

Review

PUBLICATION OF THE HUMAN SCIENCES RESEARCH COUNCIL

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SABSSM VI: Survey points to an evolving HIV epidemic with persistent and new challenges

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ISSUE

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Cover: Fieldworkers putting up posters to create awareness of the SABSSM VI data collection visits in Limpopo in April 2022. **Photo:** HSRC

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EDITOR'S NOTE

By Antoinette Oosthuizen

As we commemorate World AIDS Day 2024 on 1 December, this edition of the *HSRC Review* focuses on the national and provincial findings from the HSRC's latest national household HIV survey.

The Sixth South African HIV Prevalence, Incidence and Behaviour Survey (SABSSM VI) was conducted in 2022 and 2023, marking 20 years of the SABSSM series. The first survey was commissioned and funded by former President Nelson Mandela through the Nelson Mandela Foundation in 2001. Over the past two decades, the findings have become a major source of information for measuring progress in implementing South Africa's national strategic plan to curb HIV, sexually transmitted infections and tuberculosis.

In July 2024, the HSRC presented the national findings at a satellite session of the 25th International AIDS Conference 2024 in Munich, Germany. As with every survey, we also took the regional findings to government stakeholders in the provinces.

In addition, for the first time, we hosted public dialogues in each province to discuss key findings with local activists, healthcare workers and other stakeholders. In August and September, *HSRC Review* writers travelled with the SABSSM VI team to cover these provincial events.

SABSSM VI showed that HIV prevalence declined nationally, and there has been a significant uptake of antiretroviral treatment. However, condom use has declined and, in some provinces, there are indications of new infections among children, young people and some older age groups. The provincial stakeholders shared their thoughts on these and other issues, such as HIV risk behaviour, people's willingness to get tested, voluntary male circumcision and the uptake of pre-exposure prophylaxis.

The articles provide a mere snapshot of the findings, with some overlap between them. Please contact [Yolande Shean](#) for SABSSM research enquiries and access to the more comprehensive provincial reports.

The *HSRC Review* team

SABSSM VI: an evolving epidemic with persistent challenges

*South Africa's HIV epidemic is evolving, with more people taking antiretroviral medication and living longer. However, there are still challenges, such as new infections among adolescents and young people, a decline in condom use and young women engaging in age-disparate relationships. This article provides an overview of national findings from the HSRC's Sixth South African HIV Prevalence, Incidence and Behaviour Survey. By **Antoinette Oosthuizen***

Image generated by AI, Freepik

Marking two decades of this flagship survey series, the HSRC presented the findings of the Sixth South African HIV Prevalence, Incidence and Behaviour Survey (SABSSM VI) at a satellite session of the 25th International AIDS Conference 2024 in Munich, Germany, in July.

In August and September, the HSRC also hosted dialogues in each of South Africa’s nine provinces on regional SABSSM VI findings. This article focuses on national findings, with individual provincial findings covered separately in the *HSRC December Review*.

Prevalence down, but shifting

Monitoring HIV prevalence helps policymakers understand the country’s HIV burden – the proportion of people living with HIV (PLHIV) who need care and services at a given time.

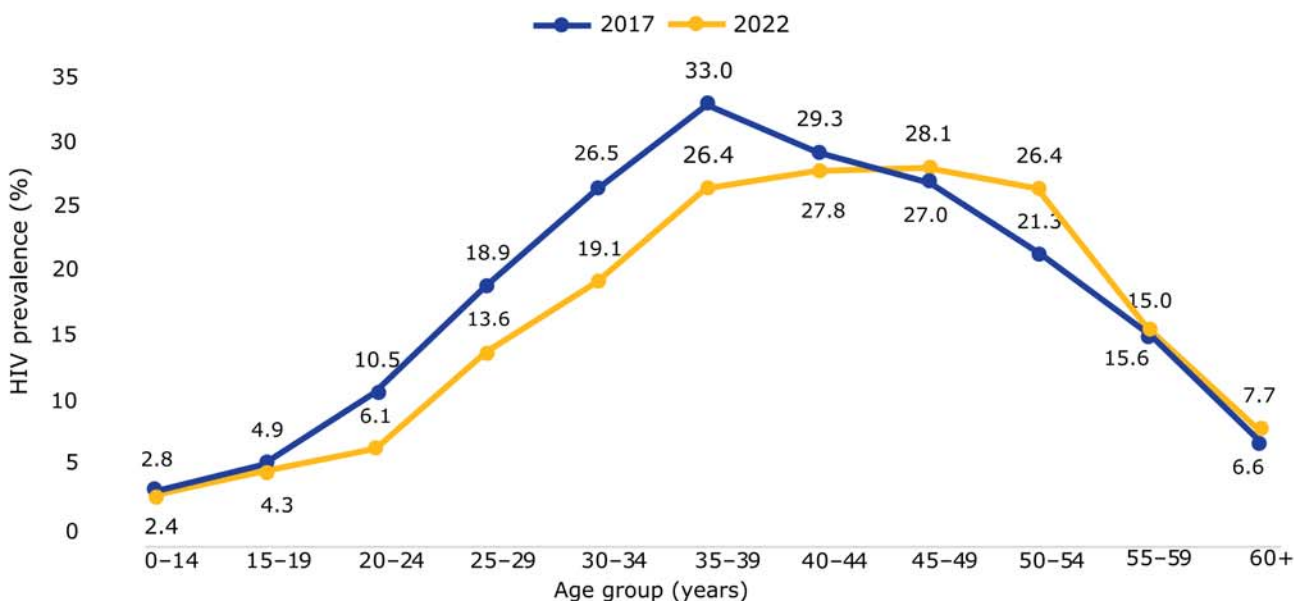
SABSSM VI found HIV prevalence for all ages decreased from 14% in 2017 to 12.7% in 2022. This translated to a decline from 7.9 million (2017) to 7.8 million (2022) people.

The epidemic curve has shifted to an older cohort, with increased prevalence among those in their early forties and above (Figure 1). According to the HSRC’s Professor Khangelani Zuma, overall principal investigator for SABSSM VI, this might indicate that more people with HIV are living longer, a testament to the benefits of antiretroviral treatment (ART).

“However, in some provinces, such as Gauteng, the Northern Cape and Mpumalanga, the 2022 peak in prevalence also increased in magnitude when compared to the 2017 peak, indicating possible new infections between the survey years,” said Zuma.

“The net effect of this is that PLHIV who die due to HIV or other causes are continuously being replaced by newly infected PLHIV. If this replacement occurs at a higher rate, the absolute number of PLHIV in South Africa will increase.”

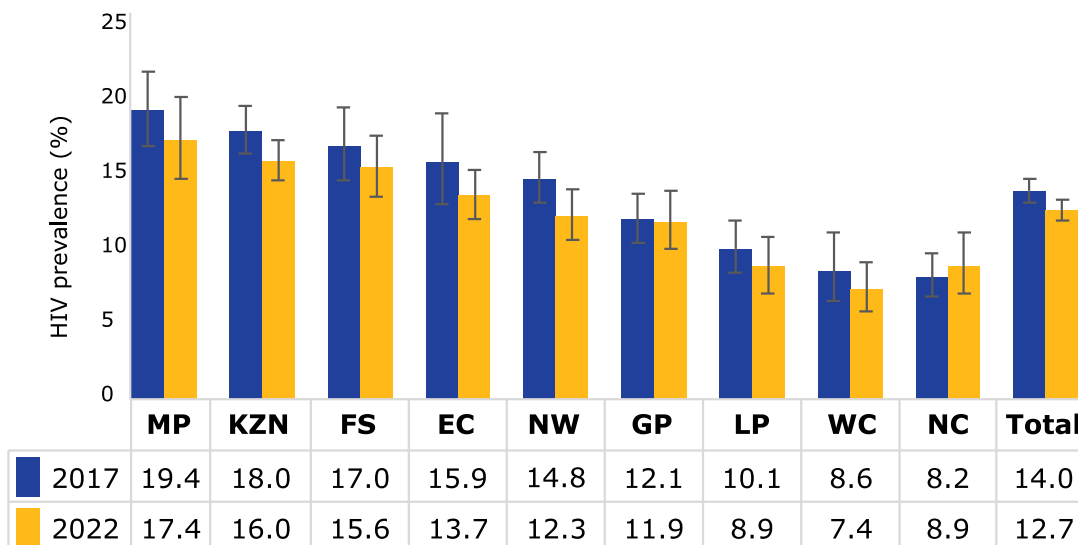
Figure 1. HIV prevalence by age group, South Africa, 2017 and 2022



Source: HSRC

Overall HIV prevalence decreased in all provinces except for the Northern Cape (Figure 2). Mpumalanga (17.4%) had the highest prevalence, and the Western Cape (7.4%) the lowest.

Figure 2. HIV prevalence by province, all ages, South Africa, 2017 and 2022



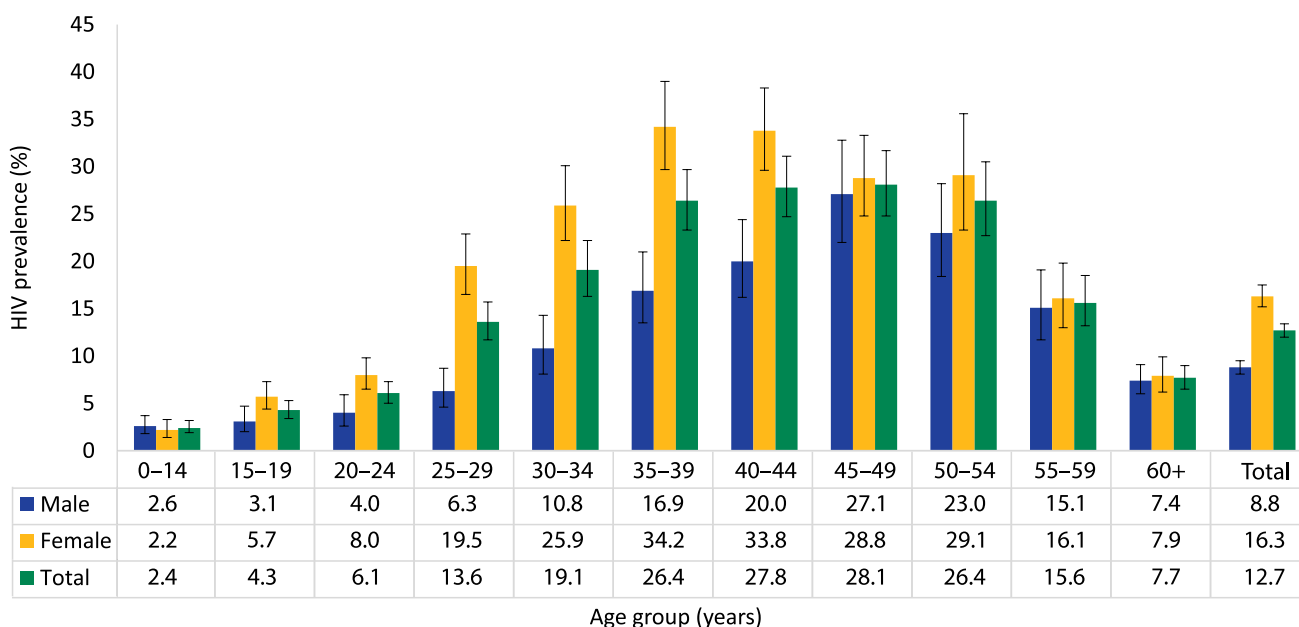
Source: HSRC

Females continue to be disproportionately affected by HIV, with a prevalence of 16.4% compared to males at 8.8% (Figure 3). However, despite the reduced prevalence, the total number of women living with HIV was estimated at 5.2 million, up from 4.9 million in 2017. Among men, the total estimated number of PLHIV declined substantially from 3 million (2017) to 2.6 million (2022).

Such a drop could be due to natural deaths, although researchers are concerned that lower survey response rates among males also contributed.

“Men, especially those living with HIV, have been less likely to participate in the survey, and this forms part of further work that we are investigating,” Zuma said.

Figure 3. Overall HIV prevalence by sex and age, South Africa, 2022



Source: HSRC



Image generated by AI, Freepik

Prevalence among children

In Mpumalanga, prevalence among children up to the age of 14 years dropped significantly from 7% in 2017 to 3% in 2022. However, the Western Cape saw an increase from 2.9% in 2017 to 4.3% in 2022.

The researchers also noted concerning trends among young adults and adolescents aged 15 to 24 years.

“It seems that children are getting infected through unprotected sex starting in early adolescence. These infections continue to act as a constant supply of preventable infections,” said Zuma.

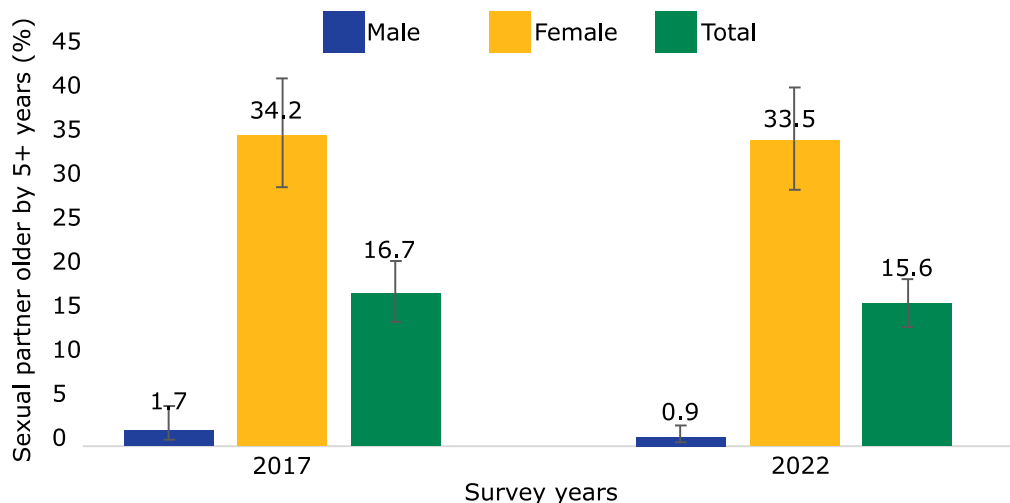
He also was concerned about age-disparate relationships putting women at risk. Among children from birth to 14, HIV prevalence among males and females was comparable. However, among those

aged 15–19, females had a higher prevalence than males of the same age, rates that were comparable with males that were five to 10 years older, he said.

“This trend continues to the later ages, and this is one of the issues we face constantly: inter-generational sex, where older males take advantage of younger girls, infecting them with HIV. We know the dynamics in these age-disparate relationships, [and] the prospect of condom use is much lower.”

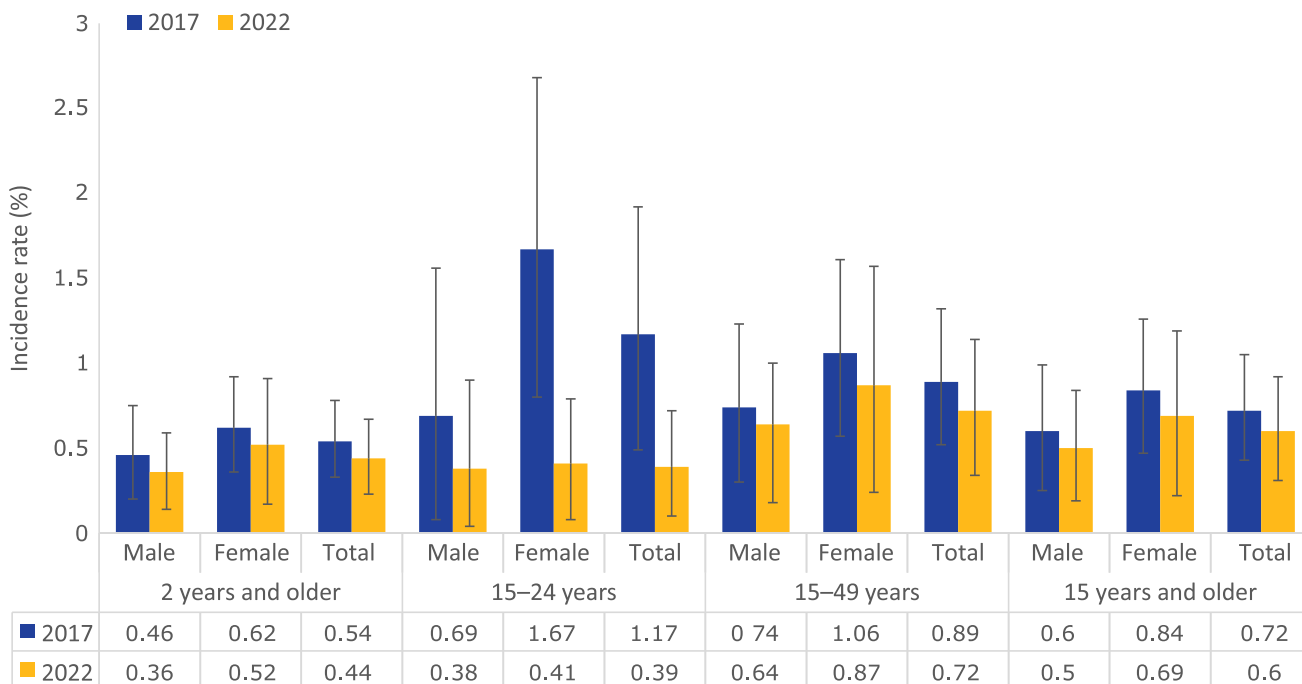
The survey also measured age-disparate sexual relationships, defined as the difference of at least five years between partners. In 2022, 15.6% of adolescents aged 15–19 years reported an age-disparate relationship (Figure 4), with a substantially higher proportion of adolescent females (33.5%) compared to adolescent males (0.9%).

Figure 4. Age-disparate sexual relationships among adolescents aged 15–19 years by sex, South Africa, 2017 and 2022



Source: HSRC

Figure 5. Estimated HIV incidence (%) by age and sex, South Africa, 2017 and 2022



Source: HSRC

Lower incidence

Keeping tabs on HIV incidence – the rate of new HIV infections every year – helps to see if HIV prevention interventions are working in South Africa.

To estimate whether PLHIV were newly infected in the previous year, the researchers used internationally accepted testing and modelling methods. This included the limiting-antigen (LAG) avidity assay for HIV antibodies, which produces low scores in the first 12 months of HIV infection.

