

“Emotional stress is more detrimental than the virus itself”:
A qualitative study to understand HIV testing and pre-exposure prophylaxis
(PrEP) use among internal migrant men in South Africa

Maria Francesca Nardell, Caroline Govathson-Mandimika, Salomé Garnier, Ashley Watts, Dolapo Babalola, Nkosinathi Ngcobo, Lawrence Long, Mark N. Lurie, Jacqui Miot, Sophie Pascoe*, Ingrid T. Katz*

Background



- Internal migrants, a key population for HIV prevention (Nardell et al, *BMC Public Health* 2024)
 - Higher risk of acquiring HIV (Dobra et al, *AIDS* 2017)
 - Less likely to **test** or know about or use **PrEP** (Kranzer et al, *PLoS One* 2011)
 - Less likely to engage with healthcare services (Ginsburg et al, *BMC Public Health* 2021)
- South Africa, a focal point for labour migration and HIV challenges
 - Among the **highest rates of internal migration** on the continent, primarily men seeking labor in urban centers (Bell et al, *Popul Dev Rev* 2015).
- Limited understanding of the **psychosocial factors** affecting HIV testing and PrEP uptake for internal migrant men in South Africa

Objectives



Explore **psychosocial** and **structural factors** that influence HIV testing and prevention uptake among internal migrants



Inform possible **intervention strategies** to help address these barriers



Support South Africa's national goal of **eliminating HIV as a public health threat** with “nobody left behind”

Methods



In-depth qualitative interviews with **30 internal migrant men** (born outside Gauteng Province)



Recruited from a factories site and homeless shelter in Johannesburg (Gauteng Province)



Open-ended questions about experiences and challenges with HIV testing and/or PrEP (in isiZulu, isiXhosa, English, seSotho)



Mixed deductive inductive content analytic approach used to analyze the data, using the Theory of Triadic Influence

Results

Table 1. Socio-demographic characteristics of 30 participants

	Median	Range
Age	30	19–45
	Number	Percentage
Site of recruitment		
Factories	15	50.0
Shelter	15	50.0
South African province of birth		
Limpopo	9	30.0
Kwazulu-Natal	5	16.7
Eastern Cape	4	13.3
Mpumalanga	4	13.3
Western Cape	2	6.7
Free State	2	6.7
North West	0	0
Northern Cape	0	0
No response	4	13.3
Primary language		
Zulu	14	46.7
Sisotho	10	33.3
Xhosa	4	13.3
Setswana	4	13.3
Sepedi	4	13.3

Reason for coming to Johannesburg

Looking for work	14	46.7
Unspecified opportunity	7	23.3
Family reason	2	6.7
Problems in home of origin	2	6.7
No response	5	16.7

Time in Johannesburg

<6 months	7	23.3
6 months–3 years	6	20.0
>3 years	10	33.3
No response	7	23.3

Employment

Regular employment	3	10.0
No regular employment	23	76.7
No response	4	13.3

Travel since being in Johannesburg

Travel to see family for holidays	6	20.0
Unspecified travel to see family	9	30.0
No reported travel	10	33.3
No response	11	36.7

Partner

Yes	9	30.0
No	20	66.7
No response	1	3.3

Children

Yes	15	50.0
No	13	43.3
No response	2	6.7

Self-reported HIV status

Negative or unknown	29	96.7
Positive	1	3.3

Individual barriers

*“Naturally men have that weight over them that is really heavy from **problems and life situations**. [...] Knowing that I have to test is going to put on more weight on me. I feel it will be adding to the problems to go and test. It is going to **give me depression** to find out that I am HIV positive.”*

- