patriarchal societies pressure men to conform to masculine ideals—strength, power, and control—and assume the traditional male role as a provider and household authority. This sets the tone for relationships and decisions about sexual health by both men and women.

Gender norms and a global focus on supporting and empowering adolescent girls and young women, position sexual reproductive health (SRH) as a primarily female responsibility. As a result, men often look to their partners to ensure they are both safe, but may feel threatened by women's autonomy.



GENDER DYNAMICS

- **RESPECT TRADITIONS:** Some health conversations and procedures are traditionally male, like circumcision; challenging such norms may be viewed as disrespectful and can disincentivize male access to health education or services.
- **ILLUSION OF CONTROL:** In relationships, men want to feel in control, but often deny responsibility for couple SRH decisions, like family planning and HIV prevention. As a result, women may act independently, without consulting their partners to avoid potential conflict or threatening their relationship. Men often regard these decisions with suspicion or resentment.
- **DEMYSTIFYING WOMEN:** Female anatomy and sexual reproductive health needs are a mystery to men. As a result, men may block use of HIV prevention options or contraceptives that they do not fully understand, or spread myths or negative information about these products.

"Boyfriends can pressure girls into having sex, but at the same time, men also feel pressure to make sexual advances on women—it's a question of masculinity." (Lesotho)

"My girlfriend was supposed to tell me earlier [about her contraception]. Maybe if she told me earlier, I could understand. That's why I got upset." (South Africa)

GENDER DYNAMICS

- **LOYALTY SYMBOLS:** Men (and women) seek symbols of loyalty and commitment, even in casual relationships. Male partners often use trust as a bargaining chip to negotiate for their preferences, such as unprotected sex, or to rationalize their decision to decline HIV testing—*“If you trust me, why do we need protection?”*
- **NOT MY RESPONSIBILITY:** Like many sexual health decisions, the responsibility of HIV testing often falls on women. A common attitude among men is that only one person in a relationship needs to test, and it is not the man.
- **MULTIPLYING DISCLOSURE:** Men often have multiple concurrent sexual partners. Knowledge of an HIV-positive status would require disclosure to each partner, multiplying the emotional burden of an already stressful situation.

“The guy has to be the one to come with the condom, but men don’t really feel responsible for the family planning part.” (Lesotho)

“Women know what they want for themselves, but it is not easy to say no to their partners.” (South Africa)

“Only one partner needs to test for the both of us.” (Lesotho)

Male-specific HIV Programming

While there is pervasive education and information on some topics, such as voluntary medical male circumcision (VMMC), there are broad gaps in the engagement of males in general HIV programming. Actively engaging young men, and creating services designed specifically for them may unlock culture change and support better health outcomes for both men and women.

This male-specific HIV program concept was created together with young men from Lesotho.



Man to man health education

In Lesotho, young men who have gone through traditional initiation school are trained on sexual reproductive health and gender equality by a peer educator or young health professional.



Respectful coordination with cultural leaders

Following this training, the initiation school graduates consult with cultural leaders to propose the introduction of SRH education during initiation school, and inquire about how they can support their practical needs for initiation, like blankets and food supply.



Graduates become teachers

Initiation school graduates (now peer educators) teach a group of new, young initiates about sexual health and relationships.

3. Environmental Factors

When discussed in isolation, HIV has little relevance to everyday male needs and concerns. Economic stress, whether from unemployment, challenging working conditions, or the daily struggle to make ends meet is a constant concern. Men may feel a sense of powerlessness at the lack of economic opportunities and anxiety about being a reliable provider or desirable mate.

Programming that targets the need for financial stability and employable skills may provide a unique forum for engaging men in conversations about HIV and sexual health.



ENVIRONMENTAL FACTORS

- **DROPPING OUT, DROPPING OFF:** Many boys drop out of school between secondary and senior secondary level due to increased school fees and academic intensity. In rural areas, boys often drop out of school early to take up full-time work in farming or herding, making young men increasingly more difficult to reach during key developmental stages.
- **DRIVEN TO DISTRACTION:** After school, the harsh realities of chronic unemployment may drive men to seek distractions from hardship, such as drug and alcohol abuse. High rates of alcohol abuse, fueled by unemployment and peer pressure to “look cool”, is a major factor in risky sexual behavior among men.
- **DANGERS OF DENIAL:** Men often feel over-burdened by family responsibilities or economic strain. Knowledge of an HIV-positive status is yet another source of stress that many men prefer to avoid. This is a deterrent to HIV testing or may contribute to denial of a known HIV-positive status.

“Being exposed to certain opportunities and then coming back home can be hard. You cannot go back to the life you were living before.” (Lesotho)

“Boys repeat things that their parents say like, ‘Alcohol is good, because you can drink your sorrows away.’” (Botswana)

“I can never test. If I am HIV-positive, it will be too much stress.” (South Africa)

4. Access to Services

Clinics and healthcare overall are viewed as a primarily female concern, as traditionally, women are responsible for the health of a family, and have more frequent needs for healthcare services (eg. contraception and pregnancy). Many services, like antenatal care and well child visits are optimized for women. Few, services are designed with men in mind. Voluntary male medical circumcision (VMMC) may be an exception.

Men may be more likely to access health education and services if it feels distinctly male and accounts for their practical needs and traditional obligations.