Overall HIV incidence decreased from 0.54% (2017) to 0.44% (2022) for people aged two and older (Figure 5). This means that, in 2022, an estimated 232,000 people who were HIV-negative at the beginning of the previous year became positive, said Zuma.

“This translates to about 600 people infected daily but, in 2005, when SABSSM presented incidence rates for the first time, it was about 1,500 per day.”

The HIV incidence rate was consistently higher in females than males in all age categories.

“But we know the dynamics of HIV, that the risk is much higher for transmission from males to females than the other way around,” Zuma explained.

Survey samples were not large enough to allow for provincial breakdowns of incidence rates.

Antiretroviral treatment coverage





















ART coverage increased from 63.7% in 2017 to 80.9% in 2022. This meant about 5.7 million of the 7.8 million PLHIV in South Africa were on ART in 2022, an increase from 4.5 million in 2017 (Table 1).

While the survey response rate was high in the 15–24 age group, their ART coverage was the lowest of all age groups at 63.2%.

“This is a concern and we need to understand why this is happening,” said Zuma.

The data also showed that a greater proportion of females (83.2%) than males (76.2%) were on ART. Among provinces, ART coverage ranged from 73.4% in Gauteng to 87.3% in KwaZulu-Natal.

Table 1. Antiretroviral treatment among PLHIV by sex, age and province, South Africa, 2017 and 2022

	2017		2022		
	 PLHIV on ART % [95% CI]	 Estimated number of PLHIV on ART	 PLHIV on ART % [95% CI]	 Estimated number of PLHIV on ART	
Sex (male and female)		58.6 [54.5–62.6]	1 488 583	76.2 [71.5–80.3]	1 771 528
		66.5 [64.0–68.9]	3 043 746	83.2 [80.2–85.9]	3 959 117
Age group (years)	0–14 	54.5 [43.2–65.3]	165 552	79.0 [66.8–87.5]	278 316
	15–24 	41.4 [35.0–48.1]	284 054	63.2 [56.1–69.7]	274 388
	25–49 	64.5 [61.5–67.5]	3 307 865	82.1 [78.0–85.6]	3 948 868
	50+ 	77.5 [73.4–81.2]	774 859	82.8 [77.0–87.4]	1 229 074
	15–49 	61.8 [59.2–64.3]	3 591 918	80.5 [76.7–83.8]	4 223 257
	Province	Western Cape 	54.4 [43.8–64.7]	279 755	76.8 [67.9–83.8]
Eastern Cape 		67.8 [61.6–73.3]	670 681	83.5 [78.8–87.3]	723 291
Northern Cape 		54.9 [42.5–66.7]	50 879	86.2 [75.0–92.8]	82 107
Free State 		64.7 [54.8–73.5]	301 024	81.3 [75.8–85.8]	341 262
KwaZulu-Natal 		71.2 [66.5–75.4]	1 281 055	87.3 [84.4–89.7]	1 609 492
North West 		60.7 [53.7–67.2]	298 333	78.9 [71.8–84.6]	324 145
Gauteng 		56.0 [50.1–61.7]	852 017	73.4 [64.5–80.8]	1 216 443
Mpumalanga 		65.4 [61.0–69.5]	500 967	81.8 [73.7–87.8]	634 130
Limpopo 		62.8 [54.3–70.6]	297 618	80.8 [70.8–88.0]	430 576

Source: HSRC

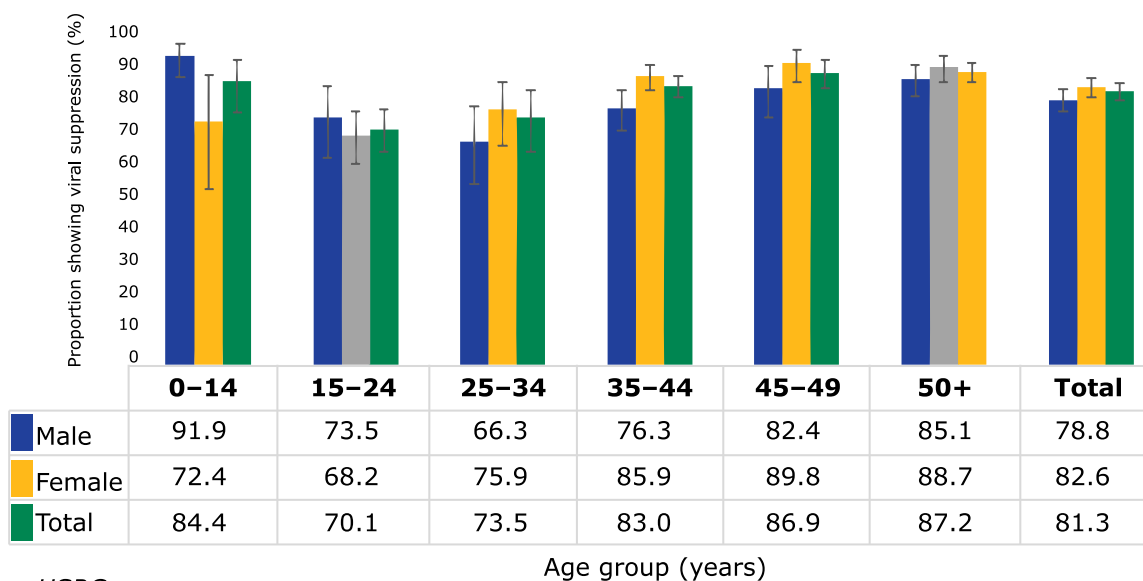
Viral load suppression

HIV viral load suppression (VLS) is an indicator of ART adherence. In this survey, VLS was defined as having <1,000 copies of HIV RNA per mL of blood.

Overall, 81.4% of all PLHIV were virally suppressed (Figure 6). VLS was highest among those aged 50+ (87.2%) and lowest among females aged 15–24 years (68.2%) and males aged 25–34 years (66.3%).

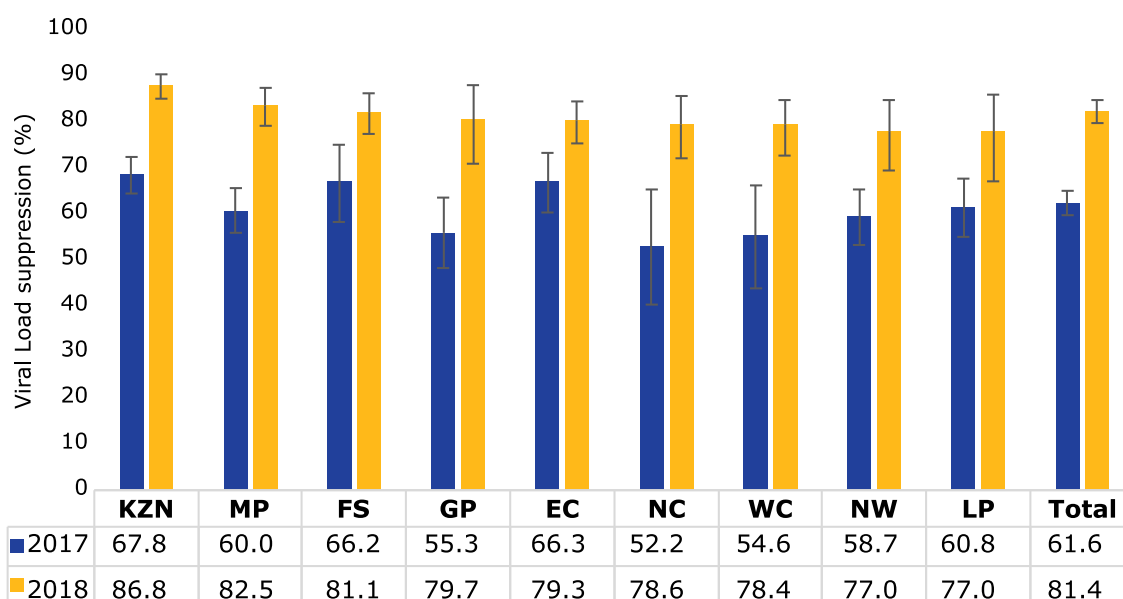
VLS was also the highest in KwaZulu-Natal (86.8%) and the lowest in Limpopo and North West (both 77%), as shown in Figure 7.

Figure 6. Overall viral load suppression by sex and age, South Africa, 2022



Source: HSRC

Figure 7. Viral load suppression by province, South Africa, 2017 and 2022



Source: HSRC

2030 UNAIDS 95–95–95 targets

South Africa has made progress on the UNAIDS 95–95–95 targets, namely, that by 2030, at least 95% of all PLHIV will know their HIV-positive status; 95% of those diagnosed HIV positive will be on ART; and 95% of all those on ART will have achieved VLS.

SABSSM VI found that 89.6% of all PLHIV knew their HIV-positive status in 2022 (Figure 8). Of PLHIV who knew their status, 90.7% were on ART, while 93.9% of those who knew their status and took ART had achieved VLS. This is up from 85%–71%–87% in 2017.

At the Munich launch, the HSRC’s Dr Edmore Marinda explained that the significantly increased ART coverage and VLS could be attributed to changed treatment guidelines introduced in South Africa in 2015/2016. The new guidelines made provision for everyone requiring HIV treatment to be given it immediately, regardless of their clinical status. Previously, PLHIV qualified for ART only if they had a CD4 count below 500 cells/mm³.

Among provinces, the first 95 was below 90% in the

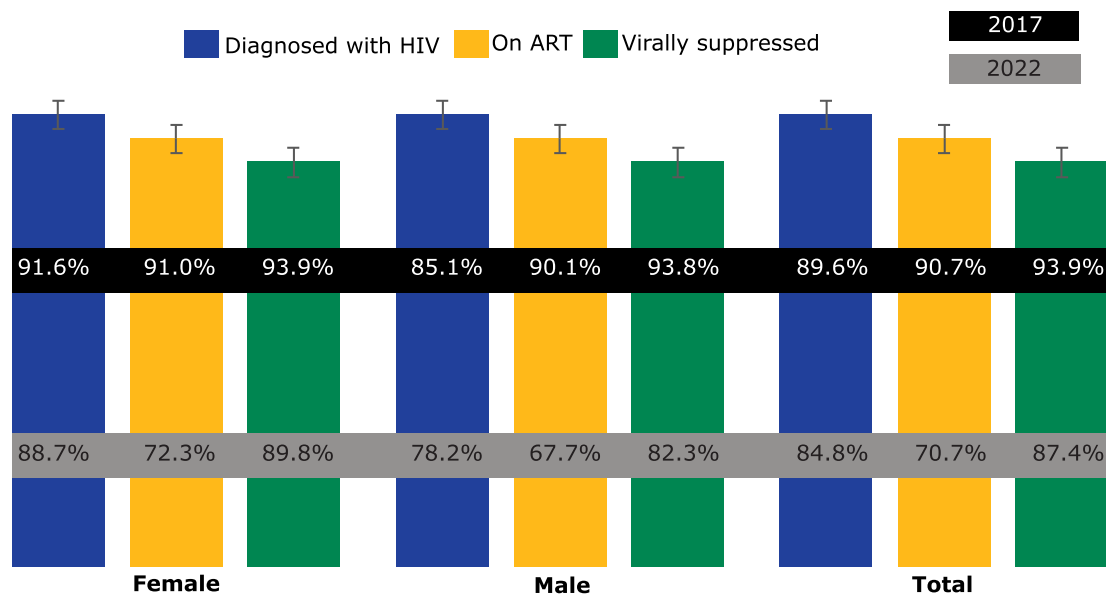
Western Cape, Gauteng, Free State, Mpumalanga and Limpopo, the second 95 was below 90% in the Eastern Cape, North West and Gauteng, and the third 95 was below 90% in the Western Cape, Eastern Cape, Free State, Mpumalanga, Limpopo and North West.

Marinda also emphasised that the 95–95–95 VLS data applied only to the subset of people who knew their HIV-positive status. Having good VLS at population level (Figure 6) was much more important to reduce the overall HIV transmission rate and the HIV-related disease burden in the country.

Zuma added that, in an ideal situation, all PLHIV would be on ART with VLS.

“When further infections are curbed, the number of PLHIV would remain constant over time. Eventually, as more children are born HIV-negative and older people die from natural or other causes, overall prevalence will decrease.”

Figure 8. 95–95–95 targets for people living with HIV aged 15 years and older, South Africa, 2017 and 2022



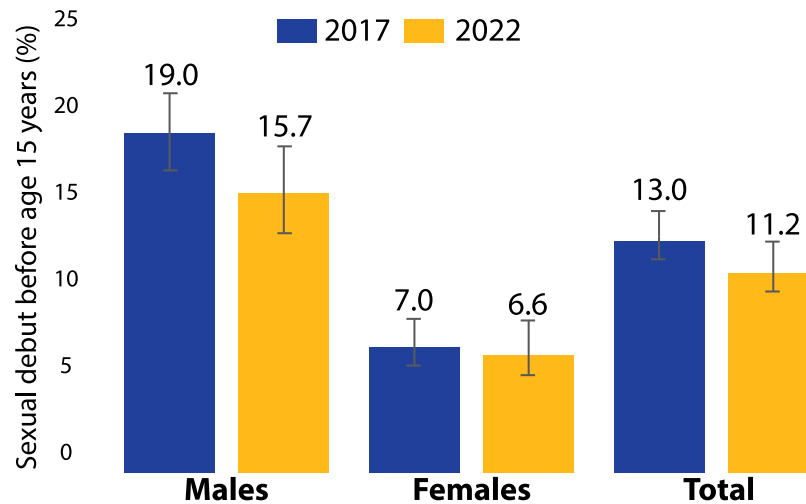
Source: HSRC

Key drivers

In 2022, 11.2% of youth aged 15–24 years reported having had their first sexual intercourse before the age of 15, down from 13% in 2017 (Figure 9). More males (15.7%) than females (6.6%) reported having had their first sexual intercourse before the age of 15.

As shown in Figure 10, the reported early sexual debut was the highest in the Western Cape (16.3%), the Eastern Cape (15.3%) and Gauteng (13.2%).

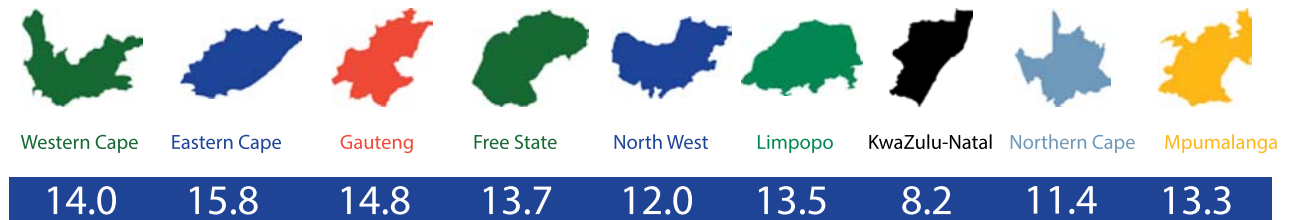
Figure 9. Sexual debut before the age of 15 reported by youth aged 15–24, South Africa, 2017 and 2022



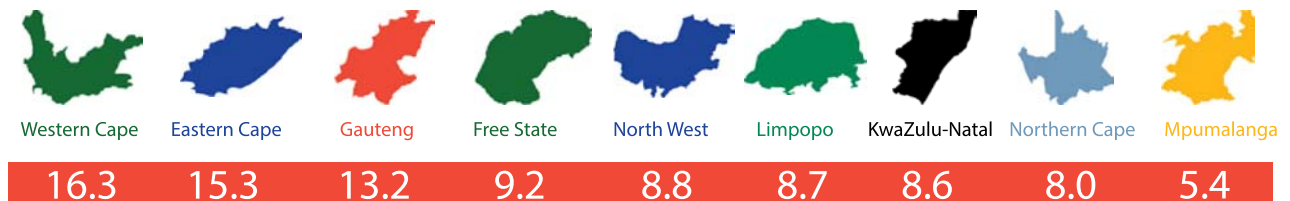
Source: HSRC

Figure 10. Sexual debut before the age of 15 reported by youth aged 15–24 by province, South Africa, 2017 and 2022

Early sexual debut (%) in 2017 Total: 13%



Early sexual debut (%) in 2022 Total: 11.2%

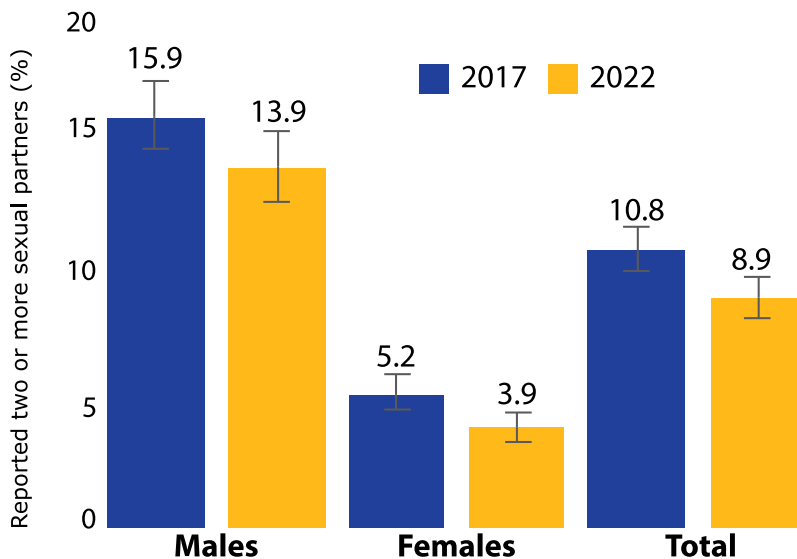


Source: HSRC

Also, 8.9% of sexually active respondents aged 15 years and older reported having two or more sexual partners in the past 12 months (Figure 11), with a greater proportion of males (13.9%) than females (3.9%).

The prevalence of this type of risk behaviour was the highest in the Eastern Cape (11.9%), followed by Limpopo (11.4%) and KwaZulu-Natal (11%).

