A snapshot of men and HIV in South Africa

UNAIDS

The severe impact of HIV on women and girls in sub-Saharan Africa is well known and the AIDS epidemic has a largely female profile. Gender inequalities and harmful gender norms are powerful drivers of the AIDS epidemic and they are major obstacles to ending AIDS.

However, while HIV and other health and social services programmes are in place to support women and girls and address their vulnerabilities, there is a blind spot in the response to HIV globally, including in South Africa: the substantial gaps in HIV service use and coverage for men and boys.

An estimated 2.46 million [2.36 million–2.56 million] adult men (15 and above) are living with HIV in South Africa. Adult men comprise 37% of all adults living with HIV in South Africa.

In 2016, an estimated 104 000 [101 000–110 000] adult men acquired HIV, representing 39.2% of all adult infections in South Africa. There has been a 26% decline in new HIV infections among adult men since 2010. While this decrease was welcome, the incidence rate is still too high: modelling[a] suggests that almost one in every four boys (23%) currently aged 15 will acquire HIV before they reach 60.

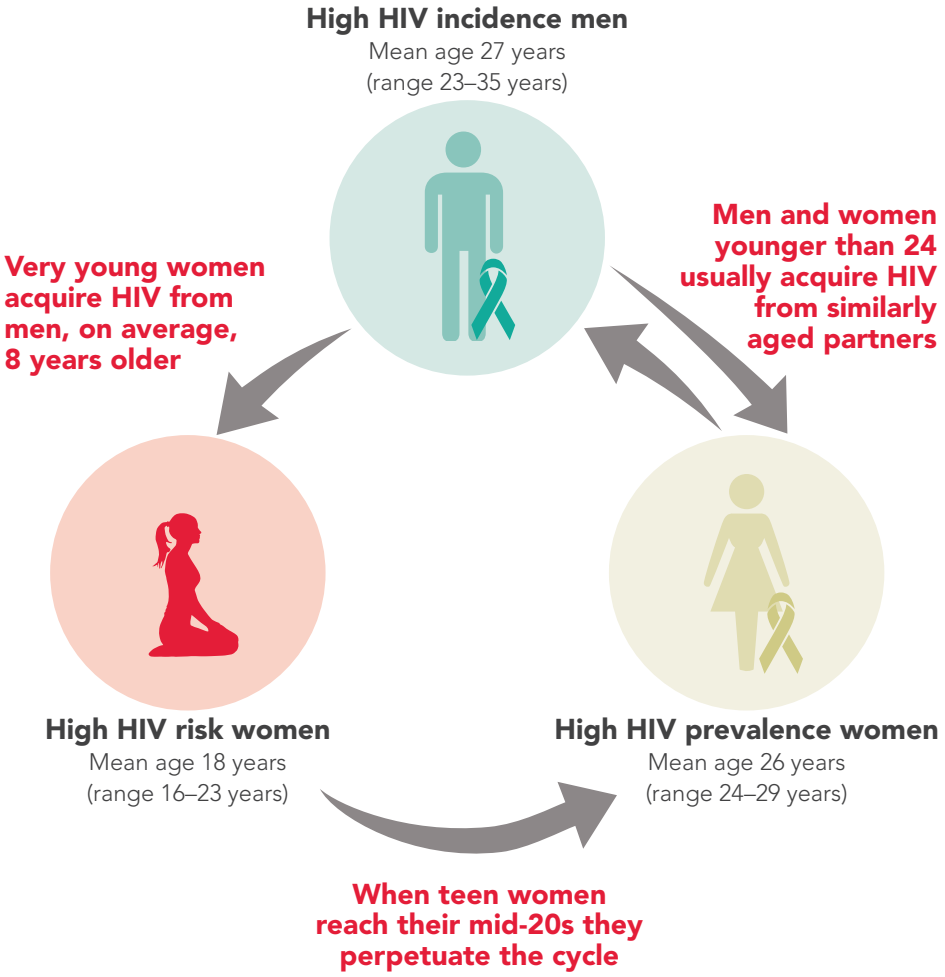
Men's access to health and HIV services

- Men are less likely than women to use health services and tend to be sicker when seeking medical help.[1 2 3 4]
- Men are less likely to take an HIV test (for example in 2016 an estimated 45% of men tested for HIV compared to 59% of women) and this means they are less likely to know whether they are HIV positive. As a result, fewer South African men living with HIV start and remain on HIV treatment, and men are more likely to die of AIDS-related causes, as well as tuberculosis.
- Gender-based violence, multiple sexual partners and the irregular use condoms significantly increase the risks to men's sexual partners of acquiring HIV and other sexually transmitted infections (STIs).
