

HIV prevalence and associated factors among adolescent boys and young men in South Africa: 2017 National cross-sectional population-based household survey

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REPUBLIC OF SOUTH AFRICA



U.S. President's Emergency Plan for AIDS Relief (PEPFAR)
through the U.S. CDC (Cooperative Agreement #GH001629)

Department of Science and Technology, South African National AIDS Council, Global
Fund, Right to Care, UNICEF, Centre for Communication Impact, Soul City, LoveLife

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Acknowledgement of co-authors

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INTRODUCTION

WHY THE FOCUS ON ABYM?

- More than 4 decades into the HIV epidemic – **interventions and research focusing on the prevention, treatment, and care needs of ABYM are notably absent – except for VMMC**
- **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 ABYM and their sexual partners**

WHAT WE CURRENTLY KNOW...

- In generalised epidemics, many adolescents and young people living with HIV acquired it through vertical transmission
 - During pregnancy
 - Childbirth
 - Breastfeeding
- In these contexts, the primary mode of HIV transmission among adolescents and young people who were not perinatally infected is unprotected sexual intercourse – regardless of gender and sexuality

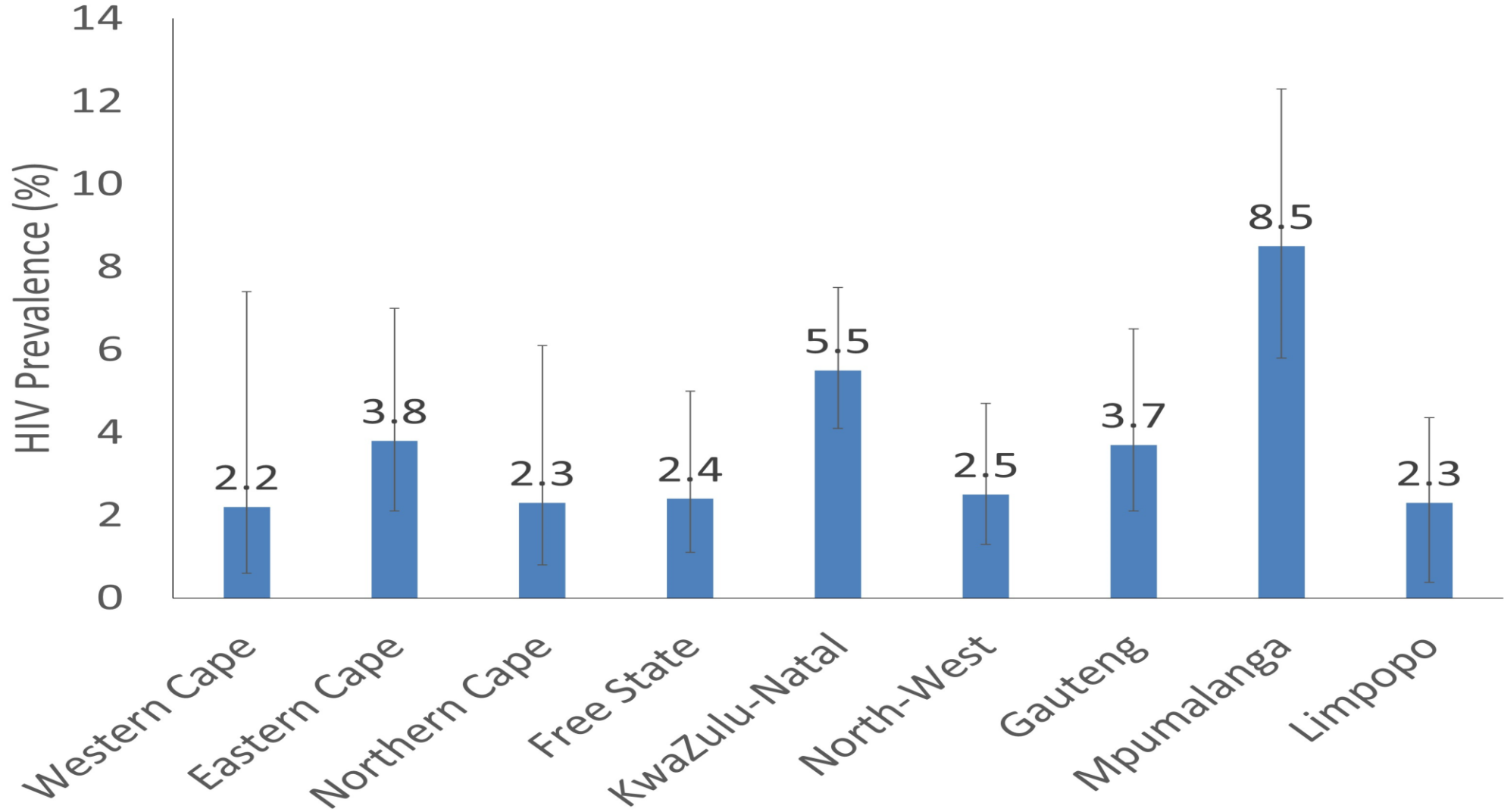
METHODS

- 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,
 - Socio-demographic factors
 - Socio-behavioural, and
 - HIV-related risk factors