ACCESS TO SERVICES

- **HEALTH AVOIDANCE:** Men often avoid clinics due to long wait times, requiring time off from work or resulting in missed opportunities for part-time employment. Men also prefer to remain anonymous—they do not want to be seen at a health facility by people in their community, who may interpret their visit as a sign of weakness, or worse, HIV infection.
- **AUTONOMY IS KING:** HIV self-testing has been viewed as a highly desirable alternative to facility-based testing due to the high potential for privacy and greater control over the process.
- **PRIVACY PREFERENCE:** Discretion is critical to HIV testing uptake, especially among men. During early feedback sessions for the Project Masiluleke HIV self-test kit, many participants were put off by the size of the kit—it was too big to be easily hidden from sight.
- **BURDEN OF TREATMENT:** The burden of daily medication is a deterrent to HIV testing, as a positive result would require daily ARVs for life. This would be an additional source of stress and require significant lifestyle changes (eg. limited alcohol use and consistent condom use)

“I feel like some health providers don’t really care about young people and preventing spread of HIV, they’re just doing the job to get paid.” (Botswana)

“I love the privacy of this [self] test. It can go in schools, churches, everywhere. This is the sh*t.” (South Africa)

“The big problem is that when you carry something big like this around, people automatically assume you are positive.” (South Africa)



HIV Self-test Kit Design

The Project Masiluleke HIV Self-test Kit is a unique, low-cost HIV testing solution that enables those at risk to test in the privacy and comfort of their own homes. The kit includes an existing HIV rapid test with custom packaging and illustrated instructions designed for low-literacy users.

Self-test Kit designed in partnership with ITEACH (Integration of TB in Education and Care for HIV/AIDS), South Africa.

CONCEPT SPOTLIGHT



Men responded positively to imagery of respected public figures and local celebrities, indicating that if such important men are testing, it is a good sign that they should test too.

Feedback sessions revealed strong male preferences for bold visual elements that signal confidence and vitality and images to represent the entire testing community, including aunties and celebrities, signaling that everyone can and should test.

CONCEPT SPOTLIGHT

In a usability study, designed and conducted by partners at ITEACH, 233 participants from three representative communities in KwaZulu-Natal, South Africa tested themselves for HIV using the self-test kit, supported by a mobile telephone help line.

99.1% tested correctly, 98.7% interpreted their result correctly, and 97.8% understood what to do next.

This study demonstrates that even low-literacy users are able to self-test safely and accurately, if provided with tools and instructions designed to support their unique needs.



5. Communication

Research for a female-controlled, HIV prevention vaginal ring, revealed that although the product is for women, **men play a critical role in building acceptance and support for the ring in relationships and across the community.** Conversely, men who are unsupportive of the new option may serve as significant barriers to ring uptake and use.

Appealing to pleasure, mutual safety, and protecting family and community surfaced as key approaches for building male support.



Speaking to Men

Messaging to motivate men to become supporters, rather than barriers, for a new female-controlled HIV-prevention option.

The three messaging approaches featured here were created together with young men in South Africa and Uganda to appeal to different audiences and contexts.

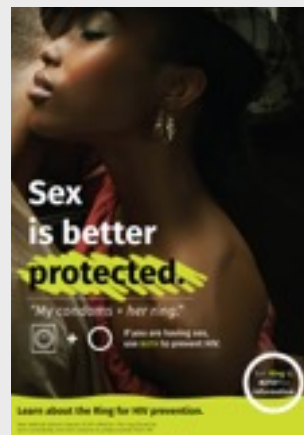
Couple Messaging

Men want to feel a part of the prevention conversation and often expressed desire for new male-controlled prevention options as well. This approach appeals to a sense of shared responsibility and the mutual benefit to a relationship when a female partner is protected.



Community Messaging

Men reported that they want other women in their life to be protected —sisters, mothers, friends, and neighbors. This approach uses a universal "her" to help men connect a natural desire to be "protectors" to their own romantic relationships.



Pleasure Messaging

Men do not want new female-controlled prevention options to infringe on their sexual experience (and women do not want a new option to replace condom use). This approach connects the new product to pleasure and messaging that emphasizes dual protection.

CONCEPT SPOTLIGHT

Illustrative posters displayed in various places around the community where men congregate, such as sports grounds, taverns, spaza shops (informal convenience stores), and health centers, especially male medical circumcision facilities.



Community messaging at local sports grounds.



Pleasure messaging at a tavern.

LOOKING FORWARD

How might we...

- Bring young men into conversations about HIV and SRH early?
- Establish safe sex and respect for women as part of being a man?
- Engage respected male figures (traditional leaders, local celebrities and role models, etc.) to promote proactive health practices among men, including sharing SRH responsibility with female partners?
- Link health access to workplaces through private-public partnerships?
- Bundle HIV information and services (condom access, HIV testing, ART support, etc.) with training, economic advising, small business support, and agent-model employment?
- Connect traditional male ideals, like strength, courage, and being protectors and providers to HIV prevention?

Have more ideas?

Share them with us
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ACKNOWLEDGEMENTS

Dalberg Design is a the human-centered design and innovation arm of Dalberg. We engage people, communities, and organizations to foster creative solutions to enhance economic opportunity and human potential. We combine the best skills in human-centered design, rapid prototyping and systems thinking to accelerate positive change in underserved communities around the world.

Partners and projects referenced in this report include:

Elton John AIDS Foundation • The Global Fund • ITEACH • USAID • International Partnership for Microbicides • MRC Uganda • CHEDRA



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