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Perceptions and views of men regarding HIV Testing Services: the case of Hammanskraal, Stinkwater in Tshwane District Municipality, Gauteng Province

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Perceptions and Views of men regarding HIV Testing Services: The case of Hammanskraal, Stinkwater in Tshwane District Municipality, Gauteng Province

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A report on a research study presented to

The Department of Social Work
School of Human and Community Development
Faculty of Humanities
University of the Witwatersrand

In partial fulfilment of the requirements for the degree Master of Arts in the field of Social Development

by

Jeanette Boitumelo Molefe

February 2021

DECLARATION

I, Jeanette Boitumelo Molefe, declare that this research report is my own, unaided work. I have given full acknowledgement to the sources that I have used. This work has not been submitted in any form for any other degree or professional qualification to the University of the Witwatersrand or other institutions for examination purposes or any other purpose.



Signature:

Date: 15.02.2021

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ABSTRACT

In 2017 a projected 36.9 million individuals globally were living with human immunodeficiency virus (HIV), including 1.8 million children, – with a global HIV prevalence of 0.8% among adults, however, 25% of these same people are unaware of their HIV status (UNAIDS, 2018). It has been recognised that internationally and in sub-Saharan Africa, men as opposed to women tend to delay HIV testing, treatment and care and subsequently anti-retroviral therapy. The primary purpose of the study was to explore men's perceptions and views of HIV testing services within Hamanskraal. The study was exploratory-descriptive in design, with an application of a qualitative research approach. A case study was used as a research design. The main research target population were men aged between 18 and 49 years, who are residing in Hammanskraal, Stinkwater in South Africa's Gauteng province. Purposive sampling was used to recruit 10 participants from Stinkwater. The research tool was an interview schedule administered through face-to-face semi-structured individual interviews. Responses were analysed using thematic analysis. The main findings of the study were that stigma continues to be documented as a major hindrance to men's HIV-related health behaviours. Enablers, such as access to treatment were mentioned. In addition, factors that influenced HIV testing such as personal belief systems, health care system, as well as environmental were highlighted. The study might contribute to the development of strategies and guidelines for programmatic interventions aiming at addressing the hindrance related to men's access to HIV testing services in Hamanskraal. Recommendations are made in relation to programmatic interventions and future research.

Keywords: perceptions, views, HIV, men and HIV testing services, Hammanskraal-Stinkwater, Tshwane District Municipality, South Africa.

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CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Introduction

Human immunodeficiency virus (HIV) and Acquired immunodeficiency syndrome (AIDS) account for one of the world's major health problems. In 2017 approximately 36.9 million individuals globally were living with HIV, amongst this were 1.8 million children with a universal HIV prevalence of 0.8% among adults (UNAIDS, 2018). Twenty-five percent of the people mentioned in the latter statistics did not have knowledge of their HIV status (UNAIDS, 2018). From the time this epidemic was declared a health threat, approximately 77.3 million individuals worldwide became infected with HIV while 35.4 million people succumbed to AIDS-related illnesses (UNAIDS, 2018).

Current statistics indicate that many people living with HIV residents in the countries are at the bottom of the economic pyramid, with an estimated 66% living in sub-Saharan Africa (SSA), (UNAIDS, 2019). In this group 19.6 million are residing in East and Southern Africa with reported 800,000 new HIV infections in 2017 (UNAID, 2018). South Africa alone 270,000 of new infections were reported in 2016. Another 50% befell eight countries: Mozambique, Kenya, Zambia, Tanzania, Uganda, Zimbabwe, Malawi, and Ethiopia (UNAIDS, 2017). In South Africa, the overall HIV prevalence was estimated at 12.6% in 2017, with prevalence distinguished according to respective provinces which includes; Western Cape among individuals aged between 15-49 years (12.6%), KwaZulu-Natal (27.0%) (SABSSM V, 2018). According to SABSSM V (2018) "overall HIV peak prevalence occurs in 35 to 39 year olds at 31.5 % females at 39.4 % and males at 23.7 % but differs by sex, peaking at an older age among males 45 to 49 years at 24.8 % compared to females 35 to 39 years at 23.7%" (SABSSM V, 2018, p. 2).

AIDS related mortality rates between 2004 and 2014 have shown a decrease in mortality for women compared to men with 66% and 49% decline (USAIDS, 2015). The latter could be attributed to research findings which have shown that in most countries across Eastern and Southern Africa, men tend to delay antiretroviral treatment than women, men living

with HIV therefore have a 33% higher risk of death than women (UNAID, 2015). Men and adolescent boys constitute close to 49% of the worldwide "population of 34.3 million adults living with HIV and account for 52% new adult HIV infections" (USAID, 2015. Para.4). Sixty percent of the 1.2 million people who succumbed to "AIDS-related illness in 2014 were male" (UNAID, 2015. Para. 4).

Authors have highlighted that in the drive geared towards addressing the scourge of HIV and AIDS, it is vital to reach men and adolescent boys in Eastern and Southern Africa (ESA) with evidence-based HIV prevention programmes. They further highlight the importance of HIV counselling and testing as well as treatment and care services because current data reveals that a higher number of women as opposed to men are accessing treatment while men are less motivated to undertake HIV test thereby delaying treatment (Pascoe, Peacock & Stemple, 2018). For example, in South Africa 51% of women living with HIV are accessing ART as opposed to 37% of men living with HIV (AVERT, 2019). The South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (2017) revealed that over 60% of people living with HIV (PLHIV) were accessing ART. The survey also revealed that viral suppression was 87.3% among PLHIV accessing ART, with females being probable to be virally suppressed compared to males among those aged 15-64 years (SABSSM V, 2017).

1.2 Statements of the problem and rationale for the study

It can be deduced from available literature (Shand, Thomson-deBoor, van der Berg, Peacock and Pascoe, 2014) that globally men tend to delay HIV testing, treatment and consequently experience disproportionate HIV related mortality (Pascoe, Peacock & Stemple, 2018; USAID, 2015). Most studies in sub-Saharan Africa which focused on HIV testing, concentrated on pregnant women, especially on the prevention of mother-to-child transmission (Obermeyer & Osborn, 2007). There is however little known about personal experiences of men as less frequent users of HIV testing services. Noticeable progress has been made regarding programmes aimed at reaching more females in Southern Africa. Grantors like the NIKE foundation, Tuberculosis and Malaria, The United States President's Emergency Plan for AIDS Relief (PEPFAR), Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) and the Global Fund to Fight

AIDS have initiatives targeting women and girls (Dworkin, Fleming & Colvin, 2015). The programmes described above intend to decrease HIV incidence among young women and adolescent girls. Young women and girls are deemed a priority population due to societal practices which perpetuates unsafe social and gender norms and unequal gender power dynamics.

Societal gender norms relating to masculinity contribute to women being more at risk of contracting HIV. In relation to gender, stereotypes form the basis of how society believes men and women should act (Edwards, 2015). Uneven gender power forces in relationships are not only associated with gender-based violence, but also with men' control over sexual decision-making, which can have a bearing on women's negotiation skills and space (Jwekes & Morrel, 2010). An example of how gender stereotypes are cultivated in society is where men continue to see women as their possessions and that they need to be submissive to their demands for example husbands demanding their conjugal rights without negotiations.

Income inequality and lack of income contribute to transactional sexual relations. South Africa has a classic example of blessers and blesses where young girls are involved with older men and engage in sexual conducts for financial gain or vice -versa. The risk for young girls is however greater because it is mostly men that provide while women receive these material benefits. Kilburn et al., (2018. p. 1670) have indicated that "transactional sex is an important source of HIV risk for young women in some settings, whereby sex is exchanged for material possessions, money, and/or favours".

The dynamics of the epidemic however requires a need to broaden the services to include both women and men. Men will benefit significantly in programmatic services geared towards reduction of new HIV infection. Men's risk to HIV infection is exacerbated by unhealthy gender norms which influence attitude and behaviour that does not promote safer sexual practices.

Men can be categorised as people who are reluctant to seek health services including HIV and AIDS counselling and Testing. Camlin et al., (2016) hold a similar view that men are often seen as poor consumers of health services. There is evidence that suggests that men

form part of HIV infected individuals who are not less likely to access HIV testing until late in infection (Pascoe, Peacock & Stemple (2018). In a study conducted in KwaZulu-Natal, South Africa, it was highlighted that in 2011 more than half of the HIV related deaths occurred in men who never accessed medical HIV care (Bor, 2015). "An estimated 82% of adult men living with HIV in South Africa are aware of their status, but fewer than 59% of those who know their status are on treatment. Among women, these rates are almost 90% for knowledge of status and 62% for treatment" (USAID, 2017, p.5). HIV is ranked number seven underlying cause of death in Gauteng among males of all ages while it is ranked number eight for females of all ages (Mortality and causes of death in South African, 2016). These results are attributed to evidence showing more women accessing HIV testing, treatment and care. An emphasis to strengthen HIV testing and linkage to care amongst men has been highlighted as an urgent need (USAID, 2015).

According to Pascoe, Peacock and Stemple (2018) the root causes for men's low uptake of HIV services cannot be attributed to personal factors only, structural factors play a role which deters men's engagement with the HIV cascade of care. These comprise of barring language in laws and policies, inadequate accessibility of reasonable services and manageable hours for individuals who are working and a need for hospitable and delicate attitudes at clinics to respond to the health needs of men (Pascoe et al., 2018). Research has indicated that men are passive users of health care services hence; it is vital that they are not left behind. The ambitious "90-90-90 target (90% of all people living with HIV will know their status, 90% of all people diagnosed with HIV infection will receive antiretroviral therapy, 90% of all people receiving antiretroviral therapy will have viral suppression), focuses on equity" (UNAID, 2020, para. 2). UNAIDS points that ending HIV partly depends on ensuring that there is universal access to ART hence the adoption of the 90-90-90 targets.

The imbalances of gender remain one of the key drivers of the AIDS epidemic which makes women to be at the front-line of HIV prevention, treatment and care. Societal construction of masculinity norms has a bearing on men's and boys' risks of contracting and transmitting HIV and accessing HIV services. Ensuring male involvement in HIV services will improve the health and wellness of men, their sexual partners and that of their families (USAID, 2015). Transmission of HIV cannot be eradicated if people do not know

their HIV status that is, whether they are HIV positive or HIV negative. It is common knowledge that HIV test is the gateway to establish whether a person is living with the virus or not. Individuals with a known HIV status may be encouraged to modify behaviour and ensure that they lessen and/or eradicate the possibility of transmission.

While there is extensive research on HIV counselling and testing (UNAIDS, 2015; AVERT, 2016; Kharsany & Karim, 2016; Conserve et al 2019; Pascoe et al (2018) within the global and the local context (South Africa), there is an eminent gap on research studies that focus on the perceptions and attitudes of men regarding the utilisation of HIV testing services in Hammaskraal's Stinkwater Township in Gauteng. It was important to conduct a study of this nature because perceptions and attitudes influence behaviour in terms of taking action to go for HIV testing or not. Therefore, this study was intended to explore the perceptions and views of men concerning HIV testing services within the Hamanskraal area of Tshwane municipality. This study may shed light to the individual connotations and understanding of men concerning the utilisation of HIV testing services. This study may also assist in understanding what men's perceptions and views are regarding HIV testing, and their thoughts on the current HIV testing services in Hammaskraal's Stinkwater Township.

Furthermore, it was anticipated that the study may assist to uncover various aspects which serves to motivate or deter men from accessing HIV testing services available to them in their locality. Additionally, the study may contribute to the existing discipline focusing on the perceptions and experiences of men regarding HIV testing services. Also, the study may help in the development of strategies and guidelines for programmatic interventions aiming at addressing the barriers related to HIV testing services in Hamanskraal.

1.3 Definition of concepts

The following definitions were used as operational definitions guiding this study:

Acquired Immune Deficiency Syndrome (AIDS):

AIDS is a collection of symptoms (or syndrome as opposed to a virus) caused by HIV (Avert,2020). "This is the last stage of HIV, when the infection is very advanced, and if

left untreated will lead to death" (Avert, 2020, para.7). AIDS is identified by the presence of over twenty opportunistic infections (WHO, 2017). The time taken for those infected with HIV to develop AIDS varies between individuals. In most cases, individuals infected with HIV develop symptoms of HIV related diseases within 5-10 years, however, the period between HIV infection and an AIDS diagnosis is generally between 10–15 years (WHO, 2017).

Human Immunodeficiency Virus (HIV):

HIV "is a virus that attacks cells in the immune system, which is the body's natural defence against illness. The virus destroys a type of white blood cell in the immune system called a T-helper cell and makes copies of itself inside these cells. T-helper cells are also referred to as CD4 cells" (Avert, 2020, para. 1). The virus infects cells of the immune system and damage the functions of the immune system which result in weakening and possible collapse of the immune system and ultimately immune deficiency (WHO, 2017). The immune system is believed to be deficient when it stops functioning as body defense against infections and diseases (WHO, 2017).

Viral suppression:

Refers to the state of retaining the viral load at untraceable levels (Aids info, 2020). An individual living with HIV is understood to have an 'undetectable' viral load when antiretroviral treatment has been effective to the extent that the virus cannot be detected through a blood test and it becomes untransmittable (Aids info, 2020).

HIV prevalence:

The number of individuals living with HIV disease irrespective of the time of infection, whether it is a known HIV positive status or the stage of HIV related illness. While prevalence cannot specify the period when a person contracted the virus, it can be used to assess the likelihood that a person carefully chosen at random from a population will have the disease (Centre for Disease Control and Prevention, 2016). CDC (2016) describes prevalence as the number of individuals living with HIV infection in a particular population at a certain time (CDC, 2016).

HIV Testing Services:

Comprehensive services that should be delivered jointly with HIV testing. They comprise of:

- "Counselling (pre –test information and post –test counselling)
- Testing
- Linkage to appropriate HIV prevention, treatment and care services and other clinical and support services
- Coordination with laboratory services to support quality assurance and delivery of correct results" (National HIV testing services Policy, 2016. p.1).