- Younger women in South Africa bear a disproportionately high burden of new infections largely as a result of sexual relationships with older men. As young women mature, HIV infection spreads to their male peers. When those men have sex with younger women, the cycle is repeated.

Facts and figures

- 17% of all South African men aged 15–49 years had two or more sexual partners in the past 12 months—close to four times the percentage of South African women aged 15-49 (4.5%) with multiple sexual partners.[5]
- Only 65% of men with two or more sexual partners used a condom during their last sexual intercourse in the 12 months prior to the 2016 South Africa demographic and health survey.

a. Values and estimates used in this document, including for knowledge of HIV status and ART coverage, are based on the Thembisa 3.2 model. See https://www.thembisa.org/downloads



Source: Dellar, R et al, manuscript in preparation, 2016

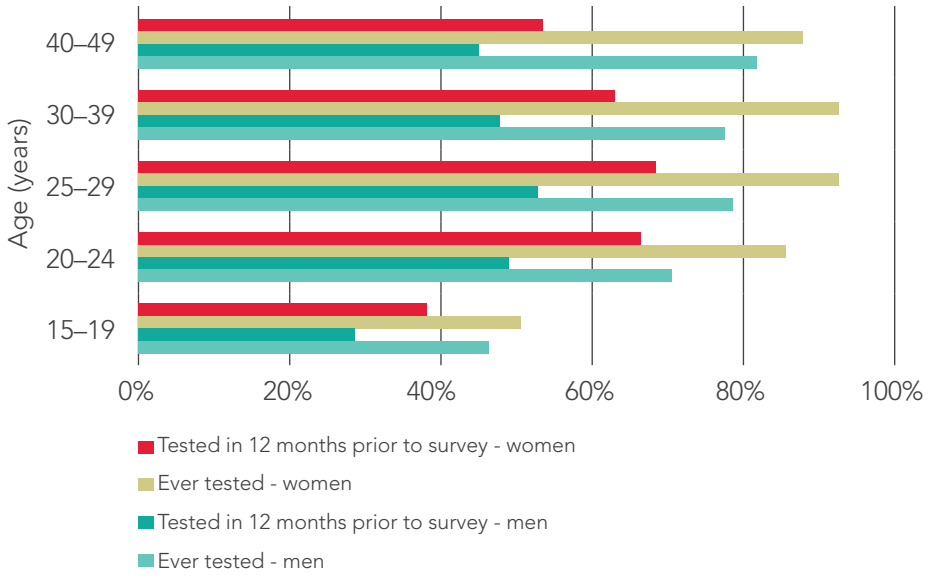
- 26% of men in South Africa aged 20–24 years had two or more sexual partners in the past year, and only 63% used a condom at last intercourse.
- Alcohol abuse is a major factor in risky sexual behaviour among men. More than a quarter (29%) of men aged 15-49 report having five or more alcoholic drinks at least once in the past 30 days and 17% showed signs of problem drinking.[6] The highest level of reported binge drinking was seen among men aged 25–34 (36%).
- Gender-based violence results in higher rates of HIV infection, particularly among young women.[7]
- Adolescent girls and young women (aged 15-24 years) are the group of people most at risk of HIV infection in South Africa. This group acquired 30% of all new HIV infections in 2016 despite being only 12% of the adult population. Violence and economic dependency make adolescent girls and young women particularly vulnerable to the sexual advances of older men.
- South African men, including those at highest risk of infection, test for HIV less than women, across all age groups. At the end of 2016, almost 90% of women living with HIV had been tested and knew their status, compared to only 82% of men, while 65% of women living with HIV were accessing antiretroviral therapy, compared to only 54% of men.