Figure 11. Sexually active males and females aged 15+ who had two or more sex partners in the past 12 months, South Africa, 2017 and 2022

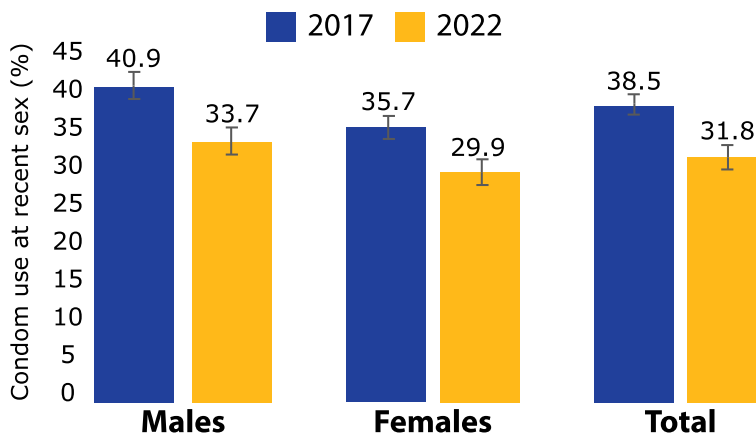


Source: HSRC

Almost one in three (31.8%) respondents aged 15+ reported that they had used a condom during their most recent sexual encounter, compared to 38.5% in 2017 (Figure 12).

In 2022, 33.7% of males reported having used a condom during their last sexual encounter compared to 29.9% of females. The highest rate of condom use was reported by Mpumalanga (46.1%) and the lowest in the Western Cape (22.1%).

Figure 12. Condom use during most recent sexual encounter among people aged 15+, South Africa, 2017 and 2022



Source:HSRC

The impact of circumcision

Medical male circumcision [reduces](#) a man's chances of acquiring HIV, which is why it forms part of South Africa's HIV prevention strategy.

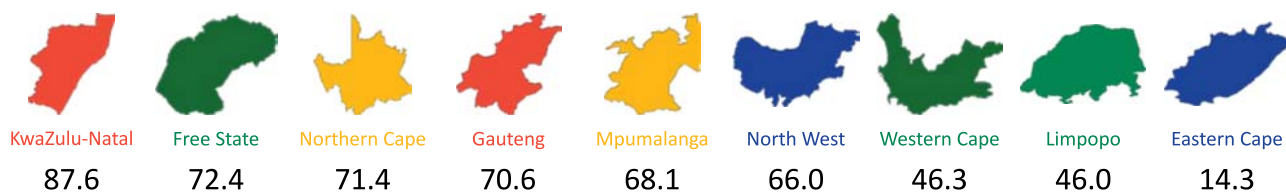
In 2022, self-reported circumcision among males aged 15 years and older was 63.7%. The proportion of circumcised males who reported medical circumcision increased from 51.7% in 2017 to 60% in 2022.

As shown in Figure 13, KwaZulu-Natal had the highest reported medical circumcision at 87.6% and the Eastern Cape had the lowest (14.3%).

Figure 13. Self-reported circumcision type among males aged 15+ by province, South Africa, 2017 and 2022

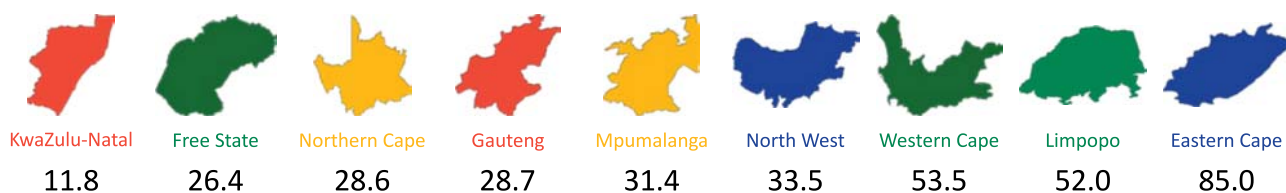
Medical circumcision (%)

2022 National: 60.0



Traditional circumcision (%)

2022 National: 39.2



Both (%)

2022 National: 0.8

Source: HSRC

HIV testing is a gateway to counselling on HIV prevention, care services and access to ART. A greater proportion of females (85.2%) than males (76.8%) reported that they had been tested for HIV.

In 2020, South Africa published guidelines for pre-exposure prophylaxis (PrEP), medication people can take to prevent getting HIV.

SABSSM VI showed that, in 2022, 34.2% of sexually active adults aged 15+ had heard of PrEP, of whom 14% had taken PrEP. Of those who had taken PrEP, 37% were taking PrEP at the time of the survey. About two-thirds (64.2%) of respondents who had heard of PrEP reported they would consider taking PrEP to prevent HIV infection.

During the provincial dialogues, many delegates highlighted that this willingness presented opportunities to enhance PrEP programmes.

Recommendations

The HSRC's SABSSM series has been tracking South Africa's HIV epidemic since 2002, and the findings have become a major source of information for measuring progress in the implementation of South Africa's national strategic plan to curb HIV, sexually transmitted infections and tuberculosis.

Recommendations from SABSSM VI include a refocused long-term strategy to care for individuals in an ageing HIV epidemic, including those with age-related comorbid conditions.

Those on ART need support to stay on treatment, and prevention efforts should support vulnerable groups such as adolescent girls and young women. There is also a need to intensify efforts to promote the uptake and sustained use of ART among men.

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[Link to SABSSM VI report](#)

Note: The HSRC conducted the SABSSM VI survey in partnership with the United States Centers for Disease Control and Prevention, the South African Medical Research Council, the University of Cape Town and the National Institute for Communicable Diseases.



Image generated by AI, Freepik



An HIV-themed mural near Fort Hare University in Alice, in the Eastern Cape.

Photo: [Lysippos](#), CC BY-SA 3.0, [Wikimedia Commons](#)

Eastern Cape: circumcision, *ukuthwala*, teenage pregnancy and condoms

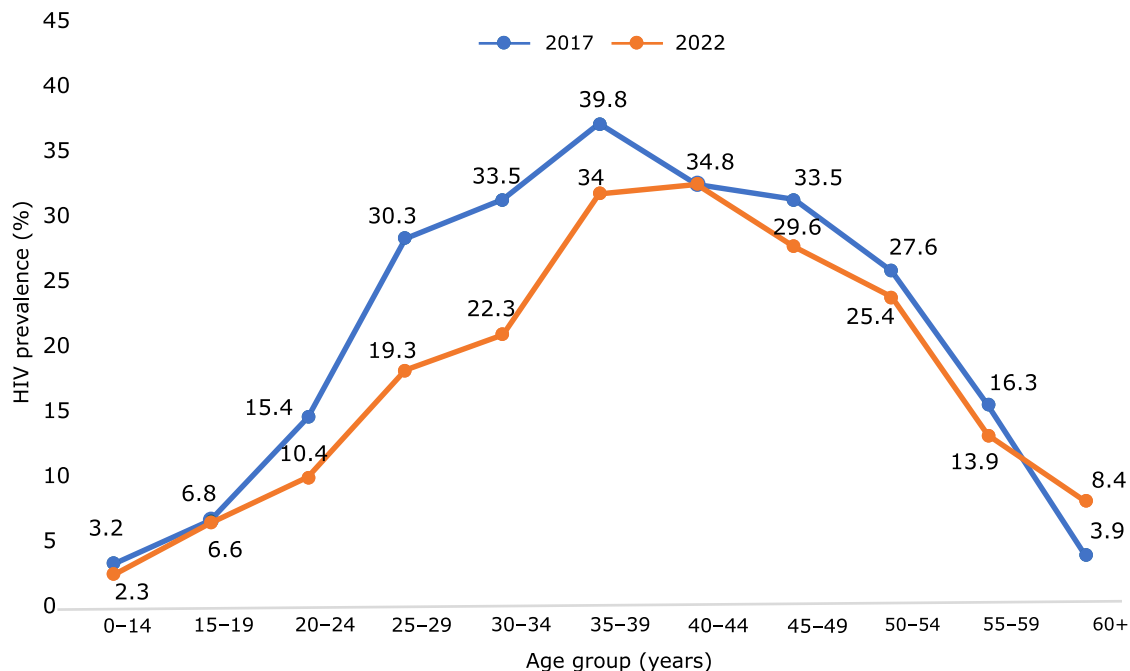
*With high rates of early sexual debut, low condom use and practices such as ukuthwala and traditional circumcision, the Eastern Cape faces unique health challenges. In August 2024, the HSRC hosted a provincial dialogue in East London to respond to the regional results of the Sixth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM VI). The event encouraged open conversations and explored community-driven solutions to regional HIV rates and the problems that drive them. **Jessie-Lee Smith** reports.*

On 15 August 2024, the HSRC travelled to the Eastern Cape to launch the first of nine provincial dialogues and released the [regional results](#) for the Sixth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM VI). HSRC researchers, partners and other relevant stakeholders held group discussions to promote collaboration and brainstorm solutions to regional problems highlighted by the SABSSM VI results.

“An important aim of the dialogues was to foster and facilitate difficult conversations, which could build and strengthen ideas on how to solve problems associated with HIV,” SABSSM communications manager Yolande Shean said.

With a population of about 6.7 million people, of whom approximately 61% live in rural areas, the Eastern Cape is one of South Africa’s most rural provinces. In 2022, SABSSM VI showed that the province ranked fourth highest in HIV prevalence for all ages (13.7%), down from 15.9% in 2017 (Figure 1).

Figure 1. Overall HIV prevalence by age group, Eastern Cape Province, 2017 and 2022



Source: HSRC

Traditions, myths and beliefs

One attendee at the event said *ukuthwala* ('*bride abduction*') may be contributing to rates of HIV in girls aged 15 to 19. *Ukuthwala* is the practice of kidnapping and forcing young girls into marriage. She spoke of a [myth](#), believed by some, that having sexual intercourse with a virgin will cure a man of HIV. "The fact that [virgins] are being married or forced into marriages is actually affecting the statistics," the attendee suggested.

Dr Pelisa Dana, the acting head of the Eastern Cape AIDS Council secretariat, spoke about difficulties faced when external stakeholders attempt to influence long-held community traditions and customs.

"While *ukuthwala* is not necessarily something that most people are comfortable with, outside influence may be met with resistance if individuals feel that intervention will trample on their customs," Dana said. "Whatever programmes or interventions we implement, we have to take those practices into account."

Another attendee supported this view, saying "programmes that respect and integrate local customs and beliefs can improve trust and participation from those in our communities".

Circumcision







The World Health Organization [recommends](#) voluntary medical male circumcision (VMMC) based on studies showing a 60% lower risk of men acquiring HIV infection during heterosexual exposure.

HSRC chief research manager Dr Shandir Ramlagan expanded on this topic.

"A traditional circumcision does not always guarantee that all the foreskin is removed, and if some of the foreskin remains, the inner foreskin provides an entry point for HIV, like in uncircumcised men. Therefore, we always recommend medical male circumcision," said Ramlagan.

In 2022, the Eastern Cape had the second-highest self-reported rate of circumcision in the country at 77.2%, which was 13.5 percentage points higher than the national average. The Eastern Cape also had the highest rate of traditional circumcision, with 85% of circumcised males circumcised traditionally, 14.3% circumcised medically, and 0.6% reporting both types (Table 1).

Table 1. Self-reported circumcision type among circumcised males aged 15+ years by selected districts, Eastern Cape Province, 2022

Variables	n	Medical Circumcision**		Traditional Circumcision***		Both	
		%	95%CI*	%	95% CI	%	95% CI
Total (15+ years)	2 283	14.3	11.1–18.4	85.0	81.1–88.3	0.6	0.3–1.3
Districts							
 Alfred Nzo	491	8.2	5.2–12.6	90.3	85.7–93.5	1.5	0.5–4.3
 Amathole	261	5.6	2.5–12.0	94.1	87.8–97.2	0.3	0.0–2.2
 Buffalo City	355	13.1	6.7–24.1	86.9	75.9–93.3	0.0	
 Chris Hani	513	4.4	2.4–8.1	95.4	91.8–97.5	0.1	0.0–0.9
 Nelson Mandela Bay	186	42.4	29.1–56.9	57.6	43.1–70.9	0.0	
 OR Tambo	354	9.4	6.2–14.0	90	85.4–93.2	0.7	0.2–1.9

* Confidence Interval

**Self-reported male circumcision performed by a healthcare provider

*** Self-reported male circumcision not performed by a healthcare provider

Source: HSRC

An attendee shared concerns about [illegal initiation schools](#), which operate without registration or regulation and conduct initiation practices such as traditional circumcision. Reports from some have revealed incidents of physical abuse. In severe cases, young men have suffered penile amputations or even death due to circumcisions performed by untrained traditional surgeons, which had led to complications like gangrene or sepsis.

By late July 2024, 14 youths had [reportedly](#) lost their lives during the winter initiation season in the Eastern Cape. The delegates were also concerned that children who suffered injuries or witnessed deaths at these schools did not receive counselling after the trauma, which in some cases led to depression and even suicide.

Members of this group suggested that the Departments of Social Development, Basic Education

and Health should collaborate to intervene and solve some of these challenges.

Another participant suggested that collaboration between the Department of Health, educational programme developers and traditional leaders was critical to ensuring safer practices and better health outcomes for young men undergoing traditional circumcisions.

Child pregnancy and sexual debut

Early sexual debut is considered a [driver](#) of the HIV epidemic. In the 2017 SABSSM V report, the Eastern Cape had the highest number of children who experienced their sexual debut before the age of 15 (15.8%). In 2022, this rate was 15.3%. SABSSM VI showed that the proportion of individuals who reported experiencing sexual debut before 15 in the Eastern Cape was higher than the national average in 2017 (13%) and 2022 (11.2%).

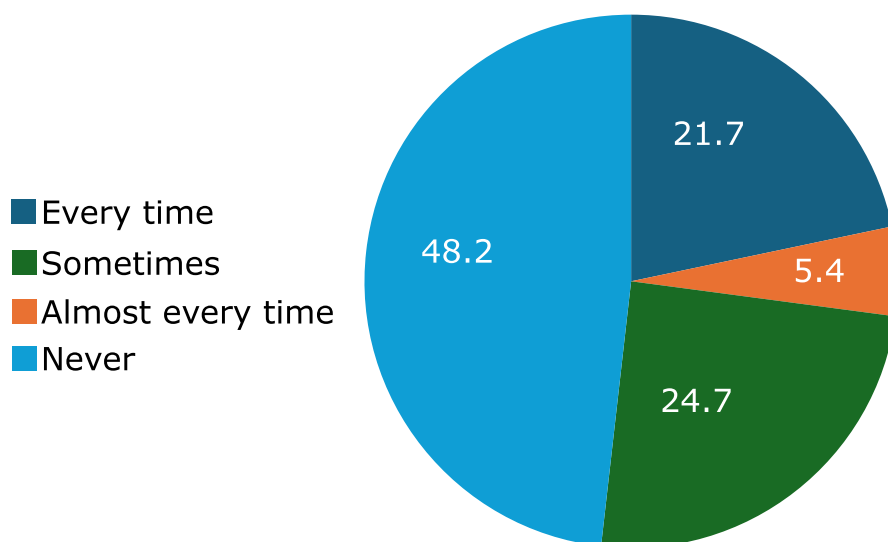
"We know in the Eastern Cape we have high levels of child pregnancy," said an attendee. "Children are not only being impregnated by adults but [also] by their peers." This attendee suggested implementing and strengthening family planning services in schools.

Another attendee suggested promoting abstinence in schools. "We are focusing a lot on our prevention programmes on women and girls, and we need to start including boys and men in that conversation so that they also take responsibility for some of the behaviour," she said.

Condom use

Of those aged 15 years and older in the Eastern Cape, 34.7% reported using a condom during their most recent sexual encounter. This is below the national average of 39.0%. SABSSM VI also revealed that 48.2% of individuals had never used a condom throughout their relationship with their last sexual partner (Figure 2). Attendees presented several social and cultural problems linked to low rates of condom use.

Figure 2. Consistency of condom use of participants 15 years and older with their most recent sexual partner in the Eastern Cape Province in 2022 (%)



Source: HSRC

Dana reported that some people did not favour the flavoured condoms distributed by the government, as their distinct odour could reveal "where a person has been".

HSRC senior research manager Dr Vuyelwa Mehlomakulu agreed that female condoms remained unpopular and undesirable. "The purpose of developing female condoms was to empower women. But it seems as though women still follow their partner's requests," she said.

HSRC facilitator Kutloano Skhosana said that, in some communities, condoms were thought of as a man's responsibility. "This makes women afraid of being stigmatised by wearing one herself," she explained.

Skhosana also said that women may feel worried about being too "sexually forward" and, therefore, did not want to introduce condoms into sexual encounters. One idea her group had to combat this was to package male and female condoms together, distributing the responsibility of introducing condom use more evenly.

Skhosana's discussion group also noted that many individuals primarily thought of condoms as a contraceptive or as a barrier to contracting and spreading HIV. But women often take other forms of contraceptives, she said, and "HIV is not scary anymore".

She explained that antiretroviral therapy (ART) had significantly extended life expectancy for those with HIV, and this complicated efforts to promote consistent condom use.

Messaging

"We need to change the communication around condom use and not limit it to say, 'if you use condoms, it will prevent HIV' ... people don't associate the lack of condoms or usage of condoms with the sexually transmitted infections that they are getting," said an attendee from another group.

HSRC PhD intern Thembelihle Ginyana, a coordinator at the Eastern Cape launch, said that messaging should educate women that condoms "are not mainly just to prevent pregnancy".

At 88.3%, the Eastern Cape was one of only three provinces with under 90% of its HIV-diagnosed individuals on ART. Mehlomakulu pointed out that low ART coverage may stem from old treatment guidelines, which fostered a belief that being physically healthy meant there was no need to

take up treatment. Members of her discussion group suggested that more education was needed to inform individuals about the importance of early ART and viral load suppression.

Sources and messaging mechanisms were a prominent theme at the Eastern Cape Dialogue. Ginyana suggested that reviving popular media outputs like the television series [Soul City](#), which mirrored critical societal issues, could help spread messages related to sexual health and HIV treatment.

Sibusiso Senti, a district manager for GBV and HIV prevention programmes in Eastern Cape schools, said messaging needed to be modernised.

"We need to use platforms like TikTok and encourage peer-to-peer programmes," said Senti. "It has been shown that messaging targeting young people is more effective when it comes from young people."

Another attendee added that, today, the settings where young people have sex have changed. Messaging, therefore, needed to convey that condoms could be used fast and conveniently in a multitude of settings, including outside the bedroom. "The language also needs to accommodate what is happening now, without any judgement or stigma attached to it."