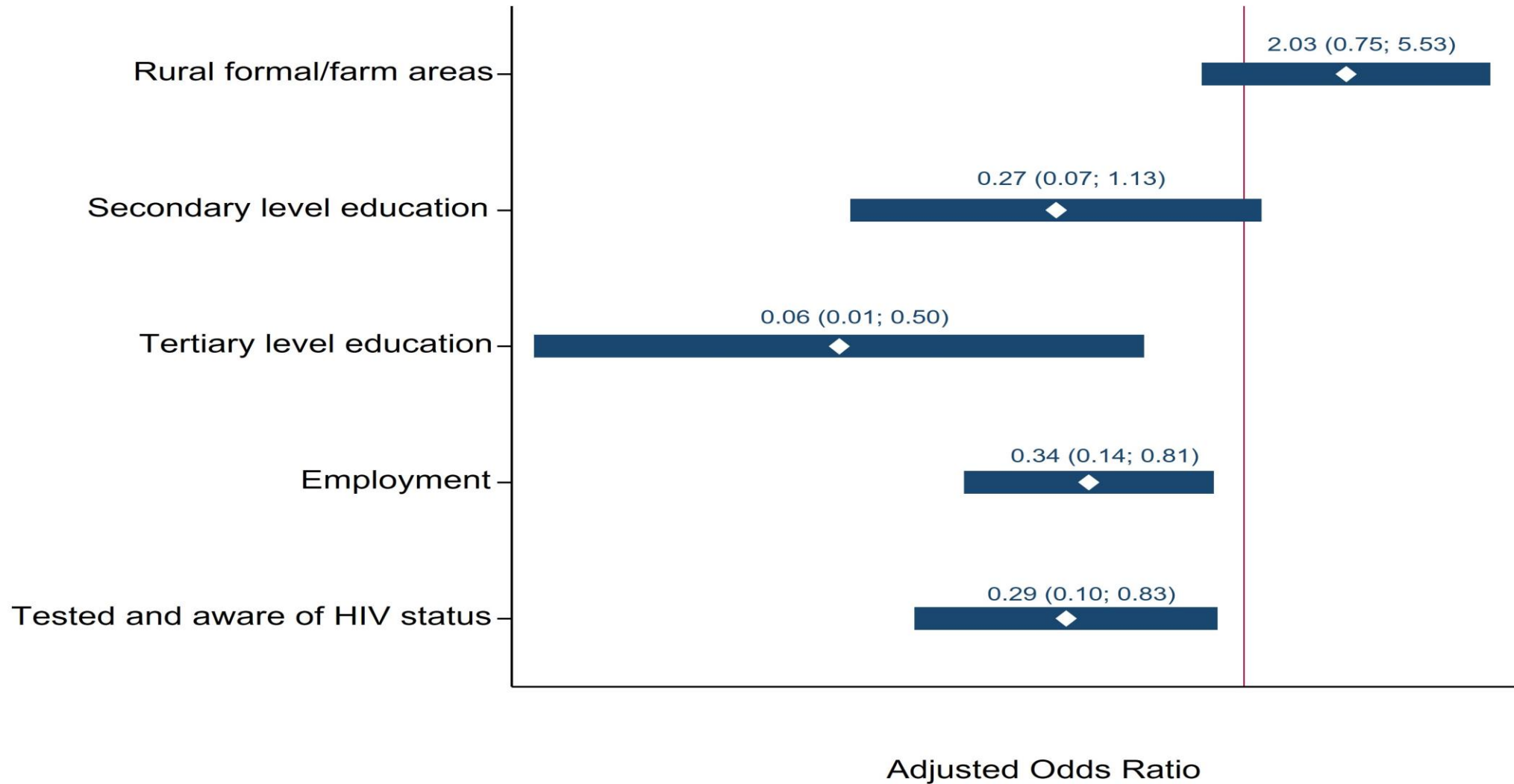
RESULTS

- Of the 4792 ABYM in the study, about half were between 20-24 years old
- Most were Black African, unmarried, had secondary-level education, and were unemployed
- Most were from urban areas
- 4.01% were HIV positive, translating to 255 366 ABYM living with HIV
- The odds of being HIV positive were significantly lower among ABYM with tertiary-level education
- Those who were employed
- Those who tested and were aware of their HIV status

RESULTS



RESULTS



RESULTS

- HIV prevalence among ABYM was significantly higher in the **Mpumalanga province**, followed by **KwaZulu-Natal province**
- In the final model, the odds of being HIV positive were significantly lower among ABYM with tertiary education level than **those with no education/primary education**
- The odds were also significantly lower among ABYM who were employed
- The odds were also significantly lower among ABYM who tested and were aware of their HIV status

WHAT WE KNOW & DON'T FROM THE RESULTS

- We know sociodemographic factors are significantly associated with HIV prevalence among ABYM
 - **Lack of education**
 - **Unemployment**
 - **Lack of knowledge and information about HIV**
 - **Living in a rural area**
- We do not know **how biomedical and socio-behavioural drivers of HIV affect ABYM and are associated with HIV prevalence**

WINNING THE EPIDEMIC AMONG ABYM

- Accelerating ABYM's HIV service delivery & uptake is non-negotiable
- While focus should be clearly on prevention, strong messages should also be around testing and linkages to treatment and being maintained in care (to promote U=U)
- **We need to know our epidemic at a local level**

Interventions need to be male-centred & age-specific

- 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**

WINNING THE EPIDEMIC AMONG ABYM

- Introduce well-implemented, culturally, contextually, and developmentally age-appropriate behaviour change communication, testing, prevention, and linkages to care programmes, which promote gender equality
- Early interventions for ABYM matter!!!
- The time interval between an HIV test, care referral, and linkage to care impacts the long-term HIV-care engagement – **the shorter the intervals, the more likely to quickly engage in care and more successfully**

WINNING THE EPIDEMIC AMONG ABYM

- Changing community norms through enhanced community awareness & participation, and partnership building
- Promoting positive masculinity constructions
- Promoting effective community mobilisation for testing, linkage to care and treatment **(including families & schools)**

WINNING THE EPIDEMIC AMONG ABYM

- Establishment of digital platforms to improve HIV knowledge
- Promotion & accessibility of biomedical interventions for HIV prevention (PrEP & PEP)
- Peer-support for improving access to HIV services & retention in care

THE FUTURE...

- **What can we learn from the past? What can we learn from interventions on AGYW?**
- Longitudinal, randomised controlled trials on incidence (structural, biomedical, and sociobehavioural factors) and prevalence are critical...
 - **Bring about measurable outcomes**
 - **Have treatment and control groups to measure effect of interventions**
- Funding is critical for understanding and controlling the epidemic among ABYM
- **ACKNOWLEDGE THAT** by focusing on ABYM, we do not seek to exclude AGYW but **by also and specifically addressing ABYM we reduce both men's and women's vulnerability to and risk for HIV**

THE END GAME...

Leave no one behind... (Include ABYM, their partners, families, and communities)

Create complementary rather than competing interventions

These interventions are critical even in contexts of competing health priorities – **Don't lose hope! if we let go now, we let go of four decades of hard work!**

**Thank you for your
attention!**