

BEHAVIOR PROFILE: HIV TESTING (MEN)

HEALTH GOAL

Reduce HIV transmission

BEHAVIOR

Men test for HIV and obtain test results

- ✔ Percentage of women who have ever had an HIV test and received their results
- ✔ Percentage of men who have ever had an HIV test and received their results

BEHAVIOR ANALYSIS

STRATEGY

BEHAVIOR AND STEPS

FACTORS

SUPPORTING ACTORS AND ACTIONS

POSSIBLE PROGRAM STRATEGIES

What steps are needed to practice this behavior?

What factors may prevent or support practice of this behavior?

Who must support the practice of this behavior, and what actions must they take?

What strategies will best focus our efforts based on this analysis?

Behavior

Men test for HIV and obtain test results

Steps

1. Decide to get tested for HIV
2. Identify location and times of HIV testing services
3. Mobilize transport, resources, and logistics
4. Get tested
5. Receive test results and counseling

STRUCTURAL

Accessibility: Men do not get tested for HIV due to frequent stock outs of HIV testing kits.

Accessibility: Men do not go to get tested for HIV because services are only offered during work hours.

Service Provider Competencies: Men do not get tested for HIV because they have been treated poorly by providers or have heard others were mistreated during past visit(s).

Service Experience: Men do not get tested for HIV because of long wait times at health facilities and waiting rooms are not welcoming to men.

SOCIAL

Norms: Men do not get tested for HIV because they do not access health services unless they are extremely ill as masculine norms impede health-seeking.

INTERNAL

Attitudes and Beliefs: Men do not access HIV testing because of internal stigma and fear of disclosure, lifestyle change required by HIV+ diagnosis, appearing weak, possible rejection, the unknown, or being judged as promiscuous (especially by female health care providers).

Attitudes and Beliefs: Men do not get tested for HIV because they do not believe they are at risk of contracting HIV.

Attitudes and Beliefs: Men who have tested negative for HIV once do not return for testing because they do not feel at risk.

Attitudes and Beliefs: Men do not get tested for HIV because they use their partners as proxy testers.

INSTITUTIONAL

Managers: Expand and improve services to meet HIV testing needs of men and to encourage men to get tested, including mobile testing services.

Managers: Create opportunities for men to access and feel comfortable at health centers (i.e. separate waiting areas, early or extended hours, no written record attached to a name, male providers).

Logistics Personnel: Ensure adequate forecasting, quantification, and ordering.

Providers: Respectfully counsel sexually active patients at each visit regarding the risk of HIV and importance of regular testing.

COMMUNITY

Community Leaders: Help redefine notions of masculinity related to health through facilitated dialogue in the community to discuss men's responsibility in the HIV epidemic and the importance of testing.

Community Health Workers and Peer Educators: Advocate for, participate in, and support open dialogue to raise HIV awareness, reduce stigma and discrimination towards men living with HIV, and to promote personal and community responsibility for ending HIV transmission.

HOUSEHOLD

Family Members: Encourage men to get tested for HIV.

✔ Strategy requires Communication Support

ENABLING ENVIRONMENT

Partnerships and Networks: Create opportunities for male testing outside the clinic (i.e. employer-based testing, broad health days, community fairs, mobile testing, self-testing, etc.) at hours that are suitable for men. ✔

SYSTEMS, PRODUCTS AND SERVICES

Supply Chain: Strengthen systems to move products to clients or service delivery points

Quality Improvement: Provide pre- and in-service training, supportive supervision, and other inputs required to ensure quality and client-friendly services (counseling, confidentiality, respectful treatment, proper testing, etc.). ✔

Quality Improvement: Ensure clinics are accessible and welcoming for men (i.e. create extended hours, adults-only waiting areas, appointments rather than first-come-first-serve, male providers, no stock-outs). ✔

DEMAND AND USE

Advocacy: Create safe spaces for open dialogue among men to implement, adapt, and expand use of successful approaches for raising awareness, reducing stigma, and promoting testing.

Collective Engagement: Leverage and identify key influencers of men or peers to promote dialogue, healthy competition, and other opportunities to change norm around men accessing yearly HIV testing and health care in general.