HIV testing and knowledge of the most recent results among men and women in South Africa *(with emphasis on the age groups with the highest rates of HIV incidence)*

	Men			Women		
Age groups	Total surveyed	Proportion ever tested for HIV	Proportion tested in the past 12 months and received the results of the last test	Total surveyed	Proportion ever tested for HIV	Proportion tested in the past 12 months and received the results of the last test
15-19	647	46.5%	28.7%	1427	50.5%	38.4%
20-24	588	70.6%	49.3%	1415	85.8%	66.7%
25-29	506	78.5%	52.8%	1444	92.8%	68.4%
30-39	845	77.8%	48.0%	2406	92.9%	63.2%
40-49	616	82.0%	45.3%	1823	88.0%	54.0%
50-59	416	75.9%	40.9%	0	-	-
15-24	1235	58.0%	38.5%	2842	68.1%	52.5%
15-49	3202	71.1%	44.6%	8515	83.5%	58.5%

Source: South Africa Demographic and Health Survey, 2016

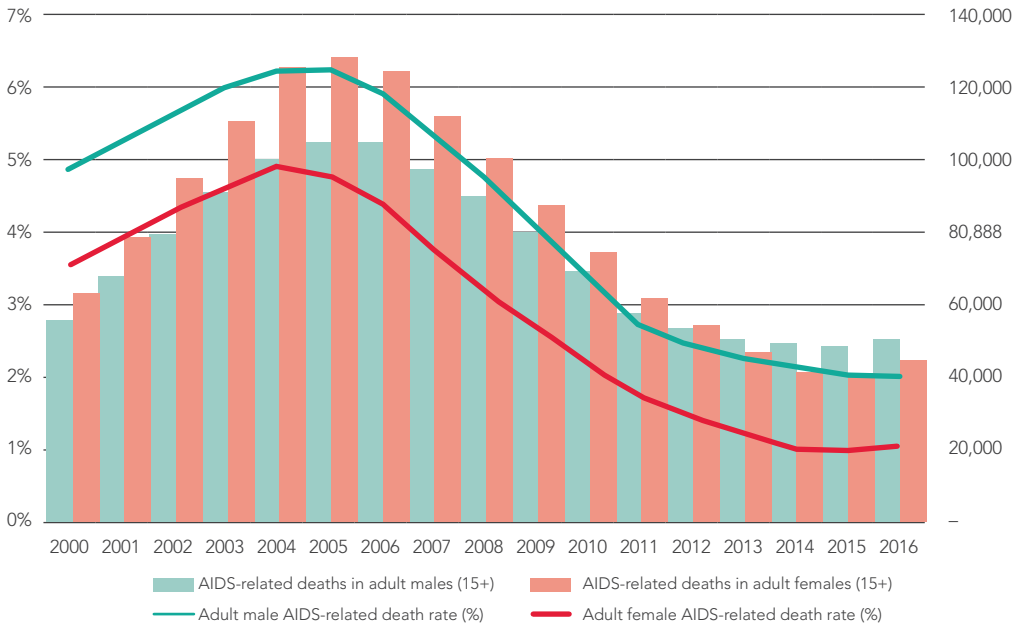
HIV testing among men and women in South Africa, 2016



Source: Thembisa model 3.2, 2016

More adult men than women die of AIDS-related causes, despite there being many more women—1.7 times as many—living with HIV. During the peak in AIDS-related deaths (2003–2006), more than 6% of adult men died of an AIDS-related illness every year. That rate has since declined to around 2% in 2016, but it is still almost double the rate among women.

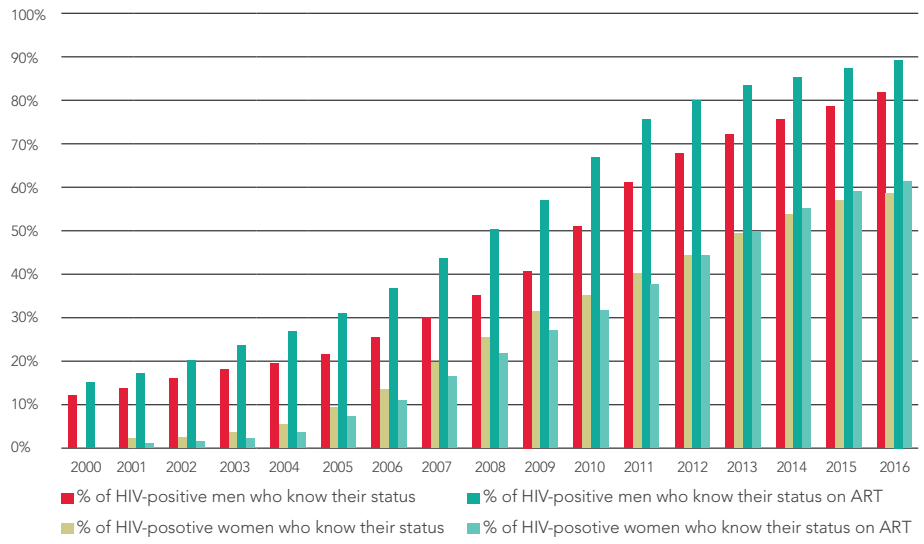
Trends in AIDS-related deaths among men and women in South Africa, 2000-2016



Source: Thembisa model 3.2, 2016

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. The good news from a study in KwaZulu-Natal[8] is that, once on treatment, viral suppression rates are almost the same.

Proportion of men and women knowing their HIV status and accessing antiretroviral therapy, South Africa, 2000–2016



Source: Thembisa model 3.2, 2016

Harmful gender norms put women and girls at risk of HIV infection

Harmful gender norms can limit the access of women and girls to education, stifle their career options, deny them economic autonomy and curb their decision-making power at home and within society.[9] Nearly 30% of women globally experience physical and/or sexual violence at the hands of an intimate partner at least once in their lifetime.[10]

More than half (51%) of women in Gauteng province have suffered gender-based violence in their lifetime, including 19% who experienced sexual violence by their intimate partners.[11] Many men (76%) admitted having perpetrating gender-based violence, with 37% admitting to sexual violence (including 18% against their intimate partners). Sexual homicides (gender-based violence including rape, leading to death) are also a serious concern in South Africa. In 2009 it was estimated that three adult women (18+) and one girl child (0–17) per 100 000 had been murdered through sexual homicide.[12]

Programming for men

- By 2020, at least 400 000 more men need to take regular HIV tests and commence treatment, so that South Africa can achieve its target of providing treatment to 90% of all men and women testing positive.
- Health services for men and boys need to be available and appropriate to their needs. Younger men especially are often mobile and need access to facilities that suit their lifestyles, including being approachable and non-discriminatory, in convenient locations and open during hours that suit working people. Many men need access to clinics that are open outside normal working hours. Innovations such as self-testing and longer-term prescriptions can help meet the varying needs of men and women.

What men can do

- Get regular HIV tests. Too few men take an HIV test. If a man is sexually active, he needs to take an HIV test every year—or more often if engaged in risky sexual behaviour.
- Take up voluntary medical male circumcision for the sake of their own health and that of the wider community.
- Make better use of health services including HIV, STIs and tuberculosis prevention, testing and treatment.
- Start treatment immediately if HIV-positive—and stay on it. HIV treatment is good for the health of men as well as their sexual partners. If men achieve viral load suppression, they are unlikely to pass their infection to a partner.
- Challenge harmful gender norms. Men have the power to challenge the violence and economic power that binds women and puts them at risk. Men need to challenge the notion of masculinity that promotes violence and oppression.

Supporting positive change

- Ensure that health services are sensitive to the needs of men and boys.
- Use social media, mobile apps, text messages and campaigns such as B-Wise to engage young men particularly, and remind them how to protect themselves and why they need healthy behaviour and regular testing and health check-ups.
- Unite communities to support men and boys and also challenge them to demonstrate leadership through their behaviour.
- Mobilize men as leaders at all levels—nationally, provincially and within districts, communities and households. Community and faith-based leaders need to work with educators, regulators, employers, health professionals and the news media, to challenge violence and oppression and encourage men to live healthy, productive lives that support and honour girls and women and other partners.

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