

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.

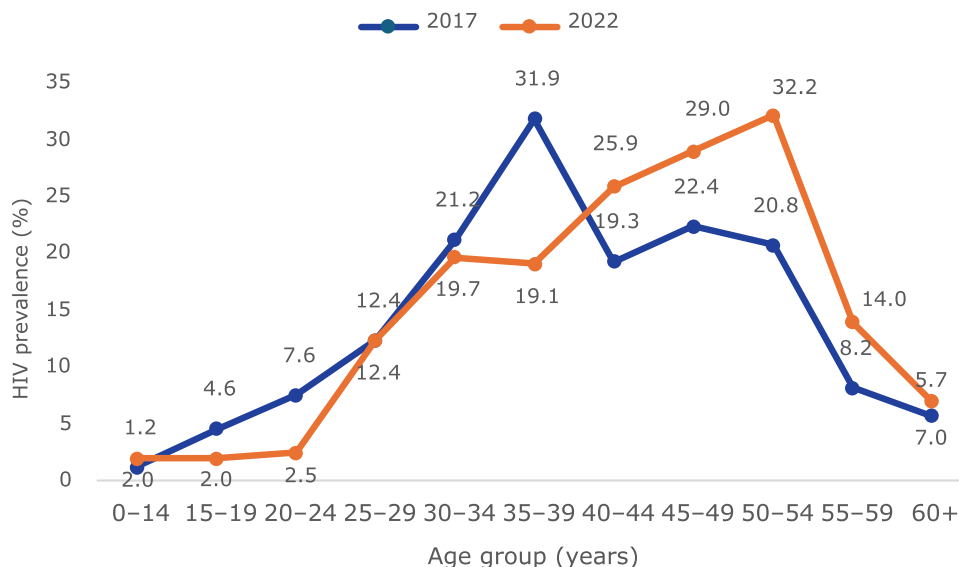
This is evidenced by the proportion of men who had accessed public clinics or doctors (48.9%) compared to women (57.3%). The attendee further said this barrier could be lowered through programmes, which he compared to "bring your daughter to work day", encouraging older men to act as role models to mentor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

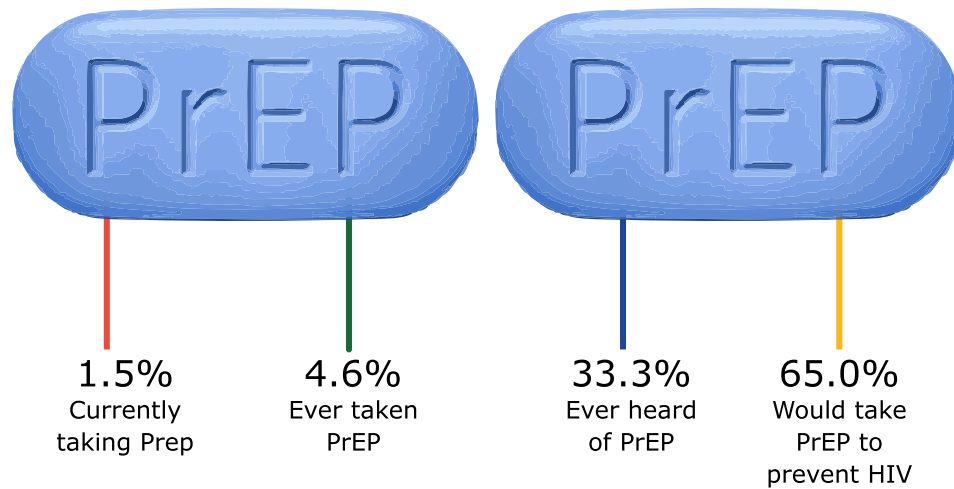
Professor Khangelani Zuma, overall principal investigator of the survey, revealed that there were 75,000 individuals under the age of 25 living with HIV in Gauteng. He also explained that data on the number of individuals aged 0 to 14 who were on ART or had achieved viral suppression was lacking, as 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.

Research contacts:

Yolande Shean for SABSSM research enquiries and Kutloano Skhosana, Gauteng SABSSM VI provincial coordinator and master’s research trainee, in the HSRC Public Health, Societies and Belonging Division

yshean@hsrc.ac.za
kskhosana@hsrc.ac.za