Comparing Client and Provider Preferences for HIV Prevention in South Africa

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Background & Significance
- Estimated HIV prevalence among South African men who have sex with men (MSM) between 10 and 50%, more than twice that of other reproductive age men
- South African MSM experience unique barriers to accessing HIV prevention services, including heterosexual focus of HIV prevention efforts and providers stigmatizing views and lack of understanding regarding MSM
- MSM included for the first time as a target demographic in the South Africa’s 2007-2011 National Strategic Plan for HIV
- Emerging approach to HIV prevention is the development of “combination prevention packages” that conglomorate multiple prevention measures into a single intervention and are designed uniquely for the needs, risks, and preferences of a specific population

Purpose
Examination and comparison of perceptions of the HIV prevention needs of South African MSM by both MSM and HIV service providers in order to determine manners of optimizing HIV prevention interventions for this population.

Theoretical Framework
According to the conceptual framework of patient-centeredness, a conglomorate of factors come together to create a health environment that is optimal for the patient.

Methods
- Part of a larger qualitative study assessing health care access and sexual behaviors among MSM in South Africa
- Recruitment
  - Existing lists of MSM interested in research participation and snowball sampling through initial contacts
  - Local HIV service organizations contacted and staff invited to participate
  - Eleven focus group discussions:
    - Five focus groups with MSM, three in Cape and two in Port Elizabeth
    - Six focus groups with HIV service providers, three in Cape Town and three in Port Elizabeth
  - Participants asked about experience utilizing (MSM) or administering (providers) each service
  - Participants asked to select the three most desirable and important clinic characteristics and prevention services, respectively, for MSM

Client Preferences for HIV Prevention Services
- Consistencies and discrepancies were found between MSM and HIV service providers as well as across cities in understanding of HIV prevention needs of MSM
- General understanding across all groups that specific prevention efforts must be tailored to South African MSM
- Discrepancies in understanding of which clinic characteristics and prevention services are important, as well as the reasons why each is important
  - Depending on provider perspectives considered
  - Information necessary to strengthen relationships between MSM clients and service providers is available through this study
  - Importance of tailoring interventions to both target populations and locales is highlighted

Data Analysis
- Votes for each clinic characteristic and prevention service tallied at each focus group
- Independent coding of focus group transcripts by three coders, followed by consensus revisions and development of indicative codebook
- Codes applied to text, examining reasons for desired clinic characteristics and combined prevention package items

Results
Analysis of transcripts revealed six themes that underlay the clients’ and providers’ selections: Community Stigma, Healthcare Stigma, Patient Adherence, Personal/Partner Preference, Availability of Care, and Perceived Effectiveness.

Community Stigma
Clients: Confidentiality of Visit, One-stop Shop, Short Wait Time, MSM-specific Testing Space, and Friendly Staff
- “people, so many times, cross borders where they go to from one area to another just not to be seen and to be known.” (Provider, Cape Town)

Healthcare Stigma
Clients: Confidentiality of Visit, Friendly Staff, Same Doctor at Each Visit, MSM-specific Questions from Provider, and SMS Health Advice
- “I wouldn’t encourage uh uh promoting men and men sexual projects...it’s not a thing that I would enjoy doing it honestly speaking.” (Provider, Cape Town)

Patient Adherence
Clients: Condoms and CHTC; reason against selecting PrEP/PEP
- “...couples testing encourages bonding between the couple, [even] besides knowing the status of your partner.” (Provider, Port Elizabeth)

Personal/Partner Preference
Clients: Condoms, PrEP/PEP, Lubricant, and VCT
- Providers: no mention of this theme

Availability of Care
Clients: PrEP/PEP, Short Wait Time, and Same Doctor at Each Visit
- “...staying in a clinic from let’s say 7 o’clock to 4 o’clock, it’s not a friendly approach to patient care.” (Provider, Cape Town).

Perceived Effectiveness
Clients: Condoms and Lubricant (as primary protection), and PrEP/PEP, VCT, CHTC, and HIV Education (as secondary protection)
- “...there are less risks of getting HIV when you use tube.” (Patient, Port Elizabeth)

Provider Preferences for Clinic Characteristics
- Confidentiality of Visit
- Same Doctor at Each Visit
- Friendly Staff

Provider Preferences for HIV Prevention Services
- Condoms
- PrEP/PEP
- Lubricant

Conclusions
Study findings provide groundwork for the development of a combination prevention package tailored to the needs and preferences of South African MSM. Information is also presented that provides a basis for creating a parallel intervention targeting providers, working to bridge the divergence between them and their MSM clients.

Future HIV prevention efforts may benefit by utilizing this knowledge to gauge the preferences of other sub-Saharan MSM and implementing optimally accessible and relevant HIV prevention interventions for South African MSM in these areas.