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Uneven progress: disparities in HIV care across Free State districts

*Between 2017 and 2022, HIV prevalence among young people in the Free State increased. This was a worrying caveat to the overall gains made in tackling the HIV epidemic in the province, as reported in the HSRC's 2022 national household HIV survey. Progress was also uneven at the district level, with the lowest antiretroviral treatment coverage occurring in the district with the highest prevalence. At a provincial dialogue following the launch of these findings, stakeholders highlighted the need to channel resources into PEPFAR-unsupported areas. They also discussed providing more men-friendly services at more diverse locations. By **Andrea Teagle***

Photo: [Thomas Bennie](#) on [Unsplash](#)

The peak of HIV prevalence in the Free State was seen in an older cohort in 2022, compared to 2017, echoing the national narrative of an ageing epidemic. However, prevalence among those aged 15–19 years more than doubled, from 3.2% to 7.4%. By contrast, total prevalence declined from 17% to 15.6%.

The HSRC’s Professor Khangelani Zuma discussed these findings (Figure 1) at the launch of the Free State key findings from the HSRC’s Sixth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM VI) in September 2024.

“[15–19 years olds living with HIV] are the young ones who were most likely born HIV negative, but got infected between 2017 and 2022,” said Zuma, who is the overall principal investigator of SABSSM VI.

“The prevalence among young people is roughly synonymous with HIV incidence because it tells us about recent infections. We see a similar pattern

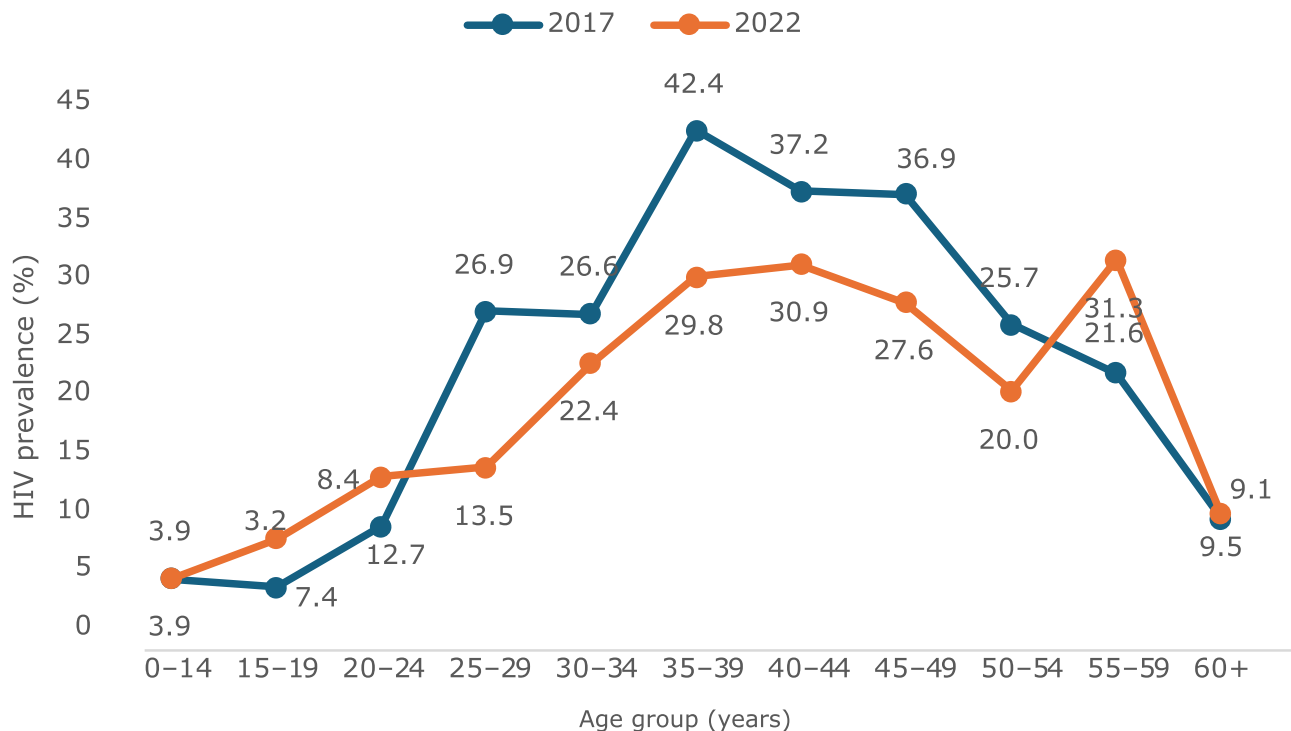
among those who are 20 to 24 years old, so we’ve got our work cut out to deal with the HIV epidemic among those younger than 25 years.”

To ensure that the epidemic curve continues to shift towards older age groups, it was critical that the province bridge gaps in HIV testing and antiretroviral treatment (ART). For instance, young people aged 15–24 years accounted for more than a quarter (27.5%) of people living with HIV (PLHIV) unaware of their status, even though they made up just 10.0% of PLHIV.

Status awareness was high among men at 86.2%. However, it remained lower than among women (88.8%) and, for both sexes (88.1%), notably lower than the 95% testing target.

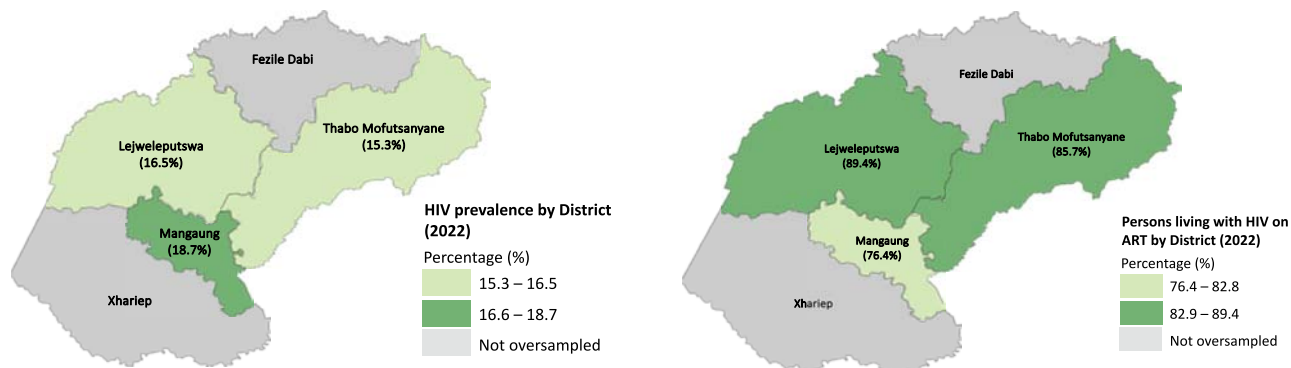
Overall, the Free State achieved a substantial increase in ART coverage, from 64.7% in 2017 to 81.3% in 2022. However, partly due to testing gaps, that left 84,000 out of 450,000 PLHIV not on treatment, which poses a risk for transmission.

Figure 1. Overall HIV prevalence, Free State Province, 2017 and 2022



Source: HSRC

Figure 2. Overall HIV prevalence (a) and antiretroviral treatment (b), by selected districts, Free State Province, 2022



Source: HSRC

Geographical gaps

Of the three districts where enough people were surveyed to provide representative results, Mangaung had the highest prevalence (18.7%) and, despite this higher need for treatment, it had the lowest overall ART coverage (76.4%) (Figure 2). This was mainly due to testing gaps: 78.4% of adults in Mangaung knew their status, compared to 96.5% in the Lejweleputswa district and 89.7% in Thabo Mofutsanyane.

Although prevalence was highest in rural areas, urban areas contributed to a disproportionate percentage of PLHIV who did not know their status.

What accounted for the significant district difference in testing uptake? According to community representatives, higher testing rates regionally corresponded to development partner support.

Specifically, the United States President’s Emergency Plan For AIDS Relief (PEPFAR) partners with the government to provide HIV services in priority districts identified as having a particular need.

On-target testing rates in Lejweleputswa, a PEPFAR [priority district](#), indicated the effectiveness of partner-supported programmes. These include family strengthening, voluntary medical male circumcision (VMMC) services and school-based HIV education programmes such as DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe).

Participants argued that coordinated efforts were needed to extend resources to neighbouring districts like Mangaung. Adolescents and young people aged 15–24 could also be reached outside school through HIV messaging on social media platforms such as Instagram and TikTok.

VMMC and integrated services

The survey indicated that peak HIV prevalence was among individuals aged 55–59, underscoring the importance of treatment coverage and viral suppression in this group. Participants argued that interventions aimed at adolescent girls and young women should also target men – particularly young professionals more likely to have younger sexual partners.

Music and sports events were considered effective areas for HIV campaigns. However, participants suggested that healthcare workers be present to offer HIV testing and treatment initiation on site.

According to the survey findings, overall viral suppression lagged among men at 75.9% compared to 83.4% among women. Speakers argued that men-friendly services would help to increase HIV testing and retain men in care. Suggestions included increasing the number of male clinicians, expanding hours, and offering them HIV services at more diverse, men-chosen locations.

Rosey Yaso, from the Department of Health, suggested that integrating multiple services at a single men-friendly site could increase uptake. She described a pilot site that initially only offered VMMC but now provides a broader range of HIV services to men.

“We have started with one team and our metro, which was exclusively a VMMC site, but ... we are looking into increasing the package of interventions that are being provided for males, and the plan is to expand to other districts once this one is sufficiently budgeted and staffed,” said Yaso.

Although circumcision prevalence among males 15 years and older increased to 59.2% in 2022 from 57.2% in 2017, it was below the national average of 63.7%. Mangaung had relatively low circumcision rates, particularly among young men aged 15–24: 37.1% of males were circumcised compared to 65.7% and 64.2% in Lejweleputswa and Thabo Mofutsanyana, respectively.

The finding calls for geographically targeted VMMC campaigns. Teboho Motseti, from Mangaung’s Men’s Forum, noted that traditional men’s parliaments offered an avenue for promoting VMMC and debunking myths surrounding HIV.

Increasing testing and PrEP uptake

According to Yaso, the Free State’s introduction of [lay counsellors for HIV testing](#) in 2021 significantly increased testing uptake.

“[Before then], we were focusing on professional nurses and other categories of nurses in terms of testing,” she said. “The uptake of testing appeared to be low. Between 2020 and 2021, during the [COVID-19] pandemic, we appointed lay counsellors.

Since then, our uptake of testing has improved.” Stakeholders agreed that HIV testing campaigns should be augmented with widespread pre-exposure prophylaxis (PrEP) awareness. According to the survey, 60.5% of people aged 15 and older said they would take PrEP after receiving information about it. Despite this relatively high interest, actual use remained low, with only 4.8% reporting having ever taken it.

Healthcare workers noted that some young people hesitate to take PrEP once they realise it is an antiretroviral medication, fearing that it will lead to stigma and assumptions about their HIV status. This highlights the need for enhanced awareness campaigns to improve the understanding of PrEP and dispel the ongoing stigma surrounding HIV in the province.

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SABSSM VI researchers at Marakong Clinic in the Free State in February 2022. Photo: HSRC

Men, youth and HIV messaging: targeting at-risk groups in Gauteng



SABSSM VI fieldworkers meet before a site visit to collect survey data in Gauteng in 2022. Source: HSRC

*The Sixth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM VI) highlights significant gaps in HIV treatment and awareness in Gauteng. For example, men and youth were less likely to engage in healthcare services and more likely to engage in risky sexual behaviours. Attendees of the Gauteng launch of the SABSSM VI results suggested that tailoring messaging and expanding messaging sources could help bridge these gaps and improve HIV outcomes across the province. By **Jessie-Lee Smith***



Men are less likely to participate in HIV-related surveys, less likely to contribute blood samples and, overall, less likely to engage with healthcare systems in South Africa. These concerns were discussed at the launch of the Gauteng results from the HSRC's latest national household HIV survey.

The Sixth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM VI) showed that 75.4% of men in Gauteng were aware of their HIV status. This figure was 20 percentage points less than the 2030 goal of 95%. At 90%, women fell only 5 percentage points behind this 2030 goal. Men of all ages were less likely to be on antiretroviral therapy (ART) than women, and males under the age of 50 were less likely to be virally suppressed.

Men were also more likely to participate in HIV-related risk behaviours. Men (17.8%) were more than twice as likely to engage in sex before the age of 15 than women (7.9%). When looking at the proportion of people aged 15 years and older who had had multiple partners in the previous 12 months, the proportion of men was 12.3%, four times higher than women (3.1%). In addition, the proportion of men who had used a condom with their most recent sexual partner was 27.6%, lower than that of women (32.9%).

Use of healthcare services

"When boys see uncles and fathers not using healthcare facilities, they grow up not using them as well," said one attendee. He argued that fear of stigmatisation and negative reception from "female-friendly spaces" in healthcare facilities created barriers that prevented men from using these services.

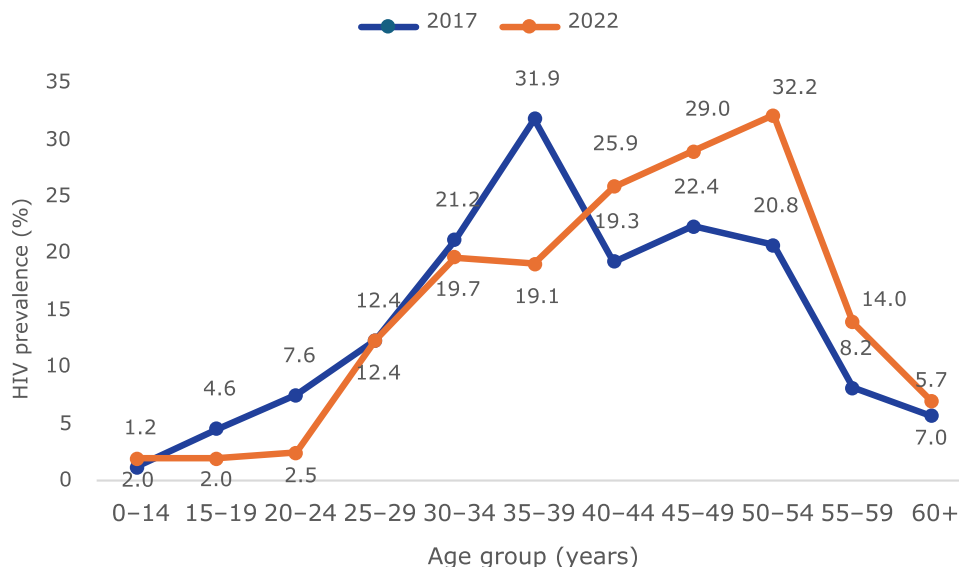
This is evidenced by the proportion of men who had accessed public clinics or doctors (48.9%) compared to women (57.3%). The attendee further said this barrier could be lowered through programmes, which he compared to "bring your daughter to work day", encouraging older men to act as role models to mentor young boys on best health practices.

Oniah Tsheole-Nkosi, a national project coordinator at the International Labour Organisation, suggested that service providers brought healthcare to places where men were most commonly found, such as public places and places of work.

Messaging tailored to men

"Tailor-made services for men do exist, but many people, including people in this room, are not even aware that they exist," said one attendee.

Figure 1. Overall HIV prevalence in Gauteng Province by age group, 2017 and 2022



Source: HSRC

“Messaging needs to target men, and they need to be made aware of these services.”

Lebogang Moagi, Assistant Director of Monitoring and Evaluation in the Gauteng Provincial Government, suggested reaching them “where they typically go”. Suggestions included targeting barber shops, soccer fields and taxi ranks.

Ntokozo Sizwe Kunene, a community development practitioner at the South African National Aids Council, said that stakeholders could use contact sports as an opportunity to spread HIV messaging. He explained that boxers who were HIV positive were disqualified from competing in the sport because blood from an injury could spread the virus.

“Instead, these people can be used as ambassadors to spread U=U (Undetectable = Untransmittable) messaging,” he said. U=U campaigns around South Africa promoted viral suppression because if HIV was undetectable, then it was untransmittable.

Kunene suggested that HIV-positive fighters could promote their undetectable status by being allowed to participate in contact sports while maintaining transparency about their status.

Moagi emphasised the importance of communication in male prisons and brought attention to a practice known as “bluetoothing”. This involves individuals injecting drugs and then sharing their blood with others to distribute the drugs present in their system. She also discussed how sharing needles contributes to the transmission of HIV.

“Because drugs in prison are contraband, we cannot

distribute clean needles. Therefore, [the South African National Council on Alcoholism and Drug Dependence](#) needs to target inmates with messages in prisons to educate them on the dangers of these practices,” she said.

Youth messaging

Gauteng showed a total HIV prevalence of 11.9%, down from 12.1% in 2017. Figure 1 shows that youth between the ages of 15 and 24 also saw a decrease in HIV prevalence between 2017 and 2022. However, significant gaps in treatment adherence and safe sexual practices were seen among the same age group.

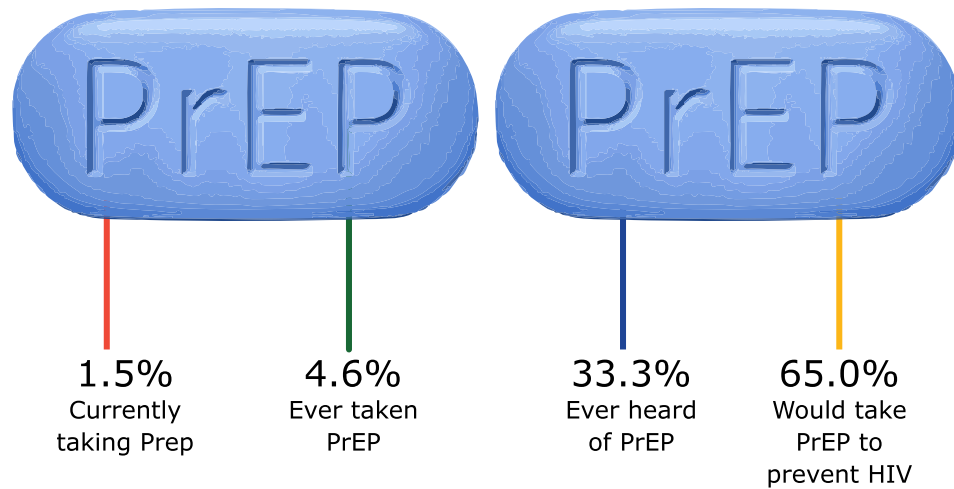
Professor Khangelani Zuma, overall principal investigator of the survey, revealed that there were 75,000 individuals under the age of 25 living with HIV in Gauteng. He also explained that data on the number of individuals aged 0 to 14 who were on ART or had achieved viral suppression was lacking, as too few were receiving treatment. In addition, viral load suppression was the lowest among youth and adolescents aged 15 to 24.

“As age increased, so did the chances of ART use and viral suppression,” he said.

Dr Perci Mkhulu Selepe, acting COO of the Gauteng Department of Health, said that untreated youth posed a high, and significant, risk to individuals and the public.

SABSSM VI showed that risky sexual behaviour was more common among individuals between the ages of 15 and 24. For example, individuals within this age group were more than twice as likely as any

Figure 2. Awareness and uptake of pre-exposure prophylaxis (PrEP) among people aged 15+ years, Gauteng Province, 2022



Source: HSRC

other age group to have had multiple partners in the previous 12 months.

Many attendees agreed that HIV messaging overlooked youth as a valuable resource for connecting with their peers.

“The way we are engaging with young people is not working. We need to organise dialogues like these to engage with them directly and learn about how they can be reached and hear directly from them,” said Kunene. He said that youth should facilitate these platforms to encourage peer-to-peer learning. Kunene also mentioned online influencers as a key source to deliver messages.

“Youth are always on their phones, and if governments can hire influencers to promote themselves during elections, they can hire influencers to share the messages we are speaking about today,” he said.

Bridget Ikalafeng, a research and epidemiology manager at the Gauteng Health Department, argued that HIV messaging coming from government services was limited by resistance from parents and teachers.

“They are unsure about how vocal they should be regarding these issues,” said Ikalafeng. “Parental engagement needs to be extended so that HIV learning can take place at home.”

One attendee said that while parents should be speaking to, and teaching, youth about safe sex practices, both adults and youth often felt uncomfortable about these “taboo” topics.

“We need to have call centres for youth where they can have a one-on-one session with their peers, and they will be able to get some information on sexual education,” she said.


Lesego Mohlala, a senior mentor at Anova Health Institute, said the similarities between the term PrEP (medication for pre-exposure prophylaxis) and PEP, the retail store, may explain why there is a lack of awareness about the treatment.

Figure 2 shows that only 33.3% of individuals over the age of 15 had ever heard of PrEP, while 65% were willing to take it.

“Much of our youth are unclear about which medications and treatments to take, and when, and so naming and explanations should be clear,” she said.

Moagi suggested finding youth in places where the risk of sexual activity increased. These included taverns, parties and festivals where stakeholders could hand out condoms face-to-face and provide condom-use education.

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KwaZulu-Natal's disparate HIV prevalence and pervasive HIV risk behaviour

SABSSM VI researchers during site visits in KwaZulu-Natal in July 2022
Photo: HSRC

*As a province, KwaZulu-Natal recently led South Africa in antiretroviral treatment coverage and HIV viral load suppression. However, the province continues to grapple with disparities among vulnerable groups. Youth and young women are disproportionately affected, driven by socio-economic vulnerabilities and pervasive risky sexual behaviours among men. Stakeholders at the release of the province's latest HIV household survey called for comprehensive interventions to empower women and engage traditional leaders in promoting safe sexual practices, with a view to curbing the ongoing spread of HIV in the province. By **Jessie-Lee Smith***



Statistics show that KwaZulu-Natal (KZN) when compared with other provinces, had the second-highest HIV prevalence rate at 16% and the highest number of people living with HIV in South Africa in 2022 (1,980,000).

However, the province also had the strongest performance in 95–95–95 goals compared to other provinces, having the largest proportion of people with HIV knowing their status, being on antiretroviral treatment (ART), and virally suppressed.

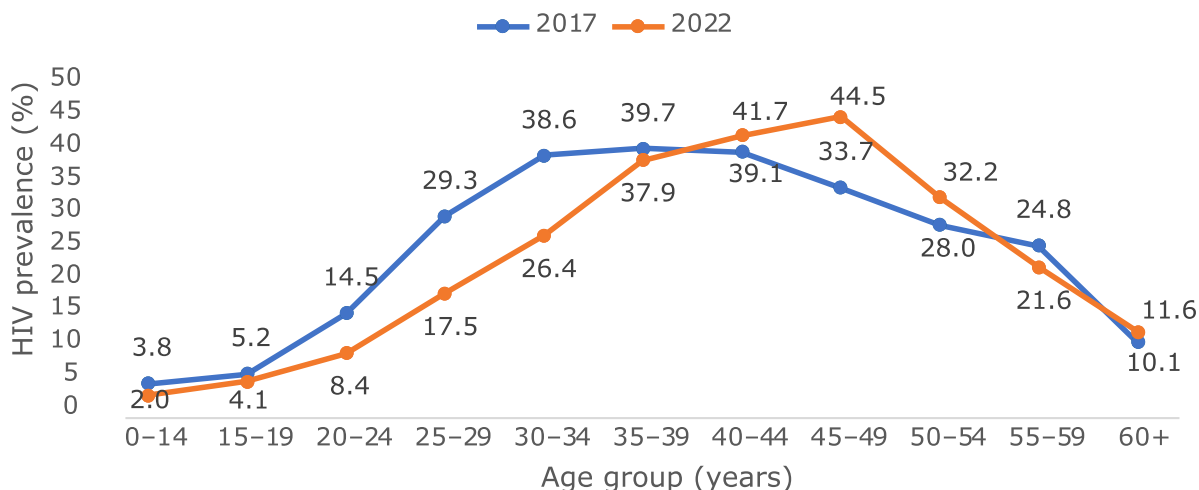
The HSRC’s Professor Khangelani Zuma presented this among the KZN findings of the Sixth South

African National HIV Prevalence, Incidence, Behaviour, and Communication Survey (SABSSM VI) in Durban in September.

Zuma, the survey’s overall principal investigator, noted that KZN has had one of the most successful HIV programmes in the country.

When analysing the success of HIV interventions, he said, it was not only the total number of people living with HIV (Figure 1) that mattered but also the proportion who took their ART so diligently that they were virally suppressed and unable to transmit the virus.

Figure 1. Overall HIV prevalence, KwaZulu-Natal Province, 2017 and 2022

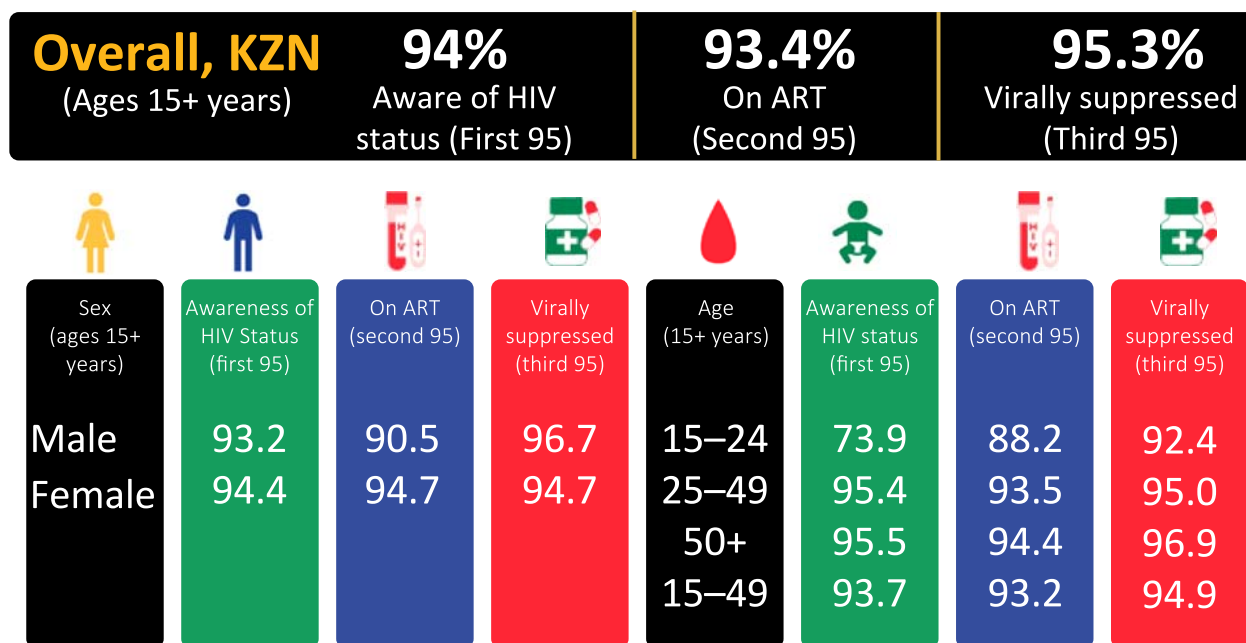


Source: HSRC

Treatment cascade

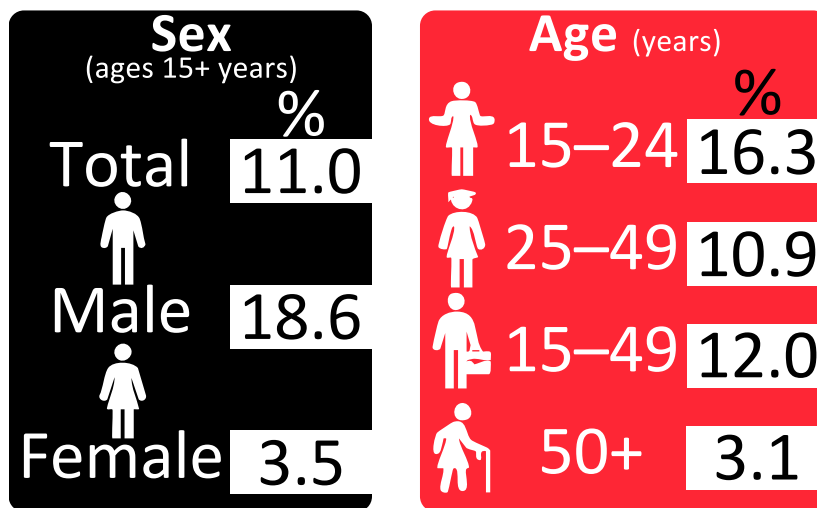
Figure 2 shows the status of KZN’s 95–95–95 treatment cascade, where 94% of people living with HIV in the province knew their HIV status. Of those who knew, 93.4% were on ART and of those on ART, 95.3% were virally suppressed.

Figure 2. 95–95–95 targets for people aged 15+ years living with HIV, by selected demographics, KwaZulu-Natal Province, 2022



Source: HSRC

Figure 3. Multiple sexual partners in the past 12 months among people aged 15+ years, by sex and age, KwaZulu-Natal Province, 2022



Source: HSRC

Behavioural drivers and traditional leaders

Zonke Ndlovu, from the Lubanzilwazi Resource Centre, spoke about the many programmes and projects that contributed to high treatment coverage. For example, she referred to a service at local clinics called “happy hour” for men. During these “happy hours”, men were not made to queue but allowed to walk in and be attended to immediately. She said that this had encouraged men, who were less likely to be in treatment, to increase their engagement with HIV services.

KZN also boasted the highest proportion of medical male circumcisions in the country, at 87.6% among those who had been circumcised. According to one attendee, traditional leaders championing circumcision played a significant role in accomplishing this. “Sometimes traditional leaders will even slaughter a bull in celebration of a young man being circumcised,” she said.

The same attendee argued that these leaders should play an extended role in encouraging other good health practices and safe sex behaviours in young men.

SABSSM VI showed that men participated more frequently in risky sexual behaviour. Men (12.3%) were three times more likely than women (4.8%) to have had sexual intercourse before the age of 15 and six times more likely to report having multiple sexual partners. Figure 3 shows that 18.6% of men, compared to 3.5% of women, engaged in having multiple sexual partners.

Youth disparities

Zuma highlighted the disparities in population treatment coverage and viral suppression by age in KZN. Only 62.8% of HIV-positive youth between the ages of 15 and 24 were on treatment, and only 74% of them were virally suppressed.

“We have our work cut out for us when it comes to youth and children,” said Zuma.

University of KwaZulu-Natal (UKZN) lecturer Silingene Ngcobo emphasised the importance of home-based interventions, urging parents to actively engage in sex education and promote open communication on pregnancy, sexually transmitted infections (STIs) and HIV.

“Parental education is where primary socialisation happens,” said Ngcobo. “It needs to happen before they become sexually active.”

Thandekile Msibi, from the Zululand District Department of Health, suggested programmes to empower and educate mothers on broaching challenging topics with their children. She argued that this would help combat stigma and provide mothers with tools to raise their children with an understanding of safe sexual health practices.

Ndlovu proposed standardised disclosure programmes encouraging children who received their diagnosis themselves to share their status with parents or other available adults. Phakama Dlwati from the KZN Department of Health supported this

proposal, saying that mental health support and dismantling myths were essential to improving disclosure and treatment uptake.

Ndlovu spoke about the importance of messaging in reaching youth and closing information gaps. She said messaging should be as robust as it was with COVID-19: "We need messaging coming onto our phones, on TV and in commercials".

Reaching girls and women

Zuma also noted disparities between genders in HIV prevalence in KZN. Among young females aged 15–24, the prevalence was approximately 9.3%, nearly three times higher than the 3.3% observed in young males. For those aged 25–49 years, women had an HIV prevalence of 38.4%, almost double the 21.5% found in men.

For years, KZN leaders have been aware of "blessers" who leverage the economic vulnerability of young women for sexual favours. KZN Civil Society deputy chairperson Patrick Mdletshe said that unemployment in the region made young women more vulnerable to this phenomenon as it undermined their independence. [Research](#) on the problem of blessers showed that women often overlooked health risks such as HIV transmission in exchange for economic gains such as food and rent.

In [July 2024](#), KZN stakeholders reissued warnings to male blessers, stating that the practice contributed significantly to teenage pregnancies and the spread of HIV.

Africa Health Research Institute researcher Luthando Zuma explained that even girls and young women who did not experience financial crises were under pressure to keep up with their peers. They would accept gifts such as hair treatments and phones in exchange for sexual relationships.

"We need to empower these girls and young women in the economy," he said.

Attendees at the dialogue also identified a lack of spaces for women as a factor contributing to their vulnerability.

"We should respond to and strengthen prevention interventions within multicultural areas, schools and recreational centres," said Luthando Zuma.

UKZN researcher Ayanda Khumalo argued for sports, extramural activities and community spaces separate from school and work for women.

"Young girls, especially in the black communities, don't have access to a third place [a place outside of school and home]. So, they tend to find solace in their boyfriends," she said. "They often end up in relationships and having sex because they are bored."

Sandile Zungu from the KZN Department of Education emphasised the importance of empowering girls and young women by fostering emotional intelligence, helping them to set boundaries, establish goals and build strong support systems.

Reaching men

Mdletshe said that while women were often taught self-care, men lacked similar guidance. Other attendees suggested community discussions about safe sexual practices, which would challenge prevailing norms and attitudes, and platforms specifically designed for men.

Zungu argued that increasing parental engagement with sons and empowering them with emotional intelligence could disincentivise them from "chasing after girls".

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SABSSM VI fieldworkers visiting sites in KwaZulu-Natal in March 2022
Photo: HSRC



SABSSM VI fieldworkers visiting sites in KwaZulu-Natal in March 2022
Photo: HSRC



Fieldworkers putting up posters to create awareness of the SABSSM VI data collection visits in Limpopo in April 2022
Photo: HSRC

The power of collaboration in enhancing HIV health outcomes in Limpopo

*Collaboration between the health sector and traditional leaders may have contributed to a higher uptake of voluntary male circumcision in Limpopo compared to other parts of the country. Such collaboration should be supported and expanded to further improve HIV prevention efforts in the province, delegates heard at a recent provincial dialogue in Limpopo. At this event, the HSRC released the regional results of its Sixth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey. By **Jessie-Lee Smith***

Collaboration between provincial government departments, implementation partners and the House of Traditional Leaders was key to an increase in voluntary male medical circumcisions (VMMC) in Limpopo.

Lindiwe Mothemane, a technical programme director from the global nonprofit Education Development Centre, spoke about the province's VMMC success at a recent dialogue in Polokwane. At the event, members of government, implementation partner organisations and civil society discussed the Limpopo findings of the HSRC's Sixth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM VI).

In 2018, Ramphelane Morewane from the University of Cape Town [documented](#) how Limpopo's government and traditional leaders collaborated to promote VMMC. This is a practice that the World Health Organization [recommends](#), based on studies showing a 60% lower risk of men acquiring HIV infection during heterosexual exposure.

Aiming to improve engagement in efforts to protect people against HIV while respecting cultural sensitivities, Limpopo's District Health Management Offices appointed traditional leaders as the primary

stakeholders in implement VMMC.

Traditional leaders introduced their districts to VMMC at mass meetings (*imbizos*) and encouraged boys to undergo screenings for HIV and sexually transmitted infections (STIs) before being circumcised. Leaders also allowed medical professionals into traditional settings to train traditional surgeons in VMMC and sterile health practices. In addition, in close collaboration with various partners, civil society played a crucial role in mobilising efforts, raising awareness, and monitoring the implementation of these initiatives within communities.

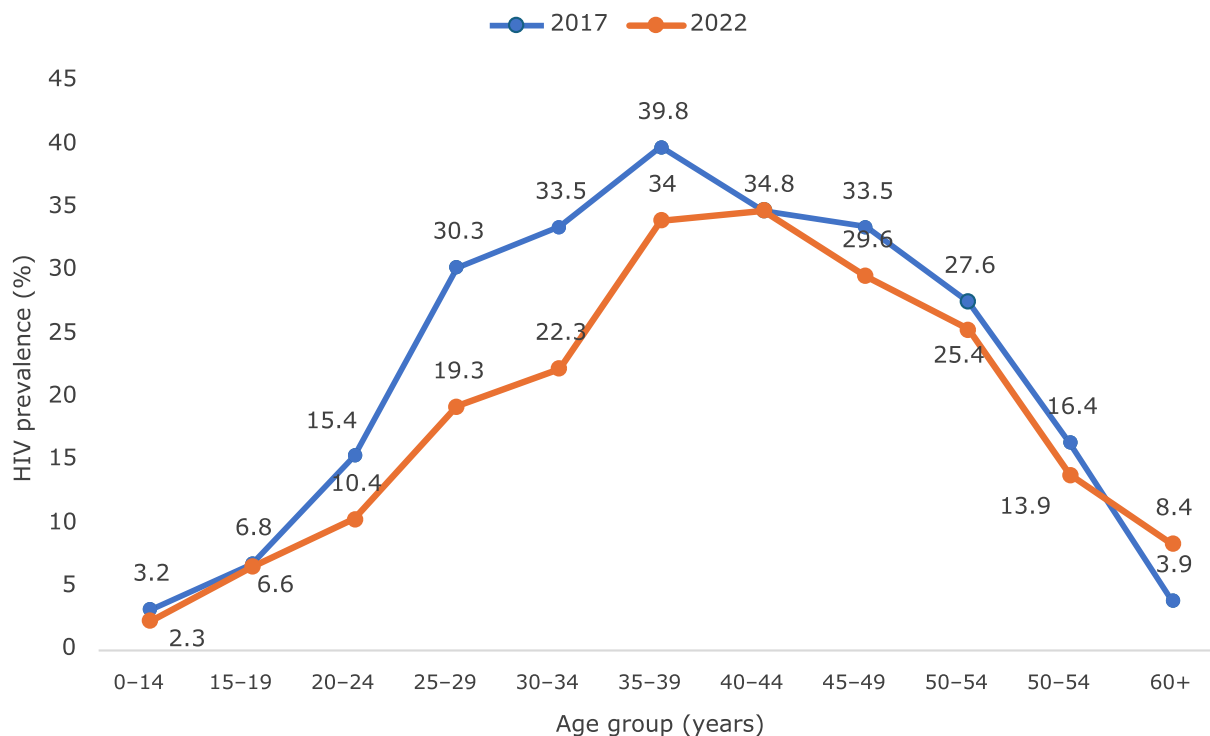
The SABSSM VI survey showed Limpopo had the highest percentage (87.7%) of males over 15 who self-reported being circumcised, followed by the Eastern Cape at 77.2%. However, unlike the Eastern Cape, where only 14.3% of these circumcisions were VMMC, 46% of males underwent VMMC in Limpopo.

Centre for Positive Care project manager Aphington Amukelani Mashele emphasised the importance of sustaining connections between stakeholder groups to ensure continuity in the provision of VMMC and other HIV services. This also could be an issue when funding – which often formed part of collaborative projects – run out.

Prevalence

Limpopo achieved one of the lowest HIV prevalence rates among provinces at 8.9% in 2022, down from 10.1% in 2017. This represents approximately 570,000 people living with HIV in 2022 – down from 580,000 in 2017. Figure 1 shows that HIV prevalence decreased in eight out of 10 age groups. Despite this, several challenges still remain.

Figure 1. Overall HIV prevalence by age group, Limpopo Province, 2022



Source: HSRC

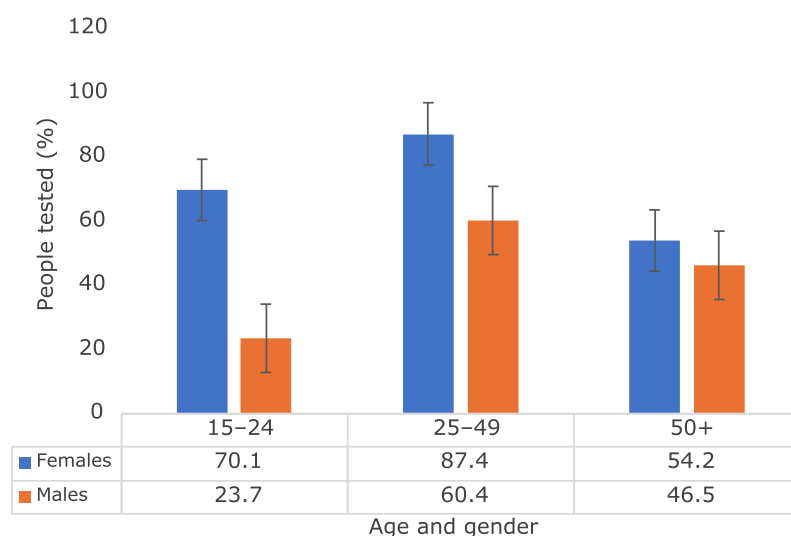
Low testing uptake among men

HIV testing rates in the province were low among young men in the 2022 survey. Figure 2 shows that only 23.7% of males aged 15–24 were tested in the previous three years compared to 70.1% of females.

Mashele said that although men were willing to discuss HIV, many of them did not want to participate in testing services.

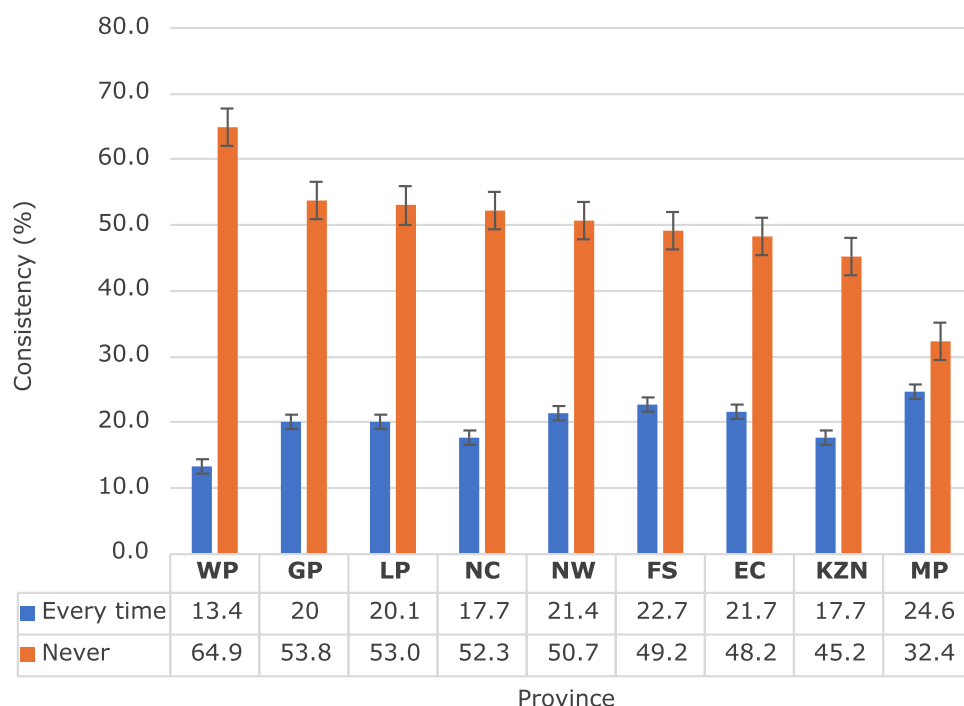
“We agree that men prefer services to come to them,” he said. “Collaboration between partners and the Department of Health to deliver services through mobile clinics is essential.”

Figure 2. HIV testing among people aged 15+ years, by age groups, Limpopo, 2022



Source: HSRC

Figure 3. Consistency of condom use with their most recent sexual partner among people aged 15+ years by province, South Africa, 2022



Source: HSRC

Condom use remained inconsistent in Limpopo. Figure 3 shows that 53% of those 15 years and older reported never having used a condom with their most recent sexual partner.

Beyond Zero programme manager Sauwe Maditsi argued that distributing condoms should be done through a collaboration between the government, educational entities and service delivery organisations. “We must not sit here as academics and decide that the people on the ground need pineapple condoms, vanilla condoms or female condoms.

We have to supply by preference ... People should distribute condoms face-to-face, as this will provide an opportunity to educate and review what works and what doesn’t,” she said.

HIV messaging

SABSSM VI revealed several challenges in reaching the public with HIV messaging. A key finding was the low awareness and uptake of PrEP (pre-exposure prophylaxis). Of surveyed individuals, 24.5% had never heard of PrEP, 2.2% had used it before, and 0.8% were using it at the time of the survey.

“HIV education primarily comes from [the subject of] Life Orientation in schools,” said Emmanuel Malatji, a senior education specialist from the Limpopo Department of Education HIV and AIDS life

skills programme.

He explained that most Life Orientation teachers were not specialists in the subject, and many of the older teachers did not want to talk about issues related to sex and sexuality.

Another problem identified with school education was that children with disabilities were often excluded.

“They are kept out of school because of family attitudes, which stem from a lack of awareness and knowledge,” said Dr Disego Thobejane, a senior education specialist at the Limpopo Department of Education.

Mothemane argued that out-of-school messaging was essential and that it should accommodate various age groups and contexts.

“The misalignment of policies of the Department of Health, the Department of Social Development and the Department of Education makes it difficult to reach the youth,” she said.

The messengers

“Most young people are always on their phones. They are always checking what’s happening within their communities,” said Lesiba Ofentse Molopa, a young HSRC master’s research trainee.

He argued that influencers and advertisements on social media platforms could communicate essential messages to youth. He also suggested that influential leaders should tackle the spread of myths.

“Because churches are a place of gathering and healing, they are a great platform for church leaders to encourage health and spread HIV messaging,” said Molopa.

Malatji pointed out that because VMMC was high in the province, doctors had the opportunity and access to act as educators for young men. He said that doctors who visited initiation schools should collaborate with researchers and organisations that were up to date with pervasive behaviour, allowing them to provide relevant and statistically driven interventions and messaging.

Looking forward

The HSRC dialogue fostered mentorship and knowledge sharing among new and experienced stakeholders from Limpopo. Hoedspruit Training Trust nurse Ntanganedzeni Ntshauba said that she was grateful for the relationships she had built with prominent people in the field, which she would maintain for collaboration in the future.

Dr John Blandford, country director of the Centers for Disease Control and Prevention in South Africa, saw the dialogue as a platform for academics, civil society and government agencies to collaborate on the latest data, shaping Limpopo’s progress over the next five years. Hlahla Lekalakala, the provincial director of the South Africa National TB Association, referred to the event as a pivotal moment for regional cooperation and expressed optimism about the future of HIV initiatives in the province.

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SABSSM VI fieldworkers during data collection visits in Limpopo in April 2022
Photo: HSRC





SABSSM VI fieldworkers meet during data collection visits in Limpopo in April 2022.
Photo: HSRC



A SABSSM VI fieldworker visiting a household in Mpumalanga, March 2022
Photo: HSRC

HIV in Mpumalanga: progress in treatment but testing challenges remain

*The HSRC's latest provincial HIV data revealed that in Mpumalanga, HIV prevalence among young men aged 15–24 was 1.5 times higher than among their female peers. The finding is striking, considering that adolescent girls and young women (AGYW) have long accounted for a disproportionate share of HIV infections in South Africa. At the Mpumalanga launch of findings from the HSRC's 2022 national household HIV survey, stakeholders argued that successful AGYW interventions should be fully extended to boys in the same age group. Increasing uptake of HIV testing also emerged as a priority in the province. By **Andrea Teagle***

HIV prevalence in Mpumalanga is the highest among the provincial prevalence rates, at 17.4% in 2022. This is a decline from 19.4% in 2017. At the same time, however, antiretroviral treatment (ART) coverage improved significantly from 65.4% to 81.8% of people living with HIV (PLHIV) in 2022. Mpumalanga also had among the highest viral load suppression rates, at 82.5%.

At a recent provincial dialogue, the HSRC's Professor Khangelani Zuma presented the key findings from the Sixth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM VI).

The data revealed an ageing epidemic. Between 2017 and 2022, Mpumalanga's prevalence peak shifted from the 35–39 to the 45–49 age group, indicating longer lifespans for those on treatment. At the same time, prevalence declined from 18.8% to 8.8% among those aged 20–24, indicating a possibility of fewer new infections among young people (Figure 1).

The new campaign, U=U (Undetectable =

Untransmittable), emphasises that PLHIV who are virally suppressed – with undetectable amounts of HIV in the blood – cannot transmit HIV to anyone else.

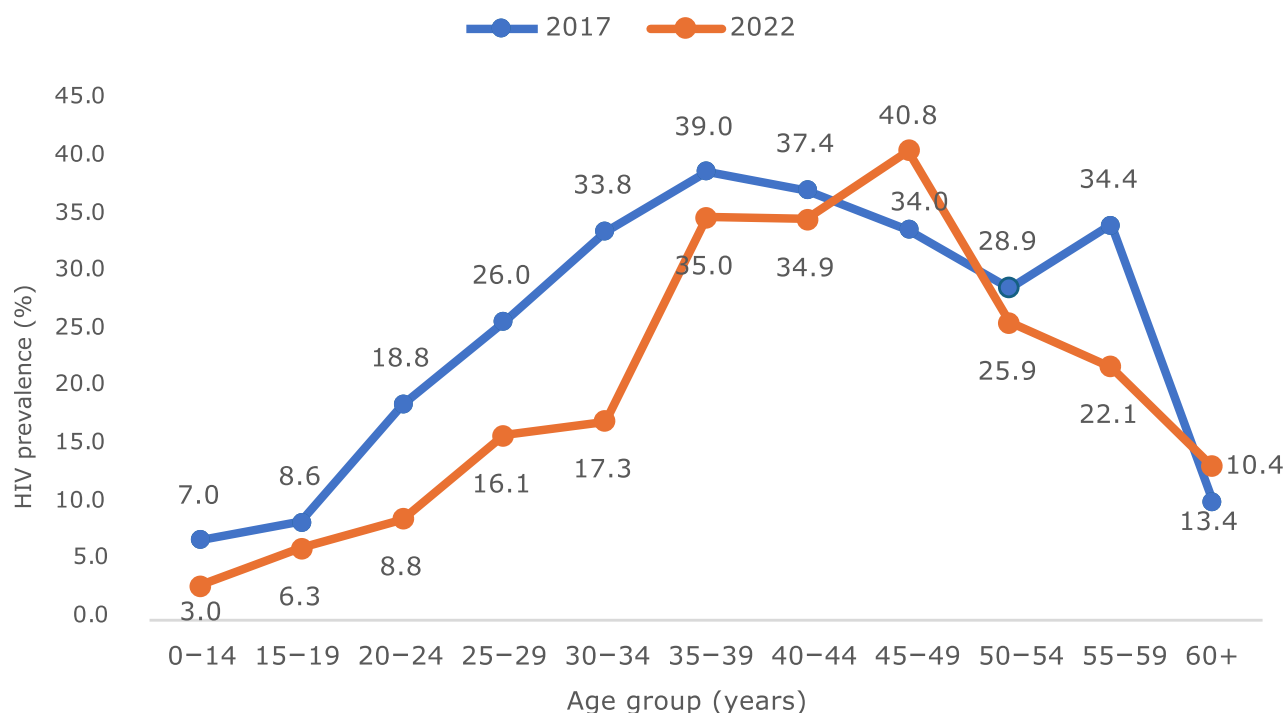
“Those who are on treatment and virally suppressed should be loudly celebrated,” said Dr Heather Paulin of the United States Centers for Disease Control and Prevention.

However, Zuma, who is the overall principal investigator for SABSSM VI, highlighted a worrying gap between actual and target HIV status awareness.

In 2022, 85% of PLHIV knew their status, against a target of 95%. Of those who knew their status, 94.5% were on treatment, and, of those on treatment, 94% were virally suppressed. However, to improve the overall number of PLHIV with viral suppression, the province needed to boost HIV testing uptake.

“We are actually achieving the second 95 [target], but remember, it's conditional on having a good first 95,” Zuma emphasised.

Figure 1. Overall HIV prevalence by age group, Mpumalanga Province, 2017 and 2022



Source: HSRC

Including adolescent boys and young men

While the decline in prevalence among those aged 15–19 and 20–24 was encouraging, the numbers remained too high, Zuma said. Concerningly, although they accounted for only 9.4% of all PLHIV, young people (aged 15–24) made up 16.9% of PLHIV who did not know their status and 16.7% of PLHIV who were not virally suppressed.

Unlike in other parts of the country, where young girls continued to face an elevated risk for HIV, in Mpumalanga, prevalence among adolescent boys and young men (15–24) was 9.8%, compared to 6.3% among adolescent girls and young women.

The finding suggests that while interventions for adolescent girls and young women have been somewhat successful, there is an urgent need to intensify them and extend similar efforts to young men and boys.

“Whatever [interventions] that you are doing among young girls, we need to continue doing, but it should not be at the expense of young boys,” said Zuma.

Participants suggested that the province should focus on enhancing and scaling up the HIV programmes that have already gained support and proven to be

effective. They noted that effective interventions sometimes fell away in favour of “shiny” upgrades, leading to community disengagement.

Social-behavioural [youth programmes](#) deemed to have been effective included You Only Live Once, or YOLO (aimed at young people aged 15–24), ChommY (ages 9–14 years), and Boys Championing Change (ages 13–19 years). These programmes, supported by developmental partner [USAID](#), aimed to instil young people with a sense of self-worth, equipping them with knowledge and skills to make informed choices about HIV risk.

Participants identified a need for greater collaboration between government departments and developmental partners to increase the reach of HIV prevention initiatives. However, they cautioned against chasing numbers, which could lead to interventions reaching the same people repeatedly, or failing to translate into more people on treatment and who are virally suppressed.

Overcoming stigma

According to community members, stigma remained a barrier to HIV testing uptake among young people. Small-group discussions revealed that young people

did not want to be seen to be visiting clinics known to offer HIV services. Discreet testing services, in conjunction with myth-dispelling information campaigns, could help to increase uptake.

School-based sexuality education and HIV testing were important ways to encourage young people to know their status. However, argued Busi Mabuza from the Department of Education, schools needed to create enabling environments for HIV-testing programmes to attract adolescents.

“We cannot do HIV testing without counselling [or] without having a private area,” she said.

Beyond school-based efforts, participants highlighted the need to revive parent-focused programmes to encourage open conversations about HIV at home.

Selective PrEP use

Uptake of the HIV prevention treatment, pre-exposure prophylaxis (PrEP), faced challenges in Mpumalanga. Only 3.2% of the respondents were taking PrEP at that time, and only 34% had heard of it. After receiving information about the treatment, 51% indicated they would take it.

Ronald Sibuyi of the Institute of Health Programs and Systems highlighted the need for carefully framed PrEP messaging targeting men.

“[Mpumalanga men] have that information, but the challenge is that they are not using that information correctly,” he said.