Men:

According to the Collins Dictionary (1979), men refer to an adult male human being. However, for this study, the definition will be applicable to adult male human being and those males who identify themselves as heterosexual.

Heterosexuality:

Generally, "defined as a sexual or relational identity (belonging to individuals or groups) and also as a social institution (which structures daily life)" (Farvid, 2015. p.92).

Perception:

"Perception is one's sensory experience of the world around them and involves both recognizing environmental stimuli and actions in response to these stimuli" (Cherry, 2020, para. 1).

View:

An opinion or a way of thinking about something (Collins Dictionary, 1979).

1.4 Scope of the study

The coverage of this study was restricted to Hammaskraal's Stinkwater Township in Gauteng, South Africa. The township is one of the semi-rural areas where there are evident cases of social ills such as unemployment, poverty and HIV and AIDS. The area has four NPO's funded to render services to Orphaned and Vulnerable Children and Youth by the Department of Social Development. The situation gives an indication of the number of

families made defenceless by either poverty, HIV and AIDS and other social ills in the area. It is important therefore to understand the reasons which may or may not motivate members of such families to access testing services.

1.5 Overview of the research design and methodology

The study selected a qualitative research approach and a case study design that was exploratory-descriptive in nature. The core research target population were men aged between 18 and 49 years, who are residing in Hammanskraal, Stinkwater. Purposive sampling was employed to recruit 10 participants from Stinkwater to collect data for the study. These participants were selected from men who are residing in Stinkwater and who access services at Lefika la Botshabelo OVC Centre. The research tool was an interview schedule managed using direct semi -structured one -on-one interviews. Responses from participants were examined by means of thematic analysis.

1.6 Limitations and delimitations

The following were the anticipated limitations and delimitations of the study:

- The researcher is a social worker responsible for monitoring and support at Lefika la Botshabelo OVC centre and to avoid bias of the research, the researcher excluded herself from recruitment of study participants.
- The small sample size of 10 men precluded the generalisation of the findings. However, given the nature of the study generality of the discoveries was not to be expected.
- As the study explored sensitive issues, participants may have given socially desirable answers or withheld vital information from the researcher which they could have regarded as private. However, the researcher endeavoured to clarify the rationale and aim of the study. In order to ensure full participation, participants were assured that their responses will not be judged.

1.7 Structure of the report

Chapter one delivered an introduction to the study. Chapter two of the research report concentrates on the literature review and identifies the research that has already been conducted in relation to HIV testing services among men, and it provides an examination of all existing material pertinent to the topic. The theoretical framework behind the study is also discussed in this chapter. In chapter three the research design and methodology are described in detail, while chapter four presents the summary of the findings that emanated from the study. Chapter five describes the key findings, conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This section will give a synopsis of the literature relating to men's utilization of HIV testing services. An examination of literature was undertaken in order to review the existing literature focusing on what the gaps in the literature were and the general framework that utilization of HIV testing services is viewed under. The subjects that are deliberated in this chapter are HIV testing in the sub-Saharan African context, HIV testing in the South African context, HIV testing benefits, gender and HIV testing and Men's perceptions and experiences towards HIV testing. Factors facilitating and hindering HIV testing as well as efforts made to improve HIV testing approaches are also discussed.

2.2 HIV testing in the Sub-Saharan African (SSA) context

HIV testing is seen as one of the measures for HIV prevention and as access into care (Leblanc & Andes, 2015). Furthermore, is it viewed as possibility to re-evaluate risk for HIV transmission and reenergize plans to lessen exposure to HIV if seronegative (World Health Organization, 2008). It has generally been documented that HIV testing is a vital component in any successful program focusing on HIV prevention, and many countries in Africa have included HIV testing in their primary healthcare packages (PHC) (Coovadia, Barron, Sanders, & McIntyre, 2009). Notwithstanding the range of delivery methods and the benefits of HIV testing, utilization in SSA is undesirable with reports of 12% to 56% among couples or the overall public (World Heath Organization,2008; deGraft-Johnson, Paz-Soldan, Kasote, Tsui,2006). Quantitative studies have recognized barriers to HIV testing as well as facilitating factors. Among the barriers identified are stigma and discrimination, perceived lack of confidentiality, distance to testing sites and perceived low risk of HIV infection. Facilitating factors identified are perceived anonymity of testing and accessibility of ART (Kalichman & Simbayi 2003; Warwick, 2006).

Studies further reported that all over sub-Saharan Africa, a higher percentage of women compared to men undertake HIV testing and a higher percentage of women living with HIV are on ART (UNAIDS, 2018; Dean et al. 2008). For example, findings from a 2016–2017 Tanzania HIV Impact Survey, revealed that "55% of men diagnosed with HIV during the survey self –reported that they were not aware of their HIV status" (Conserve et al, 2019, p. 1). Data presented on the reluctance of men to access HIV testing services is concerning because in most of the SSA countries including South Africa, cultural and social norms have contributed to female lacking the negotiating power when it comes to sex with their partners. In instances where females fail to negotiate protected sex, men who have not tested and have no knowledge of their HIV status remain a risk to their partner's health and that of their families.

2.3 HIV testing in the South African context

South Africa is moving toward the first Joint United Nations Programme on HIV and AIDS with the goal of having 90% of people living with HIV know their status by the year 2020 (UNAIDS, 2018). Despite different approaches introduced to intensify the uptake of HIV testing in South Africa, people show little interest to undertake HIV testing. This has been discussed by a number of authors in literature (Chimoyi et al., 2015; Johnson, Rehle, Jooste and Bekker (2015) reported that 23% of adults who are HIV-positive continue to be undiagnosed, with a higher projected percentage among men (31.9%) compared to women (19%).

Few studies have investigated factors which contributes to the low uptake of HTS services throughout Sub Saharan Africa as well as in South Africa, (Mambanga, Sirwali & Tshitangano 2016; Parker et al. 2015). These studies cited factors such as stigma, political barriers and cultural practices as the cause for lesser utilization of HCT services. HIV knowledge/perception and self-perceived risk of HIV are also cited as reasons for low uptake. While there is recognition that studies have been carried out to explore factors leading to the low uptake on HTS, the need to explore further has been noted by most writers as the decision-making process is complex to understand.

2.4 Benefits of HIV testing

An effective approach to prevent and control the worldwide HIV epidemic is through HIV testing (WHO, 2017). HIV testing is essential for screening and initiation to HIV care, as well as counselling on diagnosis and lessening the risk of transmission (Walensky, Freedberg, Weinstein & Paltiel, 2007). Studies have associated HIV testing with multifaceted benefits including, reduced number of sexual partners and reduced occurrences of unprotected sexual practices (Denison, O'Reilly, Schmid, Kennedy, & Sweat, 2008). Other findings have established HIV testing's effect on safer sex practices where there is an increased condom usage which contributes to a decline in sexually transmitted diseases (Sherr et al., 2007; Zhang et al. 2017). According to World Health Organization other benefits associated with HIV testing include timely diagnosis and initiation of HIV care and treatment (WHO, 2017). Drain et al. (2013) also highlight similar points, they mentioned that early HIV testing increases access to HIV related services to lessen the risk of transmission. Furthermore, early initiation of ART decreases AIDS related illness and mortality.

Despite these benefits, many people in South Africa are not diagnosed and may not be linked to treatment and care with men being at the top on the list. (Chimoyi et al. ,2015; Johnson, Rehle, Jooste and Bekker 2015). The question that naturally arises is do men recognise these benefits and if so, what are their thoughts in taking full advantage of these benefits.

2.5 HIV testing and Gender

Gender is described as the "socially constructed roles, behaviour, activities and attributes that a particular society considers appropriate for men and women" (World Health Organisation, 2013, para.6). Gender is documented as a social structure which is entrenched in the individual, interactional and institutional spheres of society and recognized as a central aspect in the HIV/AIDS epidemic (Greig, Peacock, Jewkes & Msimang, 2008). Heterosexual women are presented with a particular risk when it comes to HIV transmission "because of vulnerabilities created by unequal cultural, social and economic status" (Avert, 2020, p.1). While HIV prevention targeted to women has

increased, it is debated that gender as a social structure is inadequately tackled (Greig et al. 2008). There is a noticeable shortcoming around HIV prevention and treatment for heterosexual men. Much focus and attention in terms of research, treatment and prevention strategies is mostly on men who have sex with other men.

A number of authors have highlighted that men's devotion to representations of hegemonic masculinity –the culturally idealised form of masculinity in which men are commonly expected to be authoritative, controlling and dominant is associated with poor health consequences for both men and women (Peacock, Stemple, Sawires & Coates, 2009; Camlin et al. 2016). For example, Camlin et al. (2016, p.70) found that "data collected in interviews and discussions supported the finding that entrenched male gender norms acted against men's participation in testing". Seeking health and care has been documented as non-normalized behaviour for men than women to the extent that health care facilities are viewed by men as "female spaces". Several narratives revealed perceptions that men regarded health care-seeking as an option for women, exemplified by remarks such as, "Most men are very poor in seeking medical attention; they are just pushed to go to the hospital when sick" (Camlin et al. 2016, p.70).

Male dominance also manifests itself through sexual decision making. In a study conducted in Lesotho by DiCarlo, Mantell, Remien, Zerbe, Morris, Pitt, et al (2014), men and women described gender dynamics that where accordant with dominant manhood; men as authoritative, entitled to have sex and effortlessly lured to engage in sexual intercourse with women, women as submissive to their husband's decisions and sexually compliant. Previous studies have also recognized traditional gender and power dynamics as obstacles to open sexual communication and greater HIV risk in sub-Saharan Africa (Jwekes & Morrel, 2010; Kaufman et al. 2008). The above literature review implies that gender and health-seeking behaviour are directly and indirectly connected. Social and cultural background has a way of influencing health seeking and access to health for both men and women either in a positive or negative way.

2.6 HIV stigma: A barrier to accessing HIV testing services

HIV stigma generates major obstacles to HIV prevention, testing, and care. HIV stigma is described as "socially shared knowledge about the devalued status of people living with HIV (PLHIV), manifested in prejudice, discounting, discrediting, and discrimination directed at people perceived to have HIV and the individuals, groups, and communities with which they are associated" (Steward et al.2008, para.3). Various kinds of stigma have been mentioned, such as "received stigma, internal stigma and associated stigma" (Greeff, et al.,2008, p. 7). The first type of stigma, which is received stigma, "refers to stigmatising behaviour of neglecting, fearing contagion, avoiding, rejecting, labelling, pestering, negating, abusing and gossiping about persons living with HIV/AIDS as experienced or described by themselves or others" (Greeff, et al. 2008, p. 8).

The second type, is internal stigma described as "thoughts and behaviours (perceptions of self-social withdrawal, self-exclusion and fear of disclosure) stemming from the person living with HIV's own negative perceptions about him-/herself based on his/her HIV status"(Greeff, et al. 2008, p. 8).The third is type of stigma is, "associated stigma and defined as incidents that describe stigma against people who work (health care workers) or associate with HIV/AIDS-affected people (spouse/ partner, children, family, friends)" (Greeff, et al. 2007, p. 9).

Stigma as apparent obstacle to using HIV care services is accordant with results from other studies that associated HIV-related stigma and discrimination toward people living with HIV (PLWH) as a blockade to access HIV care services (Bogart et al., 2008; Gwadz, 2018). Previous studies found that stigmatization has a severe effect for prevention as some people fail to access HIV care services and even those who present for testing fail to disclose their HIV status to their sexual partners due to HIV/AIDS stigma (Weiser, 2006; Duffy, 2005).

A similar study among men in rural western Uganda undertaken by Bwambale, SSali, Byaruhanga, Kalyango & Karamagi (2008) discovered that the major barriers to utilization of voluntary counselling and testing services were due to poor access, stigma and

perceived lack of confidentiality among health care providers. A recent study by Mambanga, Sirwali and Tshitangano (2016) concluded that the lesser numbers of men presenting for counselling and testing services from primary health centres were associated with stigma such as people responses to disease and attitudinal elements. From these findings it is evident that a continuous need to address all types of HIV –related stigma could see the rise in the increase of HTS services in sub Saharan Africa.

2.7 Factors facilitating the uptake of HIV testing

Current research maintained that social support, subjective well-being and high levels of knowledge, are facilitators to HIV testing (Nall, Tiffany, Chenneville, Rodriguez & O'Brien, 2019). In a study undertaken in China by Liu et al (2020) it was reported that people who presented higher levels of education and higher scores of basic HIV and AIDS knowledge were more likely motivated to do HIV self-testing (HIVST). The study assessed the uptake and accuracy of HIVST kits and identified aspects that may be connected with HIVST. Other research studies in SSA indicate a positive association between HIV knowledge and testing. Results from a meta-analysis of 60 studies discovered that HIV knowledge was positively associated with HIV testing (Evangeli, Pady, & Wroe, 2016).

Social support is a critical element for individuals seeking HIV testing as well as adherence to treatment (Nall, et al. 2019). According to Smith, Rossetto, & Peterson (2008) social support can be described as the idea of having other individuals who can offer strengthening and emotional care. A research study in Kenya conducted by Lockwood, Shalabi, Harper and Ngugi (2015) specified the significant role of social support in people with high risk of HIV in seeking testing and treatment. The findings indicate the significance of psychosocial support in the management of HIV epidemic. Psychosocial support is often underestimated in terms of its importance in management of the epidemic. This finding signals the need for additional studies and recognition of how psychosocial support services can be strengthened in managing the disease.

In exploring aspects related to HIV uptake among men studies assessed SSA's men's perception and participation in several HIV testing approaches such as couples testing,

testing in antenatal care (ANC)'s, independent services and home based testing (Koo, Makin, & Forsyth, 2013 as cited in Leblanc & Andes, 2015). Studies which looked at men's readiness to test in the context of ANC reported mixed results regarding willingness to test. In other studies, ANC setting was seen by men as an environment for women and as a result therefore discouraged men to participate particularly those who hold strong cultural gender norms (Leblanc & Andes, 2015). According to WHO (2016) several nations in sub-Saharan Africa report continuous low attendance of antenatal care among men and women. For instance, "in Tanzania, only 51% of pregnant women had four or more ANC visits as recommended" by World Health Organization (Tanzania Demographic and Health Survey and Malaria Indicator Survey 2015-2016. p. 167).

In other studies, ANC setting was viewed differently. A study conducted in Tanzania, revealed that male who presented for testing during the ANC visits contributed to a higher number of joint couple disclosure, decrease in seroconversion among discordant couples, improved linkage to care, decreased transmission of HIV to infants and adherence to treatment (Conserve, Sevilla, Mbwambo, & King, 2013). A study in South Africa of acceptability and preferences among men and women for male involvement in antenatal care reported that most men (95%) would attend ANC when given an opportunity (Yende, Van Rie, West, Bassett, & Schwartz, 2017).

2.8 Men's perceptions and experiences towards HIV testing

2.8.1 Perceptions

HIV risk perception affects the decision to accept an HIV test for men in Sub-Saharan Africa. Low utilization of HIV testing in the overall population might be related to perception of low risk of HIV infection (Kibombo, Neema, Moore & Ahmed, 2008). Men's unwillingness to pursue HIV testing is associated with the following factors; fear of undesirable disclosure, existing or predicted stigma, cultural barriers related to gender and the suspicion that providers are not administering the HIV test accurately (Tibbels et al., 2019; Nanín, Osubu, Walker, Powell & Parsons, 2009; Camlin et al., 2016; DiCarlo et al., 2014; Larsson et al. 2010). For instance, Nanin et al. (2009) noted a thought-provoking reflection from some participants regarding how HIV-related stigma is more dominant than stigma associated to other diseases and conditions (e.g., cancer and multiple sclerosis),

making HIV much more uncomfortable to deal with than other illnesses. While DiCarlo et al. (2014) found that most men in their study agreed that most Basotho men avoid HIV testing and that HIV testing is perceived as something that women do. Camlin et al. (2016) reported similar perceptions. Larsson et al. (2010) found that some men feared to disclose to their partners even when having knowledge of their HIV positive status.

2.8.2 *Experiences*

The experience received from health care providers (HCP) could determine the willingness for people to seek or not seek HIV testing. An illustration of this is the South African study which indicated men's attitudes concerning HIV testing services was mainly influenced by the conduct of HCPs conducting HIV tests (Mambanga, Sirwali, & Tshitangano, 2016). Participants blame the conduct of counsellors as cause for their unwillingness to access HIV Counselling and Testing services. Twelve of the respondents' indicated that they had little trust regarding lay counsellor's behaviour during the provision of HCT services; as a result, they had undesirable attitudes towards HIV testing and counselling (Mambanga, Sirwali, & Tshitangano, 2016). Another study discovered that 37% of the respondents mentioned that the HCPs' attitudes motivated them to test for HIV, and 9% reported HCPs' attitude as a blockade to HIV testing (Matseke, Peltzer & Mohlabane, 2016). It is presumable that the decision for men to go for HIV testing is influenced to a certain extent by whether a positive or negative attitude is displayed from HCP's when administering HIV testing.

In a different study from South Africa, respondents reported positive experiences regardless of where they accessed HIV testing, though there were some complaints about HIV testing services within public health facilities (Meehan et al. 2015). There was a comparison regarding long waiting times within public health facility as opposed to shorter waiting times at NGO mobile services.

2.9 Efforts made to improve HIV testing approaches

Current research studies focus predominantly on children and youth, women, and Men having sex with men (MSM) as the identified key population. Little attention is currently

given to heterosexual men in terms of HIV-related intervention programmes and there are few HIV programmes concentrating on heterosexual men. A study by DiCarlo et al. (2014) proposes a more balanced strategy to HIV prevention, both worldwide and within sub-Saharan Africa.

A world-wide initiative to fast-track universal access to HIV prevention, treatment and care is evident (Avert, 2019). The World Health Organization (WHO) has publicized updated recommendations to assist countries to reach the 8.1 million people living with HIV who have not been diagnosed and are unable to access lifesaving treatment. (Avert, 2019). The efforts are additional to a comprehensive collection of other initiatives and approaches to grow the demand for testing services, with the aim to reduce the statistics of people who are presently unaware of their HIV status (Avert, 2019). WHO consolidated guidelines on HIV testing services endorse a variety of ground-breaking strategies to respond to contemporary needs which are listed below:

- "Responding to changing HIV epidemics with high proportions of people already tested and treated, WHO is encouraging all countries to adopt a standard HIV testing strategy which uses three consecutive reactive tests to provide an HIV positive diagnosis. Previously, most high burden countries were using two consecutive tests. The new approach can help countries achieve maximum accuracy in HIV testing".

- "Facility-based HIV testing services should be considered and routinely offered in sexually transmitted infections (STIs), viral hepatitis, tuberculosis (TB) and ANC services, malnutrition clinics and health services for key populations in all settings. In high HIV burden settings HIV testing services should be routinely offered at clinical settings. Key entry points in high HIV burden settings also include contraception/family planning clinics and voluntary male medical circumcision (VMMC) clinics".

- "Community-based HIV testing services are recommended for key populations in addition to facility-based testing options in all settings. In high HIV burden settings, community-based HIV testing for all populations is recommended. All

community-based HIV testing services should be complementary to facility-based services and focused on efficiently and effectively reaching those in greatest need of HIV testing services".

- "HIV self-testing (HIVST) is recommended as an HIV testing approach. There are many effective ways to deliver and support HIVST, depending on the population and setting. Communities need to be engaged in developing and adapting HIVST models".

- "HIV partner services – that is, offering voluntary HTS to sexual and/or drug injecting partners of people with HIV − is recommended as part of a comprehensive package of testing and care. Part of this package of services are various options, including: (1) provider assisted referral, in which a trained provider directly assists people who have tested HIV-positive by contacting their partner(s) and offering them HTS and (2) patient referral, in which a trained provider encourages the client to disclose their HIV status to their partner(s)".

- "It is important for HIV partner services to offer HIV testing for untested biological children of HIVpositive clients. Programmes should consider offering social network-based approaches, which offer HIV testing to social contacts of key populations in addition to sexual and/ or drug injecting partners".

(Extracted from WHO, 2019, p.5).

A vital point of entry in accessing care for any individual living with HIV is HIV testing (Venter et al. 2017). Irrespective of the information available to the public regarding HIV-testing services (HTS), the HIV testing remains noticeably low and hence new innovative ways such as HIVST have been suggested as unconventional approaches to reach populations which are likely to delay HIV testing. (Venter et al. 2017). It is evident from a policy perspective that the government of South African has put efforts in responding to the universal test and treat strategy as well as implementing recommendations by WHO. The South African National HIV Testing Services policy is in place as well as the South African HIV Self-Testing Policy and Guidance Considerations policy.

The South African National HIV Testing Services (HTS) Policy (2016) embraces self-testing as a strategy to increase HIV testing, particularly for those individual unlikely to test or those who delay testing. WHO describes HIV self-testing (HIVST) as a voluntary "process in which a person collects his or her own specimen (oral fluid or blood) and then performs a screening test and interprets the result, often in a private setting, either alone or with someone he or she trusts" (WHO, 2016. para.1). The ultimate aim of HIV self-screening is to expand HIV testing among group of people who are known to delay HIV testing, hard to reach groups and those who show no interest for HIV testing such as men, adolescent girls and young women (AGYW) (WHO, 2016).

One South African study demonstrated that HIVST was both greatly acceptable and desirable to traditional clinic-based testing among young, rural South Africans (Ritchwood et al. 2019). Another study of South African men who have sex with other men conducted at Gert Sibande, Mpumalanga Province, showed a favourable attitudes toward HIVST were mainly based on the tests' ability to address critical barriers to HIV testing, including confidentiality, privacy, convenience, and the individual's management of HIV disclosure (Lippman, 2018).

While HIVST approach has gained preference amongst communities its limitations are also noted, the literature is mixed in terms of preference. HIV testing policies indicates the importance of counselling as a crucial aspect of HIV testing practice. The significance of psychosocial support in the management of HIV epidemic was mentioned earlier in the paper. Findings from other studies revealed a concern about the absence of social support during HIVST, mainly people who decide to test alone. In a study by (Ritchwood et al. 2019), participants who were part of phase 2 of their study were worried that a positive test could cause a person to act irrationally and probably attempt suicide. This concurs with evidence from a study within South Africa by Harichund, Karim, Kunene, Simelane & Moshabela (2019) where participants indicated that not receiving counselling after a positive HIV may lead to a person not knowing what the future holds and how to move forward.

It is evident that with each HIV testing approach there are constraints and opportunities. It is important to implement approaches that are most suitable for communities considering their unique make up and what will work best to unsure an increase in HTS uptake.

2.10 Conclusion

The literature review discussed suggests several aspects persuading men's readiness to test for HIV or even utilization of HTS in Sub Saharan Africa. The various factors range from the degree of awareness about HIV, perceived risk for HIV infection, cultural barriers related to gender norms, perceived stigma and fear of stigma amongst others. The review also noted factors which facilitating the uptake of HIV testing. High levels of knowledge and social support were discussed drawing from previous studies indicating the two factors as facilitators for the increase of HIV testing. It is reported that higher understanding of HIV is linked to an increase in the uptake of HIV testing. What motivates people to decide on HIV testing particularly men seem complex to understand

Evidence also suggests that social support is important to ensure a higher uptake of HIV testing. Therefore, is it recommended that psychosocial support services be recognised as vital aspect in the management of HIV pandemic. Efforts made to improve HIV testing approaches cannot go unnoticed. Literature is however mixed in terms of preference however every approach has its constraints and opportunities.

Although most of the findings of researchers cited in this section contributed to the current body of knowledge in understanding perceptions of men towards HIV testing, this problem still warrants further exploration.

2.12 THEORETICAL FRAMEWORK

This study was guided by the health care utilization model.

2.12.1 Health care utilization model

This study employed Andersen's Heath care utilization model. The model demonstrates factors that lead to the use of health services. Andersen's model implies that health-seeking behaviour of people is a connection of three groups of features: predisposing, enabling and need (Kuuire, Bisung, Rishworth, Dixon, Luginaah, 2015). "Predisposing factors describe the tendency to use services and include socio-demographics and health and illness values, while enabling factors describe the means available to use health services including personal and family resources (e.g. wealth status and social support) and community resources, (e.g. residence and access to health resources). Andersen indicates that although predisposing and enabling factors are necessary for health service utilization, they are not sufficient for actual use. Actual use is initiated by need, which might arise as a result of illness level" (Kuuire1 et al. 2015, p.546).

Health care seeking behaviour is an aspect of medical help seeking. There are various ways in which individuals display their desire to seek health care services. Some have a routine check-up of potential illnesses and treatment others go only in serious pain and in advanced stage of illness. Researches have mentioned that when it is with regards to health seeking and utilization behaviour females are more inclined to seek health care than their male counterparts (Camlin et al., 2016; Greig, Peacock, Jewkes & Msimang, 2008). This theoretical framework is more relevant as the study seeks to investigate aspects that may hinder or enable men to seek HIV testing.

Health seeking behaviour is connected to a broader notion of Health behaviour. According to Kakoko (2006), soliciting and accessing health services in the context of HIV and AIDS brings uneasiness for most people. Kakoko (2006) shares a similar view that identifying factors linked to soliciting and accessing health services seem to be complex, a point highlighted earlier in the discussions. Fundamentally, it is argued that the primary obstacles to soliciting and accessing health services are not only monetary but also psychological, knowledge related, cultural, social, and structural (Donabedian, Axelrod, & Wyszewianski, cited in Kakoko, 2006).

The Andersen behavioral model of health care utilization (Andersen model) proposes a valuable structure through which to assess the overall health care utilization thoughts and HIV testing behaviours of men and has four primary spheres: Environment, Population characteristics, Health Behavior, and Outcomes (Doshi, Malebranche, Bowleg, & Sangaramoorthy, 2013). "Environment includes both external environment (physical environment, political, and economic components) and health care systems. Population characteristics include enabling resources and demographics specific to the population. Health Behavior includes personal health beliefs and practices and use of health services. The outcomes category includes consumer satisfaction and clinical outcomes (perceived and evaluated health status)" (Doshi et al. 2013, p. 124).

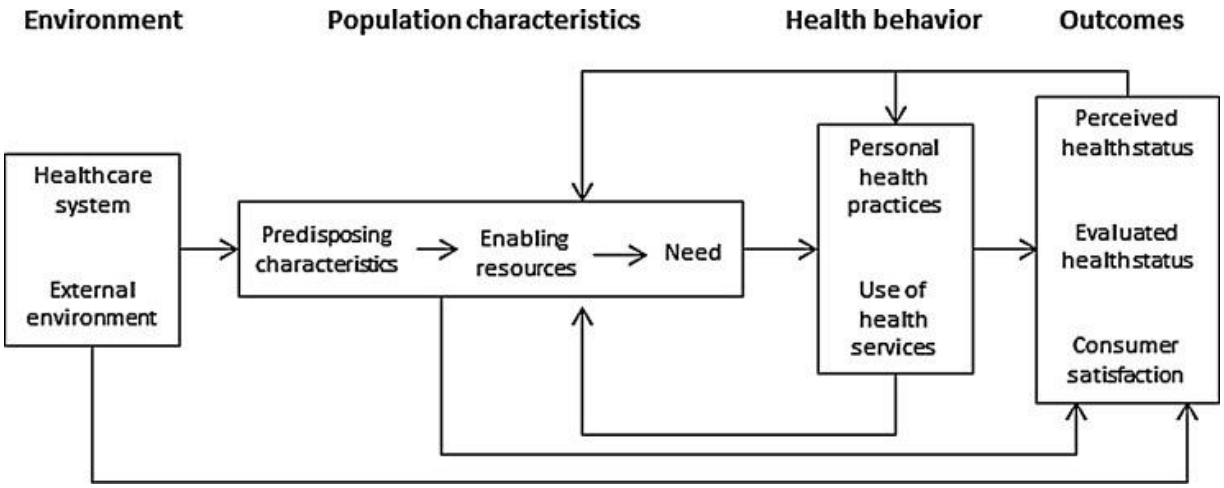


Fig.1.1 Theoretical framework—centred on Andersen's model of health care utilization, adapted from (Andersen, 1995).

CHAPTER THREE

METHODOLOGY

3.1. Introduction

This chapter defines the research methodology for the study. The researcher provides an account of how information from participants was collected to address research objectives. The following areas are covered; research approach and design; Population, Sample and Sampling procedure, research instrument, selection of Interview Participants for the pre-test, interview setting, data collection; the data analysis; trustworthiness and ethical considerations.

3.2 Research questions

Below are the research questions that guided the study:

- What are the perceptions of men towards HIV testing services offered at Hammaskraal's Stinkwater Township in Tshwane?
- What are the views of men towards HIV testing services offered at Hammaskraal's Stinkwater Township in Tshwane?

3.3 Research aim and objectives

The main aim of the study was to explore the perceptions of men regarding HIV testing services offered at Hammaskraal's Stinkwater Township in Tshwane.

3.3.1 *Objectives*

- To assess knowledge levels regarding HIV from men residing in Hammaskraal, Stinkwater.
- To investigate aspects that might hinder or enable men to seek HIV testing in Hammaskraal, Stinkwater, Tshwane District Municipality.

- To investigate the perceptions of men regarding the utilisation of HIV testing services in Hammaskraal, Stinkwater, Tshwane District Municipality.
- To explore men's views regarding the utilizing of HIV testing services in Hammaskraal, Stinkwater, Tshwane District Municipality.
- To explore the support services available to men regarding HIV testing in Hammanskraal, Stinkwater, Tshwane District Municipality.
- To explore interventions that may advance HIV testing services for men in Hammaskraal, Stinkwater, Tshwane District Municipality.

3.4 Research approach and design

The study applied a qualitative research approach. Qualitative research approach is a way to have a better understanding of how individuals conceptualize and perceive the world, including their lived experiences (Merriam & Tisdell, 2015). In addition, this approach provides the researcher an opportunity to witness discreet actions that unfold in social situations, such as senses, perceptions, and experiences from the viewpoint of research participants which cannot be completely determined by quantitative research approaches (De Vos, Delport, Fouché & Strydom, 2011). In the context of this research study, the researcher found this approach more suitable as it enabled her to discover, define and provide thorough individual descriptions of the reasons research participants get tested or not for HIV and what informed their decision to undertake an HIV test. The selected research approach is fitting for the study of this nature as views and perceptions are problematic to assess using a quantitative approach (De Vos et al. 2011).

The research design applied in this study is an exploratory case study design. An exploratory study design is about unearthing occurrences in typically less understood environmental settings; and therefore, pursues original perceptions on experiences while producing descriptions of theory (Robson, 2002). It provides a researcher a chance to ask open-ended questions to get elaborate answers from participants, which are fundamental in attaining different insights to the phenomenon (Robson, 2002). This study design is applicable to the study in gaining an insight and discovering men's usage of HIV testing services in Hammanskraal, City of Tshwane. An indication of a similar study has not been undertaken in Stinkwater Township.

3.5 Population, sample and sampling procedures

Research population describe all participants chosen by means of a specific criterion defined for a research enquiry (Alvi, 2016). In this study, the targeted population was men aged 18 years and 49 who are residing in Stinkwater, Hammanskraal, however not all men who are falling in this criterion were interviewed because of time constraints and cost implications. Therefore, a sample selected from the latter population was interviewed. A sample is explained as a set of smaller number of individuals carefully chosen from a population for research purpose (Alvi, 2016). A sample for this study consisted of men aged 18 years and 49 who are residing in Stinkwater, Hammanskraal.

In the context of this research, the inclusion criteria for the key research target population were 10 men aged between 18 and 49 years, who are residing in Hammanskraal. The researcher's decision on age group was about focusing on young and middle-aged adults, who are within the reproductive age. In addition to the inclusion criteria, participants who utilised the services in past 12 months at either a public facility or local NGO's offering HTS services in Hammanskraal were interviewed. Community care givers who are lay counsellors working at Lefika la Botshabelo assisted in identifying, selecting and recruiting participants. The counsellors shared contact details of possible respondents to the student so arrangements for interviews could be made. The counsellors in the organisation gave a brief summary of the intended study also informed all potential male participants that participation is voluntary.

In terms of the exclusion criteria, men who recently moved to Stinkwater during the commencement of the study were not eligible to partake in the study; in addition to those who fit the criteria but may be mentally incapacitated. Participants were recruited from households serviced by a Lefika la Botshabelo which is a non -profit organisation in Hammanskraal, Stinkwater, focusing on vulnerable household receiving psychosocial support because of HIV and AIDS. Even though the recruitment was from households serviced by the organisation participants were asked to participate voluntarily.

Furthermore, the researcher does not work directly with these men; therefore, there were no possibilities for coercive participation. During the contracting phase the researcher gave participants a brief outline of the intended study and obtained consent from participants before any questions could be asked. The researcher should be transparent and share information that they are participating out of free will which affords them freedom to withdraw from participating if there is a need on their part. “There should be no coercion or undue influence of research participants to take part in the research and that they can pull out of the research at any given time” (Economic and Social Research Council, 2020. Para. 1).

A non-probability technique of sampling identified as purposive sampling was applied in the study. Purposive sampling is grounded completely on the decision of the researcher in that a sample is consists of features that comprise the most characteristics, illustrative or usual qualities of the population that work for the aim of the study best (Sharma, 2017). While this sampling technique was selected the researcher also acknowledges its limitations. Sharma (2017) also asserts that purposive samples, regardless of the type of purposive sampling applied, can be extremely at risk of the researcher bias. Researchers apply purposive sampling in order to reach a specific subgroup of individuals, as they are carefully chosen to fit a certain profile (Sharma, 2017). Based on this explanation, the researcher’s sampling technique seemed relevant for the study.

3.6 Research instrument

Research instruments are procedures for attaining data appropriate to a research project (Wilkinson & Birmingham, 2003). The research instrument utilized was the semi-structured interview guide. In this method of interview, the themes and questions are indicated but they can be rephrased in any structure depending on the circumstances. “One of the advantages of the interview guide approach is that the collected information can later be compared and contrasted” (Fraenkel & Wallen, 2003, p. 456 as cited in Zohrabi, 2013). In this method data collection is slightly orderly and informal (Zohrabi, 2013). Using interview guide was flexible enough to allow research respondents to share their opinions and perspectives regarding HIV testing because open-ended questions were asked.

It is essential for research design and instruments selected for gathering data to be assessed for validity and reliability in order to be recognised as good measures (Dikko, 2016). Therefore, a pre -test of the research instrument was conducted and the following process unfolded:

3.7 Selection of interview participants for the pre-test

Pre-testing is a technique of testing that questions address the intention of the study and whether potential participants would understand them (Hilton, 2015). It is important to do a pre-test because it serves as a tool to assess the needed time and possible obstacle that could arise.

The criteria for the selection of participants for the pre-test was similar to the one applied in the main study. Participants selected for the study are males from the age of 18-49 who are from household currently services by a local NPO offering psychosocial services. However, for the pre-test the interview guide was tested on two participants who did not participant in the main study.

During the pre-testing the researcher has an opportunity to enhance, rearticulate and explain questions in the guide (Dikko, 2016). The researcher used the opportunity during the pre-testing to rework the interview schedule as indicated in the latter statement. The pre- test also assisted the researcher to notice questions which should form part of the guide or removed (Dikko, 2016). For example, as the researcher was asking questions, the researcher picked that question two under part B which reads: “What would you say are the biggest barriers to HIV testing for you”? gave similar responses to question 3 which reads: “What do you think would discourage you from getting tested for HIV”? under the same section therefore when the actual interview was conducted with main participants, question two was removed.

3.7.1 *Interview setting*

Jacob and Furgerson (2012) propose a setting that offers the utmost relaxation to the participant. Additionally, the environment must be clear of background sounds so that interruptions are eliminated and recording of data is managed. They also recommend

separate continuous time that is probable for the interview to be conducted. Participants were made aware that interviews will be conducted at the organisational site which is not used for day to day activities. A separate room was allocated for the researcher to utilize for conducting interviews. Although an effort was made to create a setting that does not have distractions, there was background noise coming from the streets because of the location of the structure. The structure is closely erected near the street where you can easily pick up sounds and noise coming from the streets of either municipal trucks and loud music from nearby households. Where we could not proceed because of such noise the researcher paused the recording and waited for a reasonable time to resume with minimal distractions. The interviews were conducted between 30-40 minutes.

3.8 Data collection

Data collection technique used for the study was detailed face to face interviews using semi-structured schedule. Face to face interviews have been the prevailing interview method in a qualitative research (Opdenakker, 2006). One of the benefits of face-to-face interview is that a lot of extra information in addition to the verbal responses is obtained, this being due to social cues which guides the conversation (Opdenakker, 2006). Another advantage is that the method allows the interviewer to clear up questions misunderstood, including further probing for clarifications (Opdenakker, 2006).

The selected technique of data collection is suitable for the research study as it provided the research participant a chance to give a personal description of the topic of interest, and also permitted them to expatiate on their answers, which is impossible using close-ended questions. At the beginning of the interview, the researcher did not go straight to asking questions to prepare the participants to be comfortable in answering questions as open and honest as possible. In order to establish rapport between the interviewer and the interviewee, the researcher explained the purpose of the interview and the reasons why the information is required.

Semi-structured detailed interview was conducted with 10 men from Hammanskraal, Stinkwater. The interview schedule was written in English and questions were asked in English. However, during the interview translations from English to a language best

understood by the participant was done where necessary. Furthermore, a tape recorder was utilized for recording the interviews after getting consent from the participants. The intention for utilizing a tape recorder was to collect enough data for precision of data analysis process. The benefit of this instrument is that it assists the researcher to gather data that may have been omitted during note taking (Smith, Harré &Van Langenhove, 1995).

3.9 Data analysis

The research study employed a thematic analysis during its data analysis phase. "Thematic analysis is an independent qualitative descriptive approach which is mainly described as a method for identifying, analysing and reporting patterns (themes) within data" (Braun & Clarke, 2006, p.79). The researcher followed Braun & Clarke's six steps which can be used to carry out a thematic analysis. Braun & Clarke (2006) prescribes six steps which can be used as guidelines to execute a thematic analysis which are as follows: step one: the researcher familiarize herself/himself with data thus the researcher immersed and vigorously engaged in the data by transcribing the content of the interview followed by reading (and re-reading) the transcripts and/or listening to the recordings. This process was thoroughly done as it involved listening to all recordings and transcribed them precisely. Some of the Setswana responses were translated into English. The researcher had an advantage as she is able to understand and write both languages. The process of listening to the recordings was repeated to ensure accurate capturing of responses. This allowed the researcher to immerse herself with data which assisted with interpretation.

Step two: once familiar with data the researcher identifies preliminary codes which provides a guide to the background of the discussions. Analysis of data was done manually by means of descriptive thematic analysis to have a deeper understanding of data collected.

Step three: the researcher categorizes collected information into similar or repeated themes. After the themes were categorized the third step was coding the themes or identifying captivating characteristics out of the data understood to be appropriate to the identified themes (Terre Blanche, Durrheim, & Painter, 2006). Step four: reviewing themes, here the researcher decides to merge, sift, isolate, or abandon initial themes. Step five: explaining

and labelling themes, the researcher provides theme titles and working descriptions that explains the core of each theme applicable to perceptions and views of men regarding HIV testing services. The researcher further used the Anderson Model domain as part of the theoretical framework to organize data along identified themes. Step six: generating the report, the report generated from the interpreted data will communicate the outcomes of the analysis in a way that persuades the reader of the quality and strength of the analysis. According to Braun and Clarke (2006) the ultimate report should comprise of chosen extracts as examples.

3.10 Trustworthiness of the study

Trustworthiness or accuracy of a study indicates the extent of assurance in data, analysis, and techniques used to guarantee the value of a study (Pilot & Beck, 2014). Lincoln and Cuba (1985, p. 991) "include credibility, applicability, dependability and conformability as key criteria of trustworthiness"

3.10.1 Credibility

Credibility represents the assurance of how sound data and processes of analysis address the envisioned work (Pilot & Beck, 2014). Lincoln and Guba (1985) maintain that attaining credibility is one of the significant aspects in building trustworthiness. In addressing credibility, the researcher ensured that there is repetition questioning: the use of enquiries to draw comprehensive information, whereby the researcher revert to issues formerly raised by a participant and extracts connected information using reworded questions. In both cases, where inconsistencies arise, misrepresentations can be noticed and the researcher may choose to abandon suspicious information (Shenton, 2014).

3.10.2 Transferability

Transferability means the extent to which the results drawn in one study are linked or valuable to theory, practice and future research (Lincoln & Guba 1985). Similarly, Pilot and Beck (2014) defines transferability as the degree to which the results can be transferred to other settings/groups. A full description of all the related aspects affecting the inquiry

was provided, since the results of a qualitative assignment are precise to a small number of certain settings and individuals (Shenton, 2014). In this study a small sample of 10 men makes it impossible to generalize findings to all men in Stinkwater. Therefore, to ensure transferability, the researcher provided a full explanation of the study setting, the respondents, and the methodology that was applied during data collection as well as data analysis and reporting to enable other researchers to apply and assess it in an environment that is similar.

3.10.3 Confirmability

Confirmability is the impartiality or the extent to which results are invariable and could be recurring (Polit & Beck, 2014). The notion of confirmability is the qualitative researcher's discomfort to impartiality (Shenton, 2014). The researcher was not ignorant of potential bias during the research study however the researcher ensured that the study presents original, precise and valid findings that can be connected to the data's original sources by means of precise citations from the research respondents (Botma, Greeff, Mulaudzi & Wright, 2010). Quotations applied in this research report were sourced from verbatim transcripts of gathered information during interviews.

3.10.4 Dependability

Dependability represents the strength of information for a long time and over the circumstances of the study (Polit & Beck, 2014). To ensure dependability, the process within the study is described thorough, allowing other researchers to replication the work. Therefore, the research design may be regarded as a "prototype model" and study results may be applied to direct other related studies in South Africa. To further ensure dependability, the researcher saved records of interview recordings and transcripts in order to allow tracing information to its source.

3.11 Ethical considerations

3.11.1 Ethical approval

Institutional approval to conduct the study was required from the University of the Witwatersrand, Humanities Faculty's Human Research Ethics Committee (HREC) and the School of Human and Community Development. Participants were recruited from a local organization therefore authorization to undertake the research study was requested and granted.

3.11.2 Informed consent

Informed consent is a written contract that clarifies features of the study to participants, requesting their voluntary agreement to partake in the study before it commences (Neuman, 2006). In this study the informed consent form defined the aims and objectives of the study. It further indicated that participation is not mandatory and that the participants may withdraw from the study. The researcher shared participant information sheet (Appendix A) and consent forms (Appendix B) both documents were signed by individual participant.

3.11.3 Voluntary Participation

Rubin and Babbie, (2005, p. 71 as cited in de Vos et al. 2011) states that "participation should at all times be voluntary and no one should be forced to participate in a project". All respondents agreed to partake in the study without any participated in the study without any duress. In the participant information sheet, the researcher stated that participation is out of free will that participants can cease to continue without a reason if they no longer wish to participate.

3.11.4 Confidentiality

De Vos et al. (2011, p. 119) views confidentiality "as a continuation of privacy which refers to agreements between persons that limit others' access to private information". The

principle of the two concepts is about ensuring that individual's rights to keep information private and confidential are protected.

Participants were notified that information shared during the interviews will be kept confidential and that only the researcher and the supervisor will have access to the records. However, while the requirements of confidentiality and anonymity may appear straightforward and sensible, they can be complex (Braun & Clarke, 2013). Confidentiality might conflict with social justice goals, for example in instances where participants disclose that they are harming others, or intend to harm others or themselves, the researcher is obliged to inform relevant authorities (Braun & Clark, 2013). For this study the researcher discussed with participants about the limits of confidentiality.

3.11.5 Anonymity

According to Babbie (1992), the main concern regarding safeguarding participant's security and well-being is the protection of their identity. Researchers are obligated to ensure participant's right to privacy and that information is treated in the most discreet manner. To ensure the latter, the researcher de-identified participants and used numbers to classify respondents when doing the write up. The identifications numbers used were participant1-10.

3.11. 6 The wellbeing of participants

Essential preparations were in place with a practising social worker for counselling in the instance of distraught participants after the interviews. However, none of the participants requested to use such services.

3.12 Chapter summary

This chapter delivered a comprehensive description of methodology used including the rationale for the researcher's choices. A description of research approach and design; population, sample and sampling procedure, research instrument, selection of interview participants for the pre-test, data collection; the data analysis; trustworthiness and ethical considerations were outlined.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF RESULTS

4.1 Introduction

This chapter presents the findings of the study, which were attained from in-depth face-to-face interviews with participants. Descriptive statistics were used to analyse demographic information, while qualitative data were analysed using thematic content analysis in order to analyse and record themes applicable to the research. Themes were organized along Andersen Model domains as part of the theoretical framework. The analysis integrated literature that supports or contrast the findings. Themes are exemplified with exact quotes from respondents.

4.2 Demographic information

Table 4.1 Demographic profile of participants (N=10)

Demographic factors	Sub-category	No.
Age	18-23	0
	24-29	2
	30-35	4
	35-40	2
	41-49	2
Level of education	Basic level	5
	Matric	4
	Post matric	1
Occupation	Professional	0
	Nonprofessional	7
	Unemployed	3

Table 4.1 provides a summary of demographic and socioeconomic features of interview participants which include age, level of education and employment status.

Ten participants were interviewed, and they were all recruited from Stinkwater. Demographic features of participants indicate that majority were in the age range of 30-35. Three out the 10 participants, seven were unemployed. A majority received basic level education, four achieved high school education up to matric and only one participant had a post matric education. The two participants who never utilized HIV testing services were aged 35 and 40 and their educational level was categorized under basis level. The one achieved up to grade 10 and the other up to grade 8. Consistent with the study by Hutchinson and Mahlalela in Eastern Cape, South Africa (2006) older men (35 years or more) were not encouraged to utilize voluntary counselling and testing than younger men. In this study, the two none- tested participants were aged 35 and 40 and less informed about HIV.

4.3 Themes that emerged from the study

On completion of data analysis, themes emerged from this study. Themes that emerged are presented in Table 4.2, with direct quotations from participants supporting the themes.

Table 4.2 Table of themes extracted from the data collected for the study.

Objectives	Themes	Quotations supporting the themes
Knowledge levels regarding HIV	General knowledge on HIV	*"HIV is just a disease, but many people think it's a death sentence which is wrong according to my knowledge because nowadays we have treatment"* *"I understand HIV is a sexually transmitted disease, when you sleep*

		with someone who is positive and when you are not positive and not using a condom".
Knowledge on HIV transmission	Unprotected sexual intercourse Contact through wounds with a person infected with the virus Sharing of sharp objects	*"Basically they get infected via unprotected sex…using the same needle when they inject themselves, people who use nyaope who do not know their status"*
Modes of HIV infection prevention.	Using a condom during sexual intercourse Abstinence	*"Use a condom, abstain, be faithful and not have a partner"* *"I will have protected sex"* *"When I have sex, I condomise "*
Views of men towards HIV testing services	Long queues and delays at the clinic Separation of HIV testing from other services	*"people are afraid to go to the clinics because there are long queues "* *"at the clinic there are long queues and people may be afraid that community members may see them"* *"Other clinics have containers for those people only. You can see that people who are there are there for what…"*

Perceptions of men regarding the utilisation of HIV testing	Preference of Health care practitioners	*"I would prefer a male, because when you get help from a male person it is easy to talk about things like this…"*
Suggested interventions that may improve HIV testing services for men in Stinkwater	Sufficient time for post and pre-counselling	*"If the counsellors would spend more time doing counselling, I think that would help".*
	Need for continuous skills training for HTS service providers	*"I think most of the counsellors should be capacitated more, get more information about HIV/AIDS because somewhere, somehow they are failing us because as I said before when it comes to counselling, you don't just counsel a person and leave a person without understanding the risks associated with HIV/AIDS".*

4.4 Knowledge levels regarding HIV

4.4.1 Men's general knowledge of HIV

Knowledge is interpreted in this study as knowing the facts about HIV, knowing what modes of transmission are, and knowing about modes of prevention. Part 1 of the interview schedule explored the participants' knowledge concerning HIV. Questions were covering

knowledge levels regarding HIV, knowledge concerning transmission of HIV and knowledge concerning prevention of HIV infection.

4.4.2 *Knowledge about HIV and AIDS facts*

On the knowledge about HIV, of the nine out of ten of the study participants had good knowledge, three out of ten had fair knowledge and one out of ten had poor knowledge about HIV and AIDS facts. The results showed that majority of participants had good knowledge in terms of explaining their understanding of HIV adequately. Participants understood HIV to be a chronic disease that is however manageable with the available treatment. Some of their responses are exemplified below:

> "*HIV is a chronic disease; it can infect anyone who is not using protection. You can get it over blood transmission and things like that*…" Participant 5.
> "*HIV is a sexually transmitted disease, when you sleep with someone who is HIV positive and you are not positive, and you are not using a condom you can get infected*". Participant 1.
> "HIV *is just a chronic disease, but many people think it's a death sentence which is wrong according to my knowledge because nowadays we have treatment for HIV*" Participant 3 .

Three participants were able to give a fair understanding however their responses were not clearly articulated but indicative of people who have an idea of what they are explaining. Their responses as illustrated below:

> "*HIV is human immune virus*" Participant 10.
> "*Basically, what I know about HIV is that it is human immune virus*". Participant 2 .

One participant however demonstrated poor knowledge of HIV in that he failed to give a clear understanding. Below is his response:

> "*Well is it a virus and were not sure where the virus come from*". Participant 7.

Responses from the participants on knowledge about HIV and AIDS facts demonstrate that although participants have heard of HIV, they do not possess adequate knowledge. These

results support previous findings (Nqojane, Nel, Tebele, & Vezi, 2012) which suggest that there is dearth of knowledge with regard to HIV and AIDS in South Africa.

4.4.3 Knowledge about HIV transmission

Unprotected sexual intercourse

The findings revealed that all participants knew one or more of the established modes of HIV transmission. Unprotected sexual intercourse was the most stated mode of HIV transmission by the study participants. This theme was captured in the following responses:

> "*Basically, they get infected via unprotected sex …*" Participant 2.

And

> "*Unprotected sex…*" Participant 3.

One participant also commented:

> "*I think people get infected when they sleep with many partners and they do not use a condom*". Participant 7.

Contact through wounds with a person infected with the virus and the sharing of sharp objects with an infected person were respectively mentioned.

Contact through wounds with an infected person

The response of three participants indicated that contact through wounds with an infected person can transmit HIV. This theme was captured in the following responses:

> "*You can get the virus through sexual intercourse, when someone's blood who is HIV positive mix with your blood*". Participant 1.

And

> "*…, maybe also you are bleeding and you have a cut and your blood joins together".* Participant 3.

Sharing of sharp objects with an infected person

Sharing of sharp objects with infected person was one of the least modes of HIV transmission mentioned. This theme was mentioned by one participant and his response is highlighted below:

> "*Basically, they get infected via unprotected sex, ...uhmm using the same needle*" Participant 2.

Knowledge on HIV transmission was mainly higher among all participants who tested for HIV in the past compared to those who never tested. The responses of those who never tested are exemplified below:

> "*If you are having many partners, you can get HIV, when you sleep with all of them and you don't use a condom*". In probing further as to whether it is the only way that the participant knew the answer was "*yes*". Participant 8.

And

> "I *think people get infected when they sleep with many partners and they do not use a condom*". In probing further as to whether it is the only way that the participant knew the answer was "*yes*". Participant 7.

This result ties well with a previous study wherein it was revealed that the majority (96.6%) of participants identified unprotected sexual intercourse as a mode of transmission (Mbelle, Setswe, Sifunda, Mabaso & Maduna, 2014), however, knowledge of other possible modes of HIV transmission was very low.

4.4.4 Knowledge about modes of HIV infection prevention

Using a condom during sexual intercourse

This theme was reflected in the responses of all participants who were interviewed. An illustration of this theme was captured in the following responses:

"*I will use a condom, be faithful and abstain*" Participant 1.

And

"*I use a condom*" Participant 6.

One participant also commented:

"*First of all, I do not have sex when I am drunk or under the influence of substance abuse, I use a condom always (laughter) when I am engaging in sexual activities*". Participant 2.

Regarding HIV transmission prevention, the results revealed that all respondents held a view which suggests that consistent condom use during sexual intercourse could decrease the risk of contracting HIV. An unexpected finding emerged from a response from participant 2 which indicates that simply being knowledgeable about condoms was not enough to change behaviour. From the response, one can assume that condom is not consistently used. Although he indicates that he uses a condom, laughter when mentioning consistency can be interpreted as someone who was not honest in his response.

Furthermore, only three participants mentioned additional modes of prevention which included knowing that the risk of being infected is reduced by abstinence and when partners are faithful.

Abstinence

The responses of two participants indicated that they would prevent HIV infection through abstinence. Two participants responded:

"*I will abstain*" Participant 1.

And

*"By abstaining from unprotected sex"***.** Participant 10.

Being faithful to one's sexual partner

Being faithful to one's sexual partner was highlighted by one participant who said:

"I will be faithful". Participant 1.

According to the South African National HIV survey report, it is essential to resuscitate the health promotion campaign to teach the community about the simple message of "Abstain, Be faithful, Condomise (ABC)" to prepare them with basic knowledge about HIV prevention which was shared prior to the accessibility of ART. (Shisana et al. 2014).

4.5. Enabling factors for HIV testing by men

Knowing one's HIV status

The participants reported encouraging factors connected to HIV testing behaviour, this included carrying out behaviour centred on internal factors such as knowing their status for personal health reasons and well-being and knowing they can get treatment if they are tested HIV positive. One participant however was motivated by an external factor, knowing someone who passed away from HIV-related illness encouraged him to get tested.

> "*Something that happened to me, I was having a partner may years ago, so what pushed me to go for testing was when I saw that person changing, she didn't tell me that she has this disease. She was big-bodied, but she lost weight and told me she has to go through initiation school. She passed away. I then started doubting myself*". Participant 6.

Participants who have accessed HTS commonly concurred that testing for HIV was essential and one participant saw HIV testing as a practice to avoid transmitting the virus on to others and protect loved ones. This was indicated in their response to the question 'what will encourage you to go for HIV testing? This is how they responded:

> "*What will encourage me to do HIV testing is because I wanna know my status and do a partner notification because if you don't know your status you may end up infection other people*…" Participant 2 .
>
> "*To know my status, testing is the way to go".* Participant 4.
>
> *"To know my status so that I can know where I am".* Participant 5.

"To know my status is important''. Participant 9.

"*To know my status of HIV*". Participant 10.

This finding coincides with results from a study that was undertaken in Uganda on voluntary HIV counselling and testing among men by Bwambale, Ssali, Byaruhanga, Kalyango and Karamagi, (2008) where it was found that the forceful inspiration for HIV testing was the longing to know their HIV status. Similar findings were revealed by Conserve et al (2019, p.2) on a study done in Tanzania on approaches for reaching men with HIV testing where it was found "that HIV testing enablers included the need to check one's health" and to know their HIV status. The fact that participants in this study mentioned that they needed to know their HIV status indicates a promising change of behaviour that may assist to encourage men who test positive to initiate treatment and those who test negative to continue to protect themselves and their partners.

Access to Anti- retroviral treatment (ART)

Another motivating factor was access to treatment. Participants were of the view that HIV testing facilitated access to antiretroviral therapy (ART). This was asserted by the following response:

"Just *to know my status, where I am standing because if I don't get tested it may become a problem where I feel sick and I get tested late, maybe it was just an HIV virus not AIDS whereby it can be controllable*". Participant 3.

This result ties well with previous studies by Tariq et al (2018) wherein respondents mentioned that the motivating factor for undertaking an HIV test was the knowledge that they could be initiated on ART if necessary.

4.6 Factors that hinder men to seek HIV testing in Stinkwater

Among external environment characteristics, which are one of Anderson's model domains, concerns associated with stigma and discrimination emerged. The analysed data presents diverse obstacles and challenges contributing to men's willingness to access HIV testing

services. One of the factors stated by participants that hinder men to seek HIV testing were personal barriers such as fear of knowing one's HIV status and being gossiped about.

Additional themes which will be presented is perception of being healthy (lack of symptoms of illness) which is categorized under personal health beliefs.

Fear of knowing one's HIV status

Some participants indicated fear of knowing one's HIV status as one of the reasons which can discourage them to utilize HIV testing services. The idea of testing HIV triggered feelings of anxiety and distress for them. Their distress was linked to ambivalence regarding what the future hold for them after an HIV positive status. Observing the negative conduct of community members and the treatment towards people who tested HIV positive contributed to their fear. Three participants expressed their fears on HIV testing; below are some of the quotes:

> "*I am afraid to go and test again, because when you test then people find out that you are positive, and then they give you funny names like "load shedding" like they say power can go off anytime, like you can die anytime".* Participant 8.

> *"(laughter) what will discourage me is results and provided what I did last. Like let's say I had sex and did not use protection cause its possible not to use protection, it is not always that you will use protection. Because of that there will be hesitation in terms of wanting to test. My fear will be that I will get negative results meaning HIV positive".* Participant 4.

> *"If maybe I have multiple partners that I am having sex with maybe I will be in a stage where I would be scared, I would not even want to know my status".* Participant 2.

When individuals are experiencing anxieties regarding HIV positive results, it may prevent them from undertaking an HIV test, therefore those feeling of anxiety may be the barriers over and above fears of stigma and discrimination. This result ties well with previous

studies wherein fear of stigma or discrimination from the community have were reported as obstacles to HIV testing and may discourage individuals from accessing HIV testing (Bwambale et al., 2008; Kalichman, Simbayi, 2003; Hutchinson & Mahlalela, 2006; DiCarlo et al. 2014).

Lack of peer support – leading to people gossiping about one's HIV status

Respondents in this study expressed their fears about the negative effect that may occur in the event that their HIV status becomes public knowledge. Gossip of that nature usually has negative consequences for both the person being gossiped about and the gossiper which result in most people not having faith in our health practitioners as well as the community members who are supposed to be supporting structures for people who need to access HTS services. One participant mentioned that other people were avoiding local clinics and that they opted to utilize services at a clinic where they are not known by the locals out of the fear of being gossiped about. Below is his response:

> *"At clinics there are long queues and other people may be afraid that community members may see them and talk about them and gossip. Some people will decide to use a different clinic outside our location so that people who know them won't see them".*

Two more participants stated their fear of their results being known to the public and people turning such knowledge into gossip. Below are their responses:

> "*I think maybe if eeh… the station that I am attending to test they reveal all my private information is where I can get discouraged to test for HIV".* Participant 5.
> "*Something that can irritate me is when people out that I am sick then people start talking about my illness… like people looking at me differently …"* Participant 6.

The results lead to similar conclusion where it was found that "in everyday time across communities which were studied, stigma was evident in the presence of gossiping and the relative absence of supportive interpersonal discourse, which fuelled judicious disclosure. This was especially disruptive at testing, counselling and early antiretroviral therapy

adherence stages of care". (Bonnington et al. 2017, p. 1). HIV continues to be surrounded by secrecy and stigma. According to Stadler (2003), rumour and gossip are powerful channels through which people talk about HIV/AIDS. For example, gossip provides and arena in which symptoms and causes of HIV are talked about using local frames of reference.

Perception of being healthy and less at risk

Low self-perceptions of the risk of acquiring HIV infection seem to be the main influence of behaviour to decide to undertake HIV test, particularly for men who never tested. Men who never tested defended their position not to test citing feelings of good health which did not necessitate taking an HIV test. Low perceived risk and feeling healthy was mentioned by two participants and resulted lack of desire to undertake HIV testing. The two participants felt that they were not at risk of contracting HIV. The following quotes support this view:

> "*I would go for HIV test if for example I am very sick, and I do not know what is wrong with me".* Participant 7

And

> "*I only have one partner that I sleep with and she is not sick, and I am also not sick*". Participant 8

The results are in line with findings from a previous study that was done in Rural Burkina Faso by De Allegri (2015) around influences determining the choice to undertake HIV testing among men, where it was found that lower interest to undergo HIV testing was associated with poor knowledge on service accessibility and to low risk perceptions for most of the participants in the study. A similar pattern of results was obtained in a study by Day et al (2003, p.665) on "attitudes to HIV voluntary counselling and testing among mineworkers in South Africa", where absence of physical symptoms or poor health was also regarded as an indication of not being infected. Another dimension of perceived low risk which emerged from the second quotation was that of proxy testing, where a person has adopted the HIV status of a sexual partner and "felt that once their sexual partners

tested for HIV, they did not need to seek VCT because their results would be the same as those of their partners (Bwambale et al (2008, p. 7).

An apparent limitation regarding the finding under this theme is that only two out of the ten respondents had never undertaken an HIV test. There is more information which could have been sourced from more participants who had never tested.

4.7 Perceptions of men regarding the utilisation of HIV testing services

The question on gender preference represents an attempt to explore men's perceptions about utilization of HTS services.

Preference of Health care practitioners (HCP).

Preference of Health care practitioners is categorized under health care systems which is another domain of the theoretical framework.

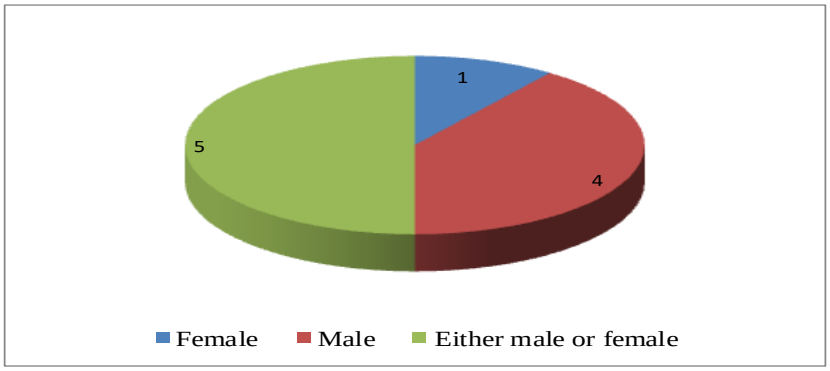


Figure 4.1 Gender preference of health care practitioners

In terms of gender preference, participants were asked about their preferred gender when assisted by health practitioners. A follow up question was to also determine if there was a difference of conduct from either the female or male practitioners regarding HIV testing.

Five of the men interviewed, could not point out any difference of conduct while assisted by either a female or male HCP when they undertook HIV test. The other five indicated that they do not have a problem being assisted by either a male or female as long as the

practitioner is performing their functions in a competent manner. Below is their response:

> "*I do not have a problem as long as they can do a good job, sometimes I was assisted by a female and other times it was a male, they were all friendly to me*". Participant 5
>
> "*Anyone, female or male it does not matter. The person who assisted me was female she interviewed me well…*" Participant 6.
>
> "*Anybody, female or male. I do not mind because the results will not change…*" Participant 1.
>
> "*Both as long as they know their work*" Participant 4.
>
> "I *will consider both I do not have any problem with any gender*" Participant 3.

Four of the ten men reported expressed their preference for a male HCP as they perceived them to understand male sexual lifestyle and other health related topics better than females. One of them asserted that being assisted by a tested by a male practitioner will be better in terms of similar understanding of issues relating to men's sexual lifestyle. He said:

> "I *think a male person will be able to understand better when I have to answer certain questions like the sex history that they normally ask about*".

Only one participant indicated his preference to be assisted by a female practitioner, the following was his response:

> *"I think a female will be better as it is their mother nature to be comforting."*

The finding is in contrast with literature where Kerssens, Bensing and Andela (1997) stated that patient's own gender can be a predictor for gender preference in health care. This study finds that for most men, regardless of age, the gender of the health care provider is not an issue when utilizing HTS services.

4.8 Views of men towards HIV testing services in Stinkwater

Respondents in this study mentioned few health care system factors which either encouraged or discouraged them from HIV testing. Accessibility of HTS was cited as a significant influence in encouraging utilization while long queues and delays at the clinic and separation of HIV testing from other services were cited as deterrent.

Accessibility of HTS

On the question on accessibility of HTS all participants knew that you can either get services from the local clinic or local NGO's. Some of their responses are exemplified below:

> "*Most people know where to go…mmm at the clinic or at the shops, garages where people who are testing put up gazebos*"**.** Participant 1.

And

> *"Yes, I could go to Refentse or nearby clinic"***.** Participant 2.

The results indicate that accessibility of HTS in Stinkwater is not a problem. Accessibility in terms of location as well as proximity to residents was not cited as a problem the opinion is sustained by a response from a respondent who mentioned that the local NGO's sometimes put up gazebos were people could access services. The results indicate that services are brought nearer to community members through mobile, home-based, or community testing initiatives. This community-based approach is in line with what is outlined in the National HTS Policy in terms of ways to reaching harder to reach population. "Community-based HTS includes a number of approaches: Mobile outreach campaigns, events, workplace testing, home-based testing, testing in educational settings and places of worship" (National HIV testing services policy, 2016. p. 9).

Long queues and delays at the clinic

Two respondents who never accessed HTS services associated their delayed HIV testing to long queues and delays at the clinic while waiting for a service. They indicated that when they go to the clinic there are always long queues, so they do not want to be seen in those

queues. One participant mentioned that he would like to be tested in a private space where he does not have to go to the clinic and would not be seen in long queues. The issue of long queues is reflected in the following comments:

> "*If I decide to go for HIV test, I will not go to a clinic. At the clinic you wait for long to be helped. If maybe, I can be tested where lots of people don't see me*". Participant 7
>
> "*I would not want to go to test for HIV at the clinic. I hear that you wait for long in a queue and that is not what I want*". Participant 8

These findings are in accordance with findings reported by Atnafu, Mariam, Wong, Awoke, and Wondimeneh, (2015) which states long waiting time for services as an obstacle to individuals utilizing HTS services. Many clinics in Southern Africa have long waiting times. Long waiting periods have been associated with low patient satisfaction, missed appointments, poor medication adherence, postponements in accessing health services and reduced adherence to HIV treatment (Chimbindi, Bärnighausen and Newell, 2014).

Separation of HIV testing from other services

Further results from this study revealed that separation of HIV testing services from other services in the clinics serves as one of the obstacles in utilizing HIV testing services. From the 10 participants interviewed, two participants indicated that the separation of services may discourage them from accessing HTS. They mentioned that such services in other local clinics are still being performed outside the main clinic structure making it easy for people to see you differently when seen in a queue. The following responses support the latter view:

> "*Other clinics have containers for those people only. You can see that people who are there are there for what*…" Participant 1.
>
> "*What would discourage me is testing officials who cannot maintain confidentiality, and at one of our clinics they are using a container to assist people who come for HIV services, so that can discourage me as I would not want to be labelled before people have all facts*". Participant 10.

This finding indicates that the way HIV testing services are organized in clinics adds to the overwhelming feeling of knowing one's HIV status. The participants reported that being exposed at the clinics sites was partly as a result of the organizational layout which failed to safeguard patient's privacy and exacerbated stigma. Such observations were also documented in other settings. A study conducted by, Bond et al, (2019), reported that, South African participants were more critical of demarcation and quicker to recognize and label discrimination.

4.9 Suggested interventions that may improve HIV testing services for men in Stinkwater

Responses from study participants fits into the Andersen model outcomes domain subsection of consumer satisfaction because a question asking about "improvements participants would like to see when seeking HIV testing" was incorporated in the interview guide.

A need for continuous skills training for HTS service providers

One of the areas that were highlighted by participants was the need for more capacity building for counsellors providing pre-and post-test counselling during HIV testing. This was a focal point for 4 of the 10 participants, and examples of their responses are included below:

> "*I think most of the counsellors should be capacitated more, get more information about HIV/AIDS because somewhere, somehow they are failing us because as I said before when it comes to counselling, you don't just counsel a person and leave a person without understanding the risks associated with HIV/AIDS (.) because it's very important because I need to know everything, how to cope, how to do things right and live healthier*" by participant 3.

> "*In clinics the challenge is more with counselling. I feel like we spend a little bit of time trying to explain to us how to go through this testing part. I feel like it should*

take long because there should be counselling before and after testing, I think they are just passing through, they just wanna test and want you to leave. If they explain further and spend more time, I feel like maybe it's because of people in the queue they wanna move the line". Participant 2

"*Testing officials should at all times be professional, they should not be impatient with us, they need to take time with us and explain and discuss everything".* Participant 10.

The reoccurring focus by participants on the need for more training demonstrates that for the improved management of the epidemic, there is a need to continue enhance the communications of health professionals, especially those that are in primary care and those offering HIV testing services. The latter resonates with findings from a study by Leblanc, Dalmacio and Barroso (2016, p. 301) were they reported that "patient –provider interaction in the form of communication and interpersonal skills also posed a deterrent or motivator for people to screen for HIV infection and the dissemination of tests results".

A need to manage long queues

Participants who mentioned long queues at the clinics mentioned the need to ensure that the queues move fast so that they do not wait long. One participant commented:

"*It will be better if they move fast so that we can get back to what we were doing, sometimes we are going there during lunch time and we need to go back to work*".

While long queues could be a as result of lack of capacity from the clinic, it has negative implications especially for patients who may have been on duty and taking time to attend to their health needs hoping to get back to work to resume their duties.

A need to ensure HIV testing services are provided as a package of primary health care

Participants who mentioned separation of services as a deterrent to HIV testing at the clinics recommended a need to ascertain that HIV testing services are delivered as a package of primary health care. One participant commented:

"I *think if they can drop the names and just name everything health check even when they know they may ask you to think about testing for HIV it will encourage more men to test*". Participant 9.

This response suggests an approach which is already implemented in most public health setting in order to alleviate stigmatization when accessing HTS. Screening and counselling for communicable diseases which includes TB screening, Voluntary Counselling and Testing as well as STI's is offered at clinics as a Primary health care package. According to Odeny at al (2013) methods of incorporating HIV in primary healthcare have demonstrated improved patients' satisfaction with care and finally care seeking behaviors.

4.10 Support services available for men utilising HIV Testing Services in Stinkwater

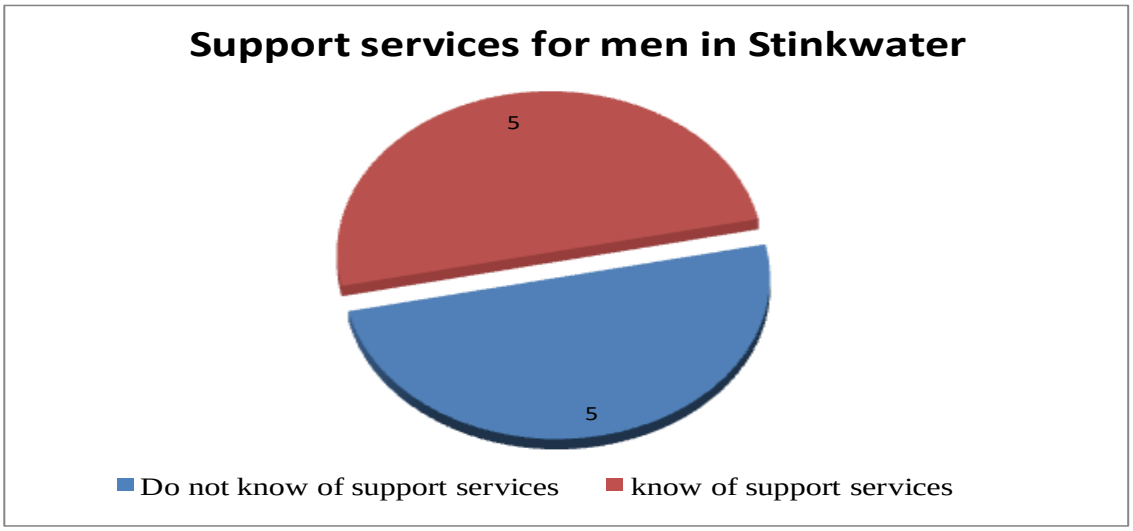


Figure 4.2 Support service available for men in Stinkwater

On support services available for men who need support regardless of their HIV status in Stinkwater, five of the respondents mentioned that they are aware of services in Refentse which is an organization providing HIV testing services in Stinkwater however they mentioned that they offer services regardless of gender. The following are their responses:

"I am not aware of others. I know of Refentse, but all gender receives services at Refentse" Participant 5.

And

"*I know of Refentse because they encourage people to do HIV testing*" Participant 3.

The other 5 men mentioned that they do not know of any support services for men in Stinkwater. An interesting response from one of the 5 men is encapsulated in the following response:

"I *never heard of any support services. The other problem is that we as men are so ignorant, even if there are such services, we tell ourselves that these things are not for us*". Participant 4.

It is worth discussing these interesting facts revealed by the results of the study. A lesson from this finding is that unhealthy constructions of masculinity that drive HIV epidemics are prevalent and will continue to jeopardise the efforts put in flattening the curve of new infections in South Africa. When 50% of the participants indicate their lack of knowledge of support services it could be concluded that enough is not done to market available services or it could be as a result of what was indicted in the above response from one of the participants in which he indicated that men may be aware of services but fail to utilize them because "we tell ourselves that these things are not for us". Male gender norms linked with self-assurance and feeling in command as a way of affirming manhood can prevent men from seeking HIV care and support even at times of vulnerability and ill heath (WHO, 2007).

Availability of counselling services and linkage to care

On support services questions covered availability of services regarding pre and post testing as well as linkage to care and support for men. All the men who tested before reported that they received counselling before they took a test. Their responses are highlighted below:

"*They offer counselling before and after they gave me the results*" Participant 9.

And

"*I received counselling from the guy that was testing me*" Participant 3.

This is an important finding in the understanding of implementation of the South African National HIV testing services policy of 2016 at a local level. Participants mentioned support in terms of pre -test information but what was missing from their responses is the post -test support services which is concerning. According to the National HIV testing services policy, post- test- services means that "all clients regardless of the outcome of the HIV test should be offered and receive post –test counselling based on their result". It is further stated that "all results must be communicated clearly". (National HIV testing services policy, 2016. P. 20).

HTS providers are obligated to guarantee that service users and patients are linked to proper care. HIV testing solely is of inadequate value except if is linked with other services. These services include:

- "treatment, care, support and management of the disease
- sexual and reproductive health (i.e. contraception, PMTCT, cervical cancer screening, anal cancer screening for men and STI screening)
- testing for partners and families: This includes partner notification and index case testing
- HIV prevention, including dissemination and education on the use of condoms and lubricants, and voluntary medical male circumcision (VMMC) other clinical and supportive services". (National HIV testing services policy, 2016. P. 23).

4. 11 Additional comments from participants regarding the study

While this does not address a specific objective in this study, it is important to report on what participants had to say as they were given an opportunity to give additional comments as reflected on the interview schedule. Their responses are consistent with the scope of the study and are reflected below:

Participants were asked if they had additional comments in terms of their own experiences regarding HIV testing services and men in Stinkwater. Two participants who never tested for HIV could not give a response. 8 participants who tested before shared a common view regarding men and utilization of testing services. What emerged from their responses was

that most men are afraid to access HTS. There was an indication of self-diagnosis in that a person when advised to seek HIV testing would respond by saying "he will be told what he already knows". Another element was proxy- testing one participant mentioned:

> "A *friend told me that his partner tested negative so there is no need for him to test. Many of my friends do not want to test*". Participant 3

In their comments some made suggestion, one participant suggested:

> *"We need services for men to teach them about HIV and everything regarding their health… maybe if we can have community dialogues. Mostly if you go to the clinic now you will not find men especially young men like me…*" Participant 4

The comments made by participants are consistent with what has been documented in literature regarding men's reluctance to seek health care. The suggestion to hold dialogues is endorsed in a recently launched social behaviour change programme by the Department of Social Development on Men Championing Change. The programme was launched in 2018. The Men Championing Change Programme "is a social and behaviour change initiative targeting men and boys with the goal to address the social and structural drivers of HIV, Tuberculosis and sexually transmitted infections". (Men Championing Change manual, 2018, p.2). The fact that none of the participants mentioned the programme is quite telling. The programme was launched in 2018 yet it is not known in other parts of Gauteng.

4. 12 Chapter summary

This chapter delivered the presentation and discussion of the findings that emerged from the study along Andersen Model Domains as part of the theoretical framework. Predisposing characteristics such as personal health beliefs which included general knowledge on HIV, HIV transmission and prevention were discussed. Enabling factors which motivated participants to access HTS were discussed. Environmental factors as well as personal health beliefs which deter utilization of HIV testing services were discussed. Views on HTS as well as perceptions regarding HTS utilization were discussed under health care systems. Interventions to improve HTS were discussed. Furthermore, enabling

resources such as support services available to men in Stinkwater were discussed. The next chapter focuses on a summary of main findings, conclusions and recommendations.

CHAPTER FIVE

MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATION

5.1 Introduction

The study explored the perceptions and views of men regarding HIV testing services offered at Hammaskraal's Stinkwater Township in Tshwane District Municipality in Gauteng Province.

5.2 Summary of the main findings

5.2.1 Knowledge about HIV

The results indicated that men who participated in the study indicated having different knowledge levels regarding the HIV pandemic. Three indications were revealed, that is, some had fair, some poor and some participants had good knowledge when it came to the general understanding of HIV. They understood HIV to be a chronic disease that is manageable with the available treatment. Even though their understanding was not adequate they demonstrated a fair description of what HIV is.

5.2.2 Knowledge about HIV transmission

Regarding HIV transmissions it was revealed that participants knew one or more of the established modes of HIV transmission with unprotected sexual intercourse cited the most. Even though men seemed to have good knowledge about HIV transmission, their knowledge was limited to the traditionally known transmission methods and there was no mention of vertical transmission, blood transfusions and breastfeeding. It would be beneficial for continuous community awareness programmes to include all other common modes of transmission. Talks about breastfeeding as a mode of transmission are mostly targeted at mothers but it is equally important to target men because their role as fathers is significant in the upbringing of their children.

5.2.3 Knowledge about modes of HIV infection prevention

The results regarding HIV infection prevention revealed that all respondents opined that individuals could minimise the risk of contracting HIV by continuously using a condom when engaging in sexual intercourse. An interesting finding however is that although all participants mentioned that consistent condom use can reduce HIV infection, it was apparent from one of the responses that knowing what is right and acting on that knowledge was not always the case. It is also worth noting that the historical ABC health promotion campaign message, which was meant to educate the public about Abstain, Be faithful and Condomise should be revived. It is still relevant in fighting the infection rates especially among younger population.

5.2.4 Enabling factors for HIV testing by men

This study highlighted two influences which encouraged participants to test for HIV. The first one highlighted in knowing one's status. Participants mentioned the significance of knowing one's HIV status. A profound response from a participant who had similar feelings about the significance of testing was about knowing one's HIV status not only for their own health but for the health of others. The second encouraging factor cited was availability of Anti- retroviral treatment (ART). This is an encouraging aspect as it gives indication that community members are aware of the availability of ART and this gives hope that those who may have been fearful to test with concerns of not knowing the benefits will begin to learn from others through observation as well as awareness done in communities about the availability of treatment and its benefit.

5.2.5 Factors that hinder men to seek HIV testing in Stinkwater

Findings revealed that participants had fear of stigma and discrimination which deterred them from accessing HIV testing services. Some participants who tested before feared going to re-test citing reasons ranging from fear of knowing one's HIV status and being gossiped about. In current literature, fear of stigma or discrimination have been recognised

as obstacles to HIV testing and contribute to the lesser numbers of men utilising counselling and testing services (Mambanga, Sirwali and Tshitangano 2016).

Perception of being healthy and less at risk came out as one of the barriers for testing and was common for the two participants who never tested for HIV before. This is an interesting result given that the two participants never tested for HIV. The perception of low risk could be due to insufficient knowledge about HIV transmission, fear of testing HIV positive or enacted stigma.

5.2.6 Views of men towards HIV testing services

All participants knew where to go to access HT services even those who never tested before. The results demonstrate two things. First, the results indicate that accessibility of HTS in Stinkwater is not a problem, second, utilization is something to be concerned about. The concerns that were raised by participants were long waiting queues at the clinic as well as separation of HTS from other services at the clinic which is why others mentioned that they would not go to a clinic.

5.2.7 Preference of Health care practitioners (HCP) by men utilising HIV Testing services in Stinkwater.

Participants in this study expressed their preference of health care practitioner to assist with HTS. Five of participants indicated that gender of a health care provider is not an issue. They mentioned that what is important is that the health practitioner is competence in doing their work. Four participants however felt differently and indicated their preference for a male practitioner citing reasons such as a male practitioner being able to understand their issues better. An unexpected finding however was of one participant who preferred a female practitioner. Majority of men's perception of utilization of HTS in this study in relation to preference of a health practitioner demonstrate liberal -minded individuals.

5.2.8 Availability of support services

The study revealed that all participants who tested for HIV received pre-counselling as a form of support, however, what did not come out clearly was linkage to care and support as it is stated in the National HIV Testing Services Policy (2016). HIV testing is insufficient if it is not offered as part of a comprehensive package such as treatment, care, support and management of the disease. On support services available to men, results indicated that half of the respondents had knowledge of support services available to them although they mentioned that they are not specifically targeting men. However, the other half mentioned that they did not have knowledge of such services. Another element highlighted was that even if some may be aware of such services, an element of ignorance regarding utilization persisted**.**

5.3 Conclusions

The results on knowledge of HIV study found that most participants had good knowledge of HIV in terms of facts. However, gaps in knowledge regarding modes of transmission as well as HIV prevention methods are still prevalent.

The study has identified some factors influencing men's uptake of HIV testing and factors which deter men from getting tested for HIV. Personal health beliefs such as need to know one's status and enabling resources such as access to treatment were described motivators for HIV testing. Most of the participants understood the significance of HIV testing, that it is the gateway to access ART and a way to manage the disease based on one's HIV status. As indicated earlier, this finding indicates a favourable change of behaviour that may assist to inspire men who test positive to initiate treatment and those who test negative to continue to protect themselves and their partners.

HIV stigma has been documented as a main hindrance to HIV-related health behaviours from the period the pandemic was discovered. In this study HIV related stigma emerged as primary external environmental issue which influenced utilization of HIV testing services. Fear, stigma and low risk perception continue to hinder optimal utilization of HIV testing among black men. The results of this study reiterate the results of other qualitative studies

with a focus on men in that stigma, anxieties of HIV positive status and low risk perceptions are main reasons for delaying HIV test.
The enablers and barriers revealed in this study are not unique to other settings within the Sub -Saharan region. There is however a need to contextualize intervention methods aimed at increasing men's utilization of HTS in order to sustain enabling factors and to address the barriers.

