

Barriers and facilitators of male engagement in Community Client-Led Antiretroviral therapy Delivery groups (CCLADS) for HIV care and treatment in Southwestern Uganda

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Introduction

- ART improves the quality of PLWHIV by lowering the viral load, improving the individual's immunity¹
- Achieved through better ART access and adherence¹
- Male engagement in HIV programs is a persistent challenge that results in poor utilization of HIV care services by men²

¹Mutabazi-Mwesigire *et al*, 2015; ²Mantell *et al.*, 2019

Introduction

- In 2016, WHO endorsed the DSDM program (i.e. CCLADs) to optimize male engagement in HIV care^{2,3}
 - Formed voluntarily
 - People from same community/interests
 - Consists 4-12 people
 - One member picks ART for the rest at a time

²Mantell *et al.*, 2019; ³Grimsrud *et al.*, 2016

Introduction

- In Uganda, 6% of PLWHIV are in CCLADS, majority being women⁴
- Reasons include; Stigma, information gap, masculinity²
- In Southwestern Uganda, CCLADS were adopted 1 year ago
- Few MLWHIV are involved in CCLADS
- We aimed to explore barriers and facilitators to male engagement in Community Client-Led Antiretroviral therapy Delivery groups (CCLADS) for HIV care and treatment in Southwestern Uganda

⁴Kiggundu *et al*, 2019; ²Mantell *et al.*, 2019

Methodology

- Study design
 - Exploratory descriptive qualitative design
- Study site
 - Kabwohe HC IV
 - Shuuku HC IV
- Study population
 - MLWHIV registered and receiving ART at two ART Clinics
 - Met the CCLADs criteria
- Data collection tools and methods
 - Semi-structured interview guides
 - KIIs (ART Clinic in-charges, counselors)
 - IDIs (recruited HIV positive men – In and out of CCLADs)
- Data analysis
 - Thematic analysis used
- Ethical consideration
 - MUST-REC 28/11–20
 - Voluntary written informed consent

Results

- We conducted 16 interviews, i.e.
 - 7 IDIs and 9 KIIs
- **IDIs** – 7 MLWHIV, both enrolled and not enrolled
 - 5 in CCLADs and 2 out of CCLADs
 - Age range: 35 to 51 years
- **KIIs** - 2 peer leaders, 4 females in CCLADs, 1 counsellor, 1 clinic in charge and 1 nurse
 - Age range: 30 to 60 years

Theme	Components	Quote
Motivations	<ul style="list-style-type: none">– Reduced transport costs– Reduced waiting hours at the hospital– Reduced stigma– Encouragement by other men– Poor attitude by health workers	<p><i>“...so it helps you in always remembering to take your medicine, your fellow members will always remind you to swallow your medicine” - P3-IDI-04/2021</i></p>
Challenges	<ul style="list-style-type: none">– Number of people in the same area– Lack of trustworthiness– Drug abuse– Fear for stigma– Funds to facilitate the CCLADs	<p><i>“We don’t know ourselves in the village.....some instead go to further health facilities, so such people don’t join these associations” P7-IDI-14/2021</i></p>
Facilitators	<ul style="list-style-type: none">– Incentives– Income-generating activities– Voluntary formation	<p><i>“The biggest thing would be that, if you can help us with funds so that, even if we don’t give the person receiving medicine money, your funds are available for transport for him to use, that would be very helpful” P3-IDI-04/2021”</i></p>

Barriers

- Information gap
- Fear of HIV disclosure
- Secrecy and community perceptions

“.....hmmm as for me, I have never heard about these groups.... actually they will help us a lot! “P4-IDI-04/2021

Proposed strategies for best implementation

- Closing the information gap
- Snowballing to find eligible members

*“When they bring seminars, they should also conduct them on the health center one so that even men who have not yet come here at this health center IV can also go for checkups and also receive their HIV medicine which will make them join these groups...”
P6-IDI-04/2021”*

Discussion

- Information about CCLADs is frequently shared, knowledge of how CCLADS operate was the major barrier to male enrollment → men are poor health seekers⁶
- A major key facilitator for MLWHIV enrollment was voluntary formation of these groups → flexibility in formation of these groups⁷
- Provision of funds for income generating projects → highly valued⁸

⁶Mills *et al*, 2012; ⁷Miantell *et al*, 2019; ⁸Pellecchia *et al*, 2017

Conclusion

- Active CCLADs with males may solve the gender disparities in ART access
- Addressing the barriers to male enrollment → improved satisfaction, enhancing outcomes
- Financial literacy support for money generating activities for men → increase enrollment and retention in HIV care

Recommendations

- Improving social and emotional support to optimize the enrollment of men into CCLADs
- Incorporating other activities into the CCLAD running structure
- A multi-site study to explore the impact of CCLADs on male engagement, retention and adherence to ART

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Thank you