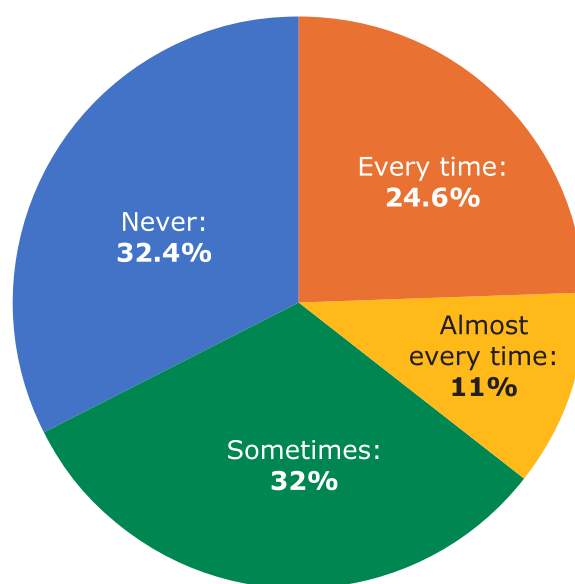
He recounted instances of men taking PrEP only in anticipation of sexual encounters, arguing that event-driven campaigns – for instance, around Valentine’s Day – inadvertently promoted this selective use.

Dr Tendani Matoro, from Right to Care in the Ehlanzeni district, pointed out stigma as another barrier to PrEP uptake, with some young people associating it with sex work. To address these challenges, participants proposed clear, consistent PrEP campaigns alongside enhanced promotion of consistent condom use.

Promoting condom use

The survey showed that Mpumalanga had the highest rate of condom use of all provinces, with 46.1% of adults reporting that they had used a condom during their last sexual encounter. The national figure was 31.8%. However, only 24.6% of participants in Mpumalanga said they always used condoms, and 32.4% said they never used them with their most recent sexual partners (Figure 2). Participants suggested that male and female condoms were not always available in schools, and that they should be [widely distributed](#).

Figure 2. Consistency of condom use with the most recent sexual partner among people aged 15+ years, Mpumalanga Province, 2022



Source: HSRC

In addition to increasing ART coverage and access to preventive tools, addressing the root causes of the epidemic – such as poverty and lack of opportunities – was considered crucial to reducing new infections.

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Rising HIV rates in the Northern Cape: overcoming access and resource challenges

Photo: Njambi Ndiba, CC BY-NC-ND
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*Despite notable progress in antiretroviral treatment uptake and viral load suppression, the Northern Cape has experienced a rise in HIV prevalence. These findings were recently discussed at the provincial launch of the HSRC’s 2022 national household HIV survey. Attendees at the launch noted limited access and insufficient provision of HIV services in what is South Africa’s largest but most sparsely populated region. By **Jessie-Lee Smith***

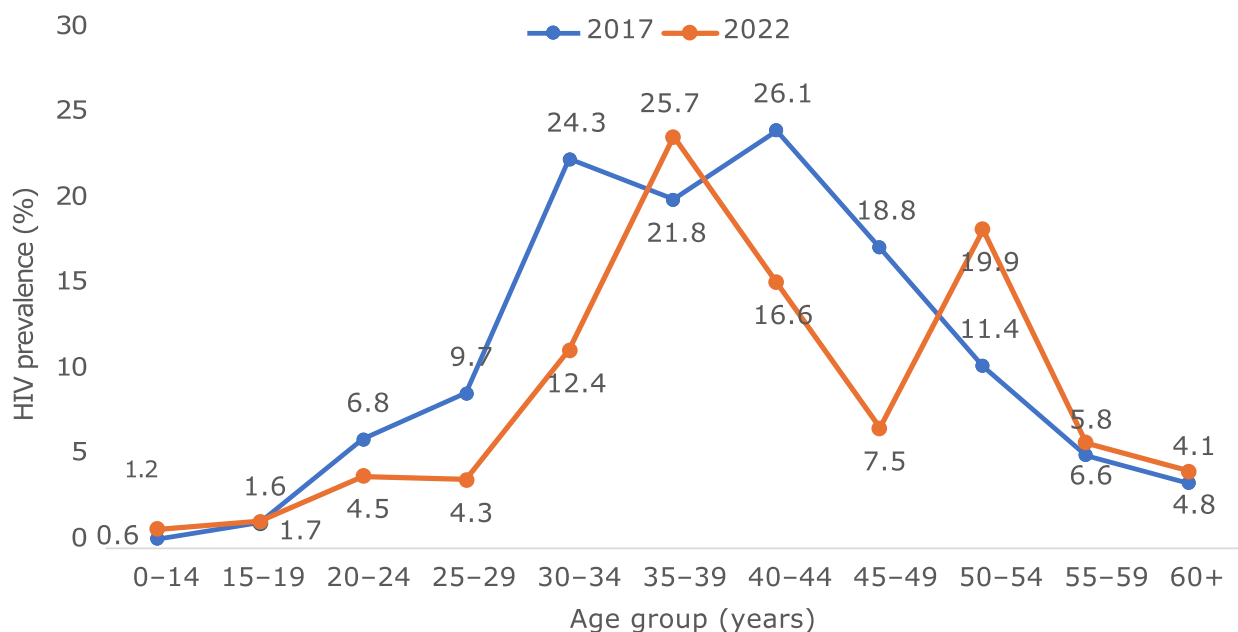
The Northern Cape recently stood out as the only province in which HIV prevalence rose in South Africa, with prevalence decreasing nationally overall between 2017 and 2022. The Northern Cape also saw a significant increase in antiretroviral treatment (ART) uptake and viral load suppression (VLS) during this time.

These findings are taken from the HSRC’s Sixth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM VI), released in the Northern Cape.

Professor Khangelani Zuma, the study’s principal investigator, described how HIV prevalence in the province rose from 8.2% (99,000 people) in 2017 to 8.9% (120,000 people) in 2022 (Figure 1). This meant that at least 21,000 people were infected in the five years, a significant increase when considering the province’s [small population](#).

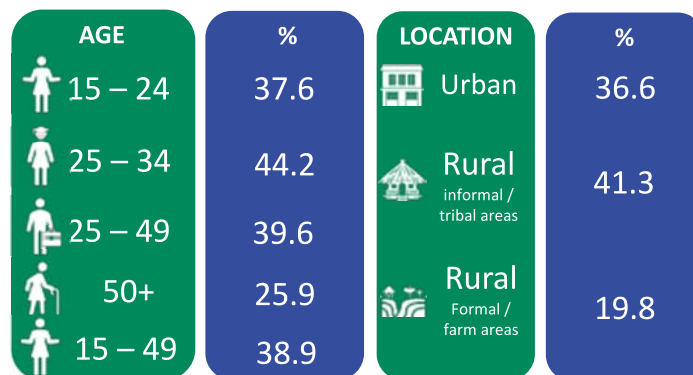


Figure 1. Overall HIV prevalence by age group, Northern Cape Province, 2017 and 2022



Source: HSRC

Figure 2. Self-reported circumcision rates of males over 15 based on age and location, Northern Cape Province, 2022



Source: HSRC

Treatment strides

Overall, the province made great strides, going from having the second-lowest ART coverage (54.9%) in 2017 to the second-highest (86.2%) in 2022.

In terms of 95–95–95 targets, in 2022, 91.5% of people living with HIV in the Northern Cape knew their HIV status, 94.7% who knew that they had HIV were on ART, and 97.4% of those on ART were virally suppressed.

Service access

According to Paula Makatesi, head of the Northern Cape Provincial Council on AIDS Secretariat, the Northern Cape is the largest province in South Africa but also one of the poorest. She said that social determinants of health played a significant role in access to, and uptake of, HIV care and services. For instance, many attendees noted that the Northern Cape’s relatively small population, dispersed settlements, poverty and lack of infrastructure present both logistical and systemic obstacles to effective HIV management and prevention.

“Resources are always sent to the places with the most people, leaving the rural areas underserved,” she said. The results showed these disparities. For example, Figure 2 shows that urban areas had a circumcision rate of 36.6%, rural tribal areas had a circumcision rate of 41.3%, and rural farm areas had the lowest prevalence of 19.8%.

According to Sheila Lute from the Northern Cape Department of Health, few service providers and partners in the Northern Cape provided services outside of working hours and away from health facilities.

Lute argued that the support of the US President’s Emergency Plan for AIDS Relief (PEPFAR) in other provinces had influenced the expansion of

healthcare services. She said that advocating for these resources in the Northern Cape would increase service access opportunities.

Barriers to service delivery

SABSSM VI also found that the Northern Cape had the lowest circumcision rate among males aged over 15 in the country. This rate decreased from 39.2% in 2017 to 35.6% in 2022.

Tebogo Olifant, the coordinator of the medical male circumcision (MMC) programme in the province, said MMC was accepted and in demand in many Northern Cape communities, but the issue was the lack of service access points.

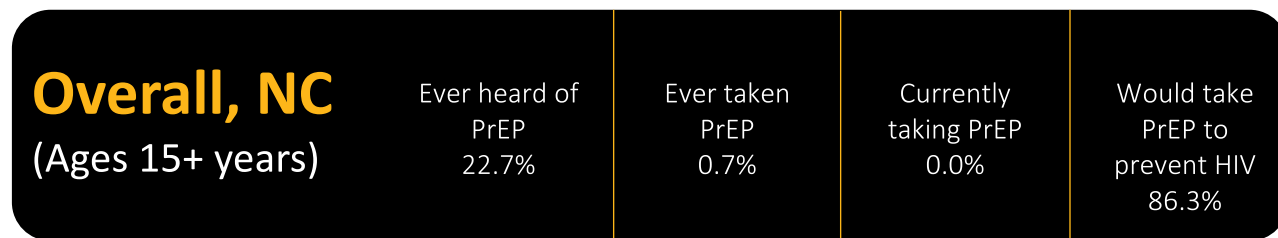
He argued that service providers saw MMC as a seasonal service and should be encouraged to provide it year-round. “We should also create a demand for MMC in institutions of higher learning,” he said.

Participants also identified challenges in implementing educational and awareness campaigns. One attendee noted that communication barriers, intensified by cultural and linguistic diversity, hindered the effectiveness of these initiatives in the province. She argued that stakeholders should tailor campaigns to different groups based on their language, culture and experiences to achieve the best outcomes.

For example, MMC is considered a [more trusted method](#) for preventing HIV infection than traditional circumcision. However, to encourage its adoption, stakeholders should remain sensitive to cultural practices and traditions.

Another significant gap in service delivery in the province was pre-exposure prophylaxis (PrEP)

Figure 3. Awareness and uptake of PrEP among those aged 15 and older, Northern Cape Province, 2022



Source: HSRC

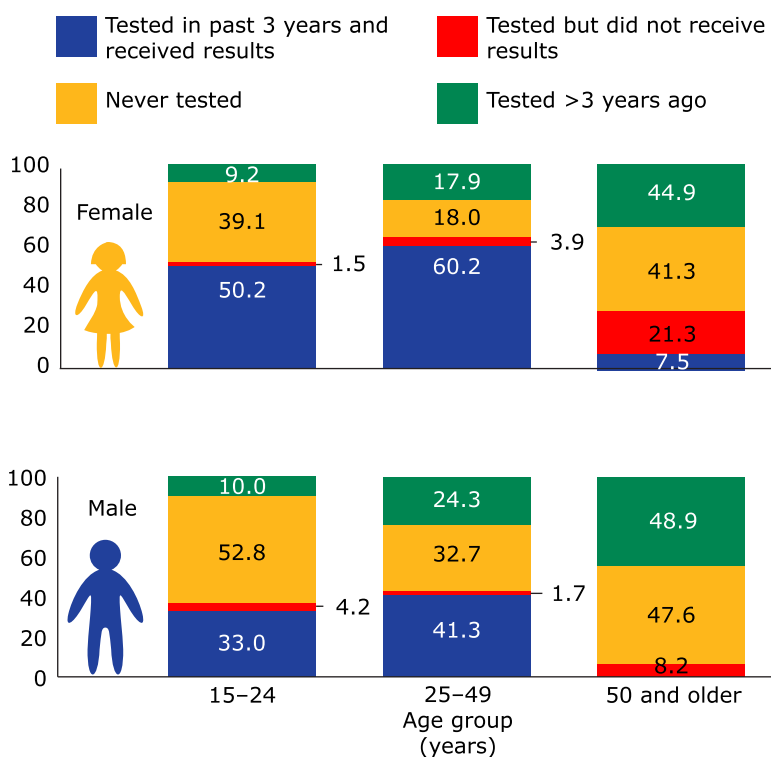
provision. Figure 3 shows only 22.7% of individuals had heard of PrEP, less than 1% of individuals had ever used it, and at the time of the survey, none of the participants were on it. However, the survey revealed that 86.3% of participants would take PrEP.

“This highlights an opportunity to optimise PrEP as a prevention strategy,” said Dr Rachel Joseph from the US Centers for Disease Control and Prevention.

Testing

Joseph also noted concerning gaps in HIV testing seen among individuals between 15 and 24 years. Figure 4 shows that 39.1% of females and over 50% of males in this age group had never tested for HIV.

Figure 4. HIV testing among people 15 years and older, Northern Cape Province, 2022 (%)



Source: HSRC

HSRC PhD intern Thembelihle Ginyana said that in small communities, people avoided clinics because the healthcare workers there knew their families. “They mention that stigma still exists, making them hesitant to visit clinics,” she explained.

Ginyana also suggested the use of HIV vending machines on college campuses to increase access. “We should develop and distribute testing kits in these machines,” she said. “People may be more likely to test themselves rather than be tested by someone else in fear of stigma.”

Parental engagement

According to an attendee, some projects in the Northern Cape fostered dialogues between parents and children. She argued that these should be strengthened and expanded, and emphasised educating parents on sexual reproductive health.

Makatesi also cited the importance of parental influence, stating that this was where children got their information first and foremost.

“The power of parents is an intervention we should never underestimate,” she said.

Lessons from other epidemics

Attendees urged a reevaluation of HIV intervention measures, drawing on the successes of recent epidemics. One delegate spoke about the success of South Africa’s [human papillomavirus \(HPV\)](#)

[vaccination campaign](#), which succeeded in vaccinating many young girls in the drive to prevent cervical cancer. These vaccines were rolled out to schools across the country in 2014, and aimed to vaccinate Grade Four girls against certain HPV strains that cause cervical cancer.

The National Department of Health led this process, which involved government agencies, schools, healthcare workers, international organisations, pharmaceutical companies, NGOs, community leaders, parents and the media.

She argued that by applying this unified strategy, and with the same ferocity, the Northern Cape could engage the same stakeholders in coordinated HIV education and intervention programmes.

Lute compared the success of COVID-19 measures to those currently ongoing for HIV. “We contained the COVID-19 pandemic with political will and resources,” she said. “We need to invest the same amount in ending this epidemic.”

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Delegates attending the release of the Northern Cape provincial results. Photo: HSRC



A delegate views an exhibition at the SABSSM VI provincial launch dialogue in September 2024. Photo: HSRC

“We need to think how they think”: reaching young people and men is critical to curbing HIV in North West Province

*Reducing new infections among young people, and increasing antiretroviral treatment coverage and viral suppression among men, is critical to maintain momentum towards controlling the HIV epidemic in South Africa’s North West Province. This was one of the takeaways from an HSRC dialogue around the results of the latest national household HIV survey. Encouragingly, the survey revealed widespread interest in the preventative treatment known as pre-exposure prophylaxis (PrEP), suggesting that with enhanced awareness, PrEP could prove to be a game changer in North West. **By Andrea Teagle***

The HIV epidemic is stabilising in North West Province, but the prevalence among adolescents and young adults, aged 15–19 and 19–24 years, remains worryingly high. The HSRC’s Sixth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM VI) revealed a provincial HIV prevalence of 12.3% in 2022, down from 14.8% in 2017. This translates into 465,000 people living with HIV (PLHIV) at the time of the survey.

Consistent with a country-wide trend, the North West data showed that HIV prevalence had increased among older age groups from 2017 to 2022 (Figure 1).

“That is actually an indication of an ageing epidemic,” said principal investigator Professor Khangelani Zuma of the HSRC. He was addressing a gathering of local healthcare experts, activists, development partners and policymakers at the launch of the SABSSM VI key findings for North West Province.

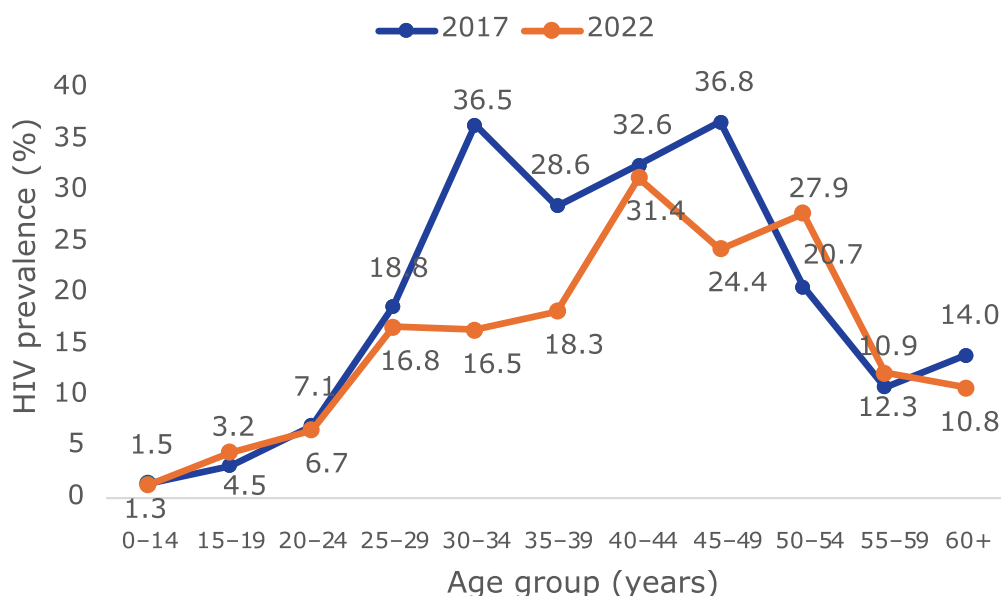
The shift in the epidemic indicated that PLHIV were living longer thanks to antiretroviral therapy (ART), Zuma said, which was good news. However, the simultaneous reduction in new infections among young people (15-19 years) nationally was not seen in North West. Instead, prevalence increased slightly from 3.2% to 4.5%. The difference was not statistically significant but remains a concern, he said.

“One would expect fewer infections in 2022 compared to 2017 because of the messages [around] condom use, and knowledge about HIV,” Zuma said. However, prevalence had not decreased as expected among young people and “that is a concern”.



