

## Abstract

Little is known about the experiences of Congolese men receiving antiretroviral therapy (ART) services in the urban areas of South Africa. Johannesburg is home to many non-citizens who left their home country because of political or human rights reasons and in search of better economic opportunities in South Africa. In South Africa, adult HIV prevalence is highest in urban areas: 9% in formal urban areas and 18% in informal urban (Shisana et al., 2005). South Africa has one of the highest rates of HIV infection and has the largest public sector antiretroviral programme with the health system enrolling a great number of people living with HIV for antiretroviral therapy (Boulle et al., 2008). Non-citizens have the same rights as South African citizens to access free ART services; however, challenges in access antiretroviral treatment for non-citizens have been documented (McCarthy et al., 2009).

This research project explores the following question: What are the treatment experiences of Congolese men who are currently well and receiving ART services at a government and at a non-government clinic in Yeoville Johannesburg? The study involves interviewing six Congolese men receiving antiretroviral therapy services and twelve healthcare providers at a government, the primary healthcare clinic and at a non-government clinic, Nazareth HIV clinic. Understanding the experiences of Congolese men and non-citizens is valuable to contribute to the literature on the role of male health seeking behaviour, access to healthcare, and treatment experiences in Johannesburg inner city. The primary objective of this study is to explore the treatment experiences of Congolese men receiving ART services at a government and at a non-government clinic in Yeoville. The study takes a qualitative approach and collects data in the Yeoville clinic (a government primary healthcare clinic) and in Nazareth House HIV clinic (a non-governmental clinic) in the Yeoville suburb of Johannesburg inner-city.

Findings from this research reveal different treatment experiences with respect to access - opening and closing hours, documentation, services available; other factors - including support networks, secrecy and stigma; and, survivalist livelihoods that affect access dimensions of Congolese men on ART at the two clinics.

Recommendations are made on access dimensions: Extending opening and closing hours of the clinic, giving the training to frontline healthcare providers on the rights of migrants on access to healthcare services including antiretroviral therapy services, and extending number of staff members. On other factors: Providing soup kitchen, shelters and extended campaigns on HIV related services to non-citizen patients on antiretroviral therapy services at the clinic, are ways to solve some challenges face by beneficiaries who access to antiretroviral therapy in both government clinic and non-government clinic in Yeoville, Johannesburg.