Improved health care systems and better provision of HIV testing services to men may contribute to increased usage of HTS. Ensuring that long queues are managed, and services are not segregated may promote men's utilization of HTS in Stinkwater.
Regarding support services, it came out clear form the findings that there are support services in Stinkwater however they are not gender tailored. An element of ignorance also came out regarding utilization of available support services.

5.4 Recommendations

Based on the findings from the study, the following recommendations are made:

5.4.1 Recommendations for programmatic interventions and community awareness

- It is recommended that continuous educational campaigns be implemented in order to share information on HIV facts, modes of transmission as well as HIV infection prevention methods. Facilitators of sexuality education programmes and other health related education on HIV/AIDS should ensure that information is cascaded in a manner that is precise which will ultimately contribute to improved knowledge and facts regarding HIV. Updated information in terms of testing options available to men and communities at large should be shared. Testing methods such as HIV self-testing should be communicated to men as an option as there is evidence regarding its efficiency in addressing obstacles to HIV testing (Lippman, 2018).

- Efforts to encourage men should be strengthened to facilitate linkage to medical care, enrol ART, adhere to treatment, and, finally, having HIV suppressed to undetectable levels in the blood.

- Social and behaviour change programmes such as Men Championing Change should be rolled out to all parts of Gauteng, however rolling out of the programme in not enough if it is not properly monitored and financially supported. Implementation of such programmes should be monitored to assess its effectiveness.
- Costing and funding of such programmes should be done to support implementing partners such as the NPO sector as they are in the frontline of implementation within communities.
- Local clinics should reorganize their health service provision by reducing long queues for better access to services and integrating services. Segregation of HTS adds to the already existing challenge of HIV stigma.
- Continuous training for health practitioners on implementation of the National HIV testing Policy is recommended. Some participants were not satisfied with how counselling services were conducted by health practitioners therefore adequate counselling services are necessary to encourage testing among men.
- The struggle against stigma and discrimination should be done at an individual level, community level, as well as institutional level. Individuals should learn to address their own internal stigmas in terms of knowing one's status especially for those who never tested for HIV, community structures advocating for the rights of people living with HIV should not stop efforts to address stigma and discrimination for people who are leaving with HIV and health facilities should ensure that service provision and systems are stigma free.
- A rigorous drive should be prioritized by all relevant stakeholders providing HTS to sustain factors which encourage men to seek HIV testing service and to address barriers which deter men from accessing services.

5.4.2 Recommendations for future research

- This study may be repeated in other areas of Tshwane District Municipality before generalization of the research findings can be applied to the general population of men in Tshwane District Municipality.

- Further studies are needed to identify features that influence men's utilization of HIV testing services offered by public heath care facilities compared to those offered by NGO's.
- The current study should be conducted in a similar context in Tshwane District Municipality, targeting young men who never presented themselves for HIV.

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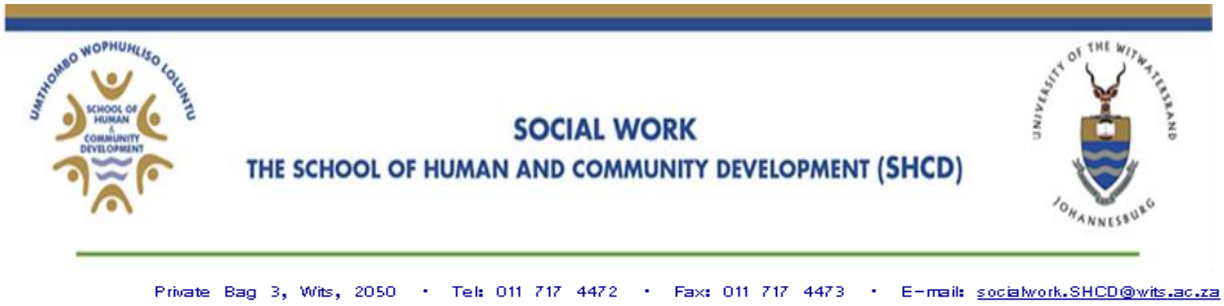
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Appendix A



PARTICIPANT INFORMATION SHEET

Title of the study: Perceptions and views of men regarding HIV testing services: The case of Hammanskraal, Stinkwater in Tshwane District Municipality, Gauteng Province.

Good day

My name is Jeanette Boitumelo Molefe, I am a postgraduate student registered for the degree master's in social development at the University of Witwatersrand. My research project focuses on men's perceptions and experiences of HIV testing services. It is hoped that this proposed study will help in the identification of different factors that either facilitate or hinder men in seeking HIV testing services from available testing facilities in their surroundings. In addition, the proposed study may contribute to the existing body of knowledge looking at the perceptions and experiences of men regarding HIV testing services. Also, the study may help in the development of strategies and guidelines for programmes aimed at addressing the barriers related to men's access to HIV testing services.

As a male resident of Stinkwater, Hammanskraal aged between 18 and 49 you are an ideal participant for this research study. I therefore wish to invite you to take part in this research project. It is up to you to decide whether to take part. If you do decide to take part, you will be able to keep a copy of this information sheet and you should indicate your agreement to the consent form for participation in the study.

If you choose to participate an interview will be arranged at a time and place suitable to you. The interview will last approximately one hour. You can still withdraw at any time. You do not have to give a reason. You may also refuse to answer questions that you feel uncomfortable with answering. I will ask permission to tape record the interview.

All the information that we collect about you during the research will be kept strictly confidential. You will not be able to be identified or identifiable in any reports or publications. Any data collected about you will be stored in a safe protected storage, it will be protected by passwords and other relevant security processes. Data collected may be shared in an anonymised form to allow reuse by the research team and other third parties. These anonymised data will not allow any individuals to be identified or identifiable.

Whilst there are no immediate benefits meaning there will be no payment made for participation in the study. Results of the research may be used for academic purposes (including journals, conference proceedings). You will not be identified in any report or publication. If you wish to be given a summary of the findings it will be done on request.

Should a participant become uncomfortable or distressed during the interview, the following action will be taken by the researcher:

- The researcher will suggest that it is appropriate that the interview be terminated, if the participant wishes to continue, the interview will be completed
- Provision for counselling in the event of participants experiencing distress will be made.
- Participants will be recommended to speak to a professional counsellor to discuss their concerns and support them if appropriate.
- Ms Ramasela Suzan Molokomme a professional social worker will provide counselling services at no costs to participants. She can be contacted at 061 447 3327.

If you have any questions or concerns about the study in the first instance you can contact me on: 012 359 3479 or email: 9806574d@student.wits.ac.za , my supervisor, Doctor Nkosiyazi Dube at: Nkosiyazi.Dube@wits.ac.za. If you have complaint and concerns you can contact the Human Research Ethics Committee (Non-Medical) contact details: Chairperson: Jasper.Knight@wits.ac.za. or the administrator: Ms. Shaun Schoeman, Tel: 011 717 1408. Shaun.Schoeman@wits.ac.za.

Thank you for considering taking part in this research.

Yours Sincerely

Ms. J.B Molefe

Appendix B



CONSENT FORM FOR PARTICIPATION IN THE STUDY

Title of the study

Perceptions and views of men regarding HIV testing services: The case of Hammanskraal, Stinkwater in Tshwane District Municipality, Gauteng Province.

- I hereby consent to participate in the research study. The purpose and procedure of the study have been explained to me.
- I have had the research satisfactorily explained to me in verbal and / or written form by the researcher.
- I understand that the research will involve interview, the conditions under which it will be undertaken, e.g. audiotape and the time involved.
- I understand that I may withdraw from this study at any time without having to give an explanation.
- I understand that all information about me will be treated in strict confidence and that I will not be named in any written work arising from this study.
- I understand that you will be discussing the progress of your research with other team members at the University.

I freely give my consent to participate in this research study and have been given a copy of this form for my own information.

Name of participant: …….

Signature: …….

Date: …….

Appendix C

SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 · Tel: 011 717 4472 · Fax: 011 717 4473 · E-mail: socialwork.SHCD@wits.ac

CONSENT FORM FOR AUDIO –TAPING OF THE INTERVIEW

Title of the study

Perceptions and views of men regarding HIV testing services: The case of Hammanskraal, Stinkwater in Tshwane District Municipality, Gauteng Province.

I hereby consent to the tape-recording of the interview

I understand that:

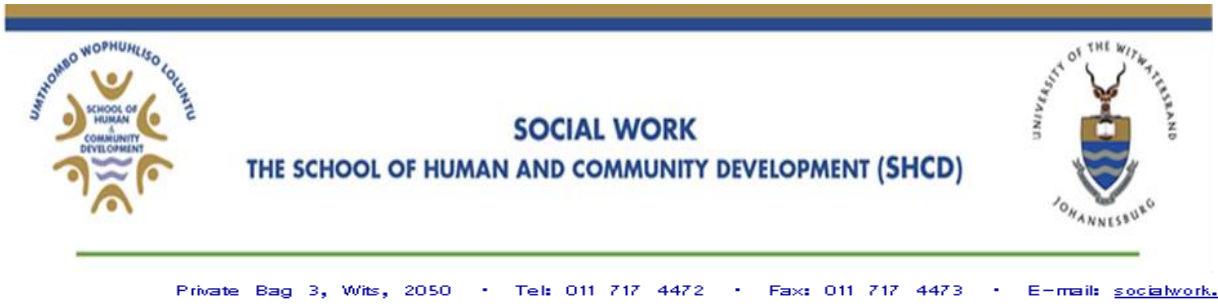
- The recording will be stored in a secured location (a locked –cupboard or password protected computer) with restricted access to the researcher and the research supervisor
- The recording will be transcribed and that any information that could identify me will be removed
- When the data analysis and write up of the research study is complete, the audio-recording of the interview will be kept for two years following any publications or for six years if no publication emanates from the study.
- The transcript with all identifying information linked to me will be stored and may be used for further research
- Direct quotes from my interview without any information that could identify me may be cited in the research report or other write-ups of the research.

Name of participant: …….

Signature: …….

Date: …….

Appendix D



INTERVIEW SCHEDULE

Title of the study

Perceptions and views of men regarding HIV testing services: The case of Hammanskraal, Stinkwater in Tshwane District Municipality, Gauteng Province.

Demographic information:

Age:

Level of education:

Occupation:

Part 1: Knowledge

1. What do you know about HI virus?
2. From what you know, how do people get infected with HI Virus?
3. Tell how you can prevent yourself from being infected with HIV?

Part 2: Enabling factors and perceptions

1. What, in your opinion, would you say will encourage you to go for HIV testing?
2. What would you say are the biggest barriers to HIV testing for you?
3. What do you think would discourage you from getting tested for HIV?
4. In terms of gender of the health practitioner, would you prefer a male or female? Please elaborate on your answer!

Part 3: Views about the service

1. Would you know where to go for HIV test in Stinkwater? If yes, how did you come to know about HIV testing services in Stinkwater?
2. Have you ever tested for HIV? If yes, how often?

3. Where did you go when you tested for HIV? E.g Mobile/NGO/GP/Clinic?

4. How can you describe your encounter with the service?

4.1 Would you recommend the service to others?

5. Who referred you for HIV testing? e.g self-referred, family member, healthcare practitioner, (other)please share

6. Were you assisted by a male or female health practitioner? And do you think that made a difference in your experience?

7. If you would go for a test, which improvements would you like to see?

Part 4: Support services

1. What support services have you had when you went for HIV testing?

2. Are there any support services that you are aware of in Stinkwater for men who have tested for HIV regardless of their results?

3. If you have tested and need support who would you trust with such information?

The interviewer will end by asking the interviewees whether they have anything more they want to add based on their personal experiences regarding HIV testing services and men in Stinkwater.

Appendix E: PERMISSION LETTER

REGISTRATION NUMBER: 068-545-NPO



St Peter's Evangelical Lutheran Church
P O Box 11915
TRAMSHED
0126

295 Skinner Street
CNR Van der Walt Ave/Skinner St

Tel: 012 320 6540 **Mobile:** 082 576 0347
Email: cathy.m@mweb.co.za

A MINISTRY OF THE ST PETER'S EVANGELICAL LUTHERAN CONGREGATION PRETORIA

Dear Members of the Committee:

On behalf of Lefika la Botshabelo OVC centre, I am writing to formally indicate our awareness of the research proposed by Ms. Jeanette Boitumelo Molefe, a student at the University of the Witwatersrand. We are aware that the said student intends to conduct her research by gaining access to our programme beneficiaries, to recruit them as potential participants.

Permission is therefore granted to Ms. Molefe to conduct her research study titled Perceptions and experiences of men regarding HIV testing services: The case of Hammanskraal in Tshwane District Municipality, Gauteng Province.

If you have any questions or concerns, please feel free to contact my office at 0825760347

Sincerely,

Catherine Mokgatle-Makwakwa
Managing Director
Lefika la Botshabelo OVC centre

Appendix F: Ethical Approval

SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

DEPARTMENTAL HUMAN RESEARCH ETHICS COMMITTEE (SOCIAL WORK) CLEARANCE CERTIFICATE

PROTOCOL NUMBER: SW/19/07/03

PROJECT TITLE: Perceptions and experiences of men regarding the HIV testing services: The case of Hammanskraal, Stinkwater in Tshwane District Municipality, Gauteng Province

RESEARCHER/S: J.B. Molefe (9806574d)

SCHOOL/DEPARTMENT: SHCD Social Work

DATE CONSIDERED: 11 May 2019

DECISION OF THE DEPARTMENTAL COMMITTEE: Approved

RATIFIED BY THE WITS HREC (NON-MEDICAL): 16 September 2019

EXPIRY DATE: 16 September 2021

DATE: 29 September 2019 CHAIRPERSON: Dr F. Masson

Cc: Supervisor: Dr. Nkosiyazi Dube

DECLARATION OF RESEARCHER(S)

To be completed in DUPLICATE and ONE COPY returned to the Administrative Assistant, Room 8, Department of Social Work, Umthombo Building Basement.

I/We fully understand the conditions under which I am/we are authorised to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the committee. For Masters and PhD an annual progress report is required.

JB Molefe 07/10/2019

SIGNATURE DATE