A SABSSM VI fieldworker testing blood in North West Province. Photo: HSRC

Figure 1. Overall HIV prevalence by age group, North West Province, 2017 and 2022



Source: HSRC

Dual focus

The higher prevalence among women aged 15–24 (8.3%) compared to men (3.3%) pointed to age-disparate relationships as one of the ongoing drivers of new infections in this age group. The province had among the lowest ART coverage (78.9%), with 69.9% of men living with HIV on treatment.

Within the province, ART coverage was lowest in Bojanala (81.5%), the district with the highest prevalence. North West Province was one of two provinces with the lowest viral load suppression, at 58.7% in 2017 and 77% in 2022. Having less than 1,000 copies of HIV/mL blood means viral load suppression has been achieved, and the person’s chance of becoming ill or transmitting HIV is greatly reduced.

“We have a group of men out there who are living with HIV but are not on treatment, and they don’t even want to participate in the studies,” said Zuma, referring to the lower SABSSM VI survey participation rate among men (85.5%) than women (91.9%) in the province.

Among men, viral load suppression was just 62.5% compared to 84.9% among women. This translated to a large pool of men able to transmit HIV to their sexual partners, including young girls and women.

Participants in the dialogue agreed that reducing new infections in the province would require a dual focus on empowering young people with prevention and treatment strategies, and improving HIV messaging aimed at men. With HIV prevalence and ART coverage varying by district, strategies also needed to consider localised challenges.

Men-to-men groups

Creating safe spaces for open dialogue emerged as a critical strategy to engage with men.

“We need to start having conversations with men ... about many issues, including issues around HIV, issues around GBV [gender-based violence], and issues around VMMC [voluntary medical male circumcision],” urged Bonolo Motlhoi from the sexual and reproductive health group [Shout-It-Now](#).

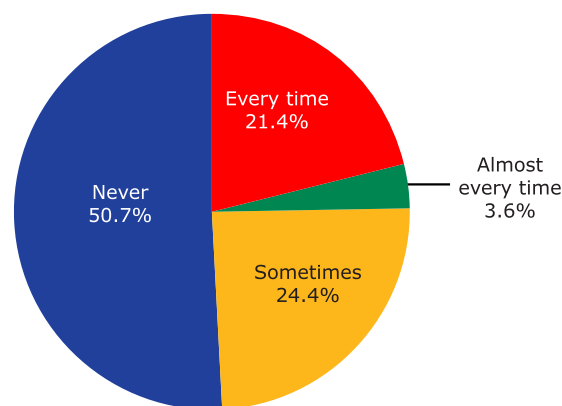
The success of Shout-It-Now’s Man-to-Man programme is evidence of the effectiveness of this approach. The programme provides a safe space for men to talk about gender norms and sexual health, to share information on HIV prevention and to test for HIV. However, such development partner initiatives are limited in scope and require state collaboration to upscale.

An important component of HIV messaging, particularly in the context of men, was the U=U (Undetectable = Untransmittable) campaign, launched nationally in 2023. The campaign aims to raise awareness that PLHIV on treatment and who are virally suppressed cannot transmit HIV.

However, Neo Moepe of the North West Provincial Council on AIDS suggested that U=U had been “poorly introduced” in the province, with some individuals using it as an excuse to stop using condoms. Participants agreed that while the U=U campaign could reduce stigma and encourage treatment adherence, it should be accompanied by widespread messaging around the importance of consistent condom use.

In North West, only 21.4% of those aged 15 and older reported that they wore condoms consistently during sexual encounters, and only 3.6% almost every time (Figure 2).

Figure 2. Consistency of condom use with the most recent sexual partner among people aged 15+, North West Province, 2022



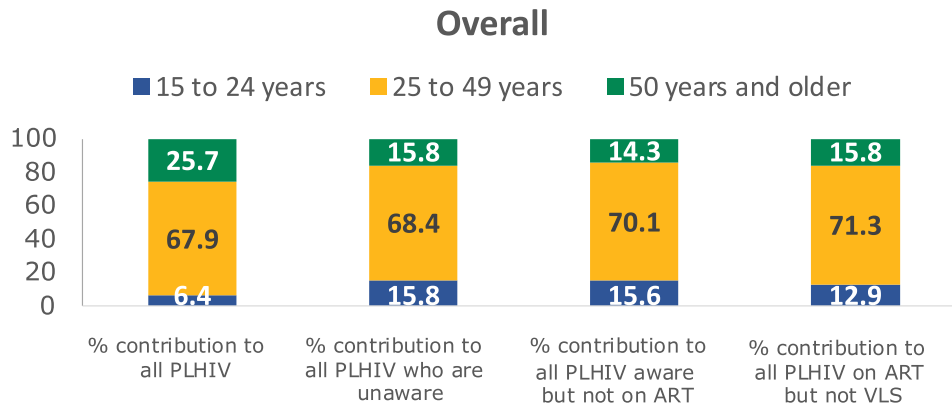
Source: HSRC

Going digital

Although only 6.4% of PLHIV were between the ages of 15 and 24, young people accounted for 15.8% and 15.5% of those not on treatment and not virally suppressed, respectively (Figure 3). Participants agreed that reaching young people required channelling the limited available funding into innovative, youth-led campaigns.

“We need to think how they are thinking,” said Puseletso Mohapi from PEPFAR (the US President’s Emergency Plan for AIDS Relief). “We need to go digital.”

Figure 3. Gaps in 95–95–95 targets for PLHIV aged 15+ years, by age groups, North West Province, 2022



Source: HSRC

Participants suggested that HIV messaging be designed by young people and delivered on popular social media platforms such as TikTok and Instagram.

Recognising that some outreach methods, such as church-based campaigns, may be missing the mark, participants suggested targeting youth where they spent time. Community events, festivals and schools in particular were identified as key areas for HIV messaging and condom distribution.

Educational interventions like the PEPFAR-funded DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) have been shown to reduce risky sexual behaviour among adolescent girls and young women. The participants suggested that such programmes be intensified and extended to adolescent boys and young men for a broader, lasting impact. Reintroducing family interventions that engage parents around HIV could catalyse conversations in the home.

Youth- and men-friendly HIV services

Stakeholders also highlighted the importance of making health facilities that offer HIV testing and treatment services more youth- and men-friendly. In addition to making clinics feel safe and private, the province could consider drawing young people to these spaces through other offerings that reflected the socioeconomic drivers of the epidemic. Ideas ranged from gardening training to providing free internet access.

“If we have internet where youth can source available opportunities, they know where they can apply for employment,” Motlhome suggested, underscoring the link between HIV risk and socioeconomic factors such as unemployment. Participants also proposed initiatives to restore youth clubs and recreational centres.

Suggested strategies to draw more men into care included investing in more male clinicians and bringing services to remote areas – particularly in Bojanala – to cater for migrant farm workers and truck drivers. Existing strategies that worked included the “Happy Hour” at clinics – dedicated timeslots for young people and men to access HIV services.

Biomedical strategies such as pre-exposure prophylaxis (PrEP) also have an important role to play in helping those at high risk for HIV to protect themselves. Available in some healthcare facilities in South Africa, PrEP refers to medication that prevents HIV acquisition.

The SABSSM VI team found that only 30% of all survey participants in North West had heard of PrEP. However, on receiving information about the preventative treatment, 79.5% said they would like to take it. Participants agreed that the province needed to focus on raising awareness of PrEP among young people. Said Paula Morgan, deputy country director at the Centers for Disease Control and Prevention, “It could be a gamechanger.”

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Table Mountain, Cape Town
Photo: Andrew Ashton, CC BY-NC-ND, Flickr.

HIV prevalence increases among children in the Western Cape: the dilemma of early sexual activity and risk behaviour

*The prevalence of HIV among children and teenagers in the Western Cape has increased. While more children with HIV may be surviving into their teenage years, the increase could also be the result of new infections. New data show more young people started having sex during adolescence. They have multiple sexual partners, and most still do not use condoms. These and other challenges were discussed at the recent launch of the Western Cape findings from the HSRC's 2022 national household HIV survey. By **Antoinette Oosthuizen***

The Western Cape has seen a significant increase in HIV prevalence among children, teenagers and people 50 years and older, in the period between 2017 and 2022. This points to a need to scrutinise prevention of mother-to-child transmission programmes and to understand the drivers of early sexual debut, HIV risk behaviour and people’s uptake and adherence to antiretroviral treatment (ART) in the province.

These were among the views expressed at the HSRC’s launch of the Western Cape results from the Sixth South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (SABSSM VI).

The overall HIV prevalence in the Western Cape decreased from 8.6% in 2017 to 7.4% in 2022. However, it increased significantly among children (Figure 1). In the age group 0–14 years, HIV prevalence increased from 2.9% (2017) to 4.3% (2022), and, among those aged 15–19 years, it almost doubled, from 3.5% (2017) to 6.7% (2022). Among those 50 years and older, prevalence increased from 7% (2017) to 8.4% (2022).

The higher prevalence among children and older adults could be the result of survival, but delegates warned that it also could be due to new infections.

The increase among children could have been driven by issues with the quality or consistency of of prevention of mother-to-child transmission programmes and early sexual debut, while HIV risk behaviour and the reluctance to be tested and treated may have increased HIV transmission among all sexually active groups.

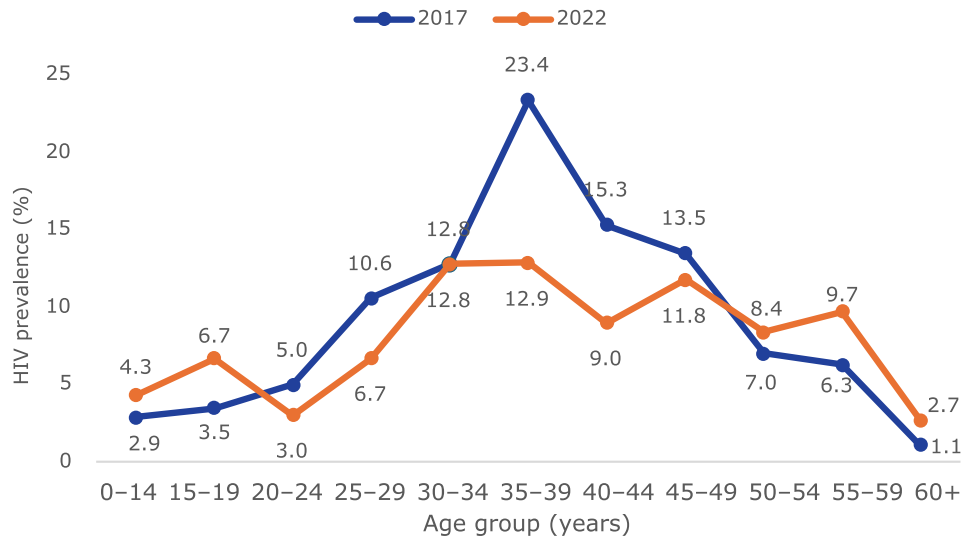
Early sexual debut

The Western Cape saw an increase in the proportion of adolescents and youth aged 15–24 years who reported having had their sexual debut before the age of 15 years, up from 14% (2017) to 16.3% (2022).

The province also had the highest proportion of people reporting early sexual debut in the country in 2022, moving up from third-highest after Gauteng and the Eastern Cape in 2017. More than a fifth (21.5%) of young men in the Western Cape reported having sex before the age of 15, compared to just over one in 10 (11.3%) females.

Dr Erin von der Heyden, a medical officer for Khayelitsha Eastern Substructure, was concerned that sexual education programmes reached school-going children too late, suggesting that difficult conversations about sex needed to be introduced before and during early adolescence.

Figure 1. Overall HIV prevalence by age group, Western Cape Province, 2017 and 2022



Source: HSRC

During a table discussion, Dr Nelis Grobbelaar, programme manager at Anova Health Institute, questioned if concepts around sex were sufficiently grappled with.

“What do we and the children understand about sex? The thinking tends to be black and white – [that sex] is either good or bad. And have we simplified sex to penetration? Because during adolescence, children [are supposed to] discover their bodies. How does this unfold and how do we approach conversations about what is ‘allowed’ and what is not?” he asked.

Multiple partners and no condoms

Almost one in five (19.1%) adolescents and youth aged 15–24 reported that they had had multiple sexual partners in the 12 months before the 2022 survey, with 39.9% having used a condom with their most recent partner (Table 1). In contrast, only 5.3% of people aged 50+ reported using a condom with their most recent partner.

Overall condom use was the lowest in the Western Cape, at 22.1% in 2022, compared to 31.8% nationally. Age group data was not available for the 2017 survey, so researchers do not know if the relatively higher condom use among adolescents and young people in the Western Cape has been improving or not.

Table 1. Condom use with the most recent sexual partner among people aged 15+ years by sex and age group, Western Cape Province, 2022

Variables	N	%	95% CI*
Total (15+ years)	1,252	22.1	18.4–26.2
Sex			
Male	566	22.5	17.6–28.4
Female	684	21.6	17.6–26.2
Age group (years)			
15–24	205	39.9	32.6–47.6
25–49	749	24.8	20.0–30.3
50+	298	5.3	3.0–9.4
15–49	954	27.5	23.1–32.3

Source: HSRC

Barriers to accessing school-going children

Many participants were concerned about a lack of access to schools for sexual education and health programme interventions, blaming “gatekeepers” such as governing bodies, parent groups, teachers and principals. They suggested engaging with school governing bodies to sensitise them about the

SABSSM VI results. Joe Tayag, a provincial advisor from the United States Agency for International Development (USAID), said this may require high-level leadership.

Luzuko Melapi of the Treatment Action Campaign suggested that signing the [Basic Education Laws Amendment \(BELA\) Bill](#) might help to “open up” schools for sexual education programmes.

ART uptake and viral load suppression

ART reduces the amount of HIV in the body (viral load) in those who test positive for HIV. In this survey, having less than 1 000 copies of HIV/ml blood meant viral load suppression (VLS) had been achieved. Once HIV is undetectable in the body, it becomes untransmissible. Proven by [research](#), this has become the foundation of the latest U=U (undetectable=untransmissible) campaigns to encourage ART uptake.

ART coverage of all people living with HIV in the Western Cape increased to 76.8% in 2022, from 54.4% in 2017. VLS increased from 54.6% to 78.4%. However, the researchers could not produce robust statistics on ART uptake and VLS among children and young people aged 0–24 (as indicated by the dashes in Tables 2 and 3). The HSRC’s Professor Sizulu Moyo attributed the lack of granular data to small sample sizes due to insufficient survey participation.



The HSRC’s Professor Sizulu Moyo speaks at the launch of the SABSSM VI findings for the Western Cape in Cape Town in September 2024. Photo: HSRC

Table 2. Antiretroviral treatment among PLHIV by age group, Western Cape Province, 2022

Variables	Females			Males			Total		
	n	%	95% CI*	n	%	95% CI	n	%	95% CI
Total	133	77.1	68.5–84.0	51	75.3	59.1–86.5	184	76.8	67.6–84.0
Age group (years)									
0–14	5	–	–	11	–	–	16	–	–
15–24	9	–	–	6	–	–	15	–	–
25–49	95	77.0	65.9–85.3	20	–	–	115	77.0	66.7–84.9
50+	24	–	–	14	–	–	38	77.1	56.3–89.9
15–49	104	75.6	65.1–83.7	26	–	–	130	76.5	66.9–84.0
15+	128	75.4	64.9–83.5	40	75.2	56.5–87.6	168	76.6	67.7–83.7

*Confidence Interval

Source: HSRC

Table 3. Viral load suppression by age group, Western Cape Province, 2022

Variables	Females			Males			Total		
	n	%	95% CI*	n	%	95% CI	n	%	95% CI
Total	143	79.7	72.4–85.5	57	76.0	61.2–86.5	200	78.4	71.8–83.9
Age group (years)									
0–14	8	–	–	10	–	–	18	–	–
15–24	10	–	–	8	–	–	18	–	–
25–49	97	84.5	76.4–90.1	23	–	–	120	81.1	72.9–87.3
50+	28	74.1	52.9–88.0	16	63.7	36.6–84.2	44	69.4	52.8–86.6
15–49	107	84.0	76.6–89.3	31	72.8	52.5–86.6	138	80.7	73.1–86.6
15+	135	82.6	75.6–87.9	47	70.6	54.6–82.8	182	78.8	71.9–84.4

*Confidence Interval

Source: HSRC



Delegates during group discussions at the launch of the SABSSM VI findings for the Western Cape in Cape Town, September 2024
Photo: HSRC

In terms of progress towards the 95–95–95 UNAIDS targets, SABSSM VI revealed that, in the Western Cape, 85.6% of people living with HIV aged 15 years and older were aware of their HIV status. Of this group, 91% were on ART and, of those on ART, 92% were virally suppressed.

Only 79% of men were aware of their HIV status, compared to 88.4% of women. However, once they knew their status, men (97.7%) were significantly more likely than women (88.5%) to initiate treatment.

Only a third (33.5%) of the Western Cape participants had heard of pre-exposure prophylaxis (PrEP) to prevent HIV infection. Yet, 61.9% were willing to use PrEP, indicating a window of opportunity.

Calls were made for the U=U campaign to be intensified as [research](#) conducted in Cape Town showed U=U messaging led to a significant improvement in HIV testing uptake.

They also called for the “rebranding” of condoms to move messaging beyond HIV prevention to include an emphasis on protection against other sexually transmitted infections and pregnancy.

Voluntary male circumcision at a younger age?

In 2022, about half of men aged 15 years and older reported being circumcised, with 46.3% of this group opting for voluntary medical male circumcision (VMMC), which [reduces](#) a man’s chances of acquiring HIV. Considering that a fifth of men reported having their sexual debut before the age of 15, attendees suggested advocating for VMMC and traditional circumcision at a younger age.

Dr Inneke Laenen from the Khayelitsha Eastern Substructure said that in some sub-districts like Mitchells Plain, VMMC campaigns have been successful, exceeding their targets for boys aged 10 to 14. Having community ambassadors who created a demand for this service was key.

This finding and other successful case studies prompted calls for more youth ambassadors to be involved in HIV awareness campaigns in the province.



Joe Tayag, a provincial advisor from the United States Agency for International Development (USAID), speaks at the launch of the SABSSM VI findings for the Western Cape in Cape Town in September 2024. Photo: HSRC

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Delegates during group discussions at the launch of the SABSSM VI findings for the Western Cape in Cape Town, September 2024
Photo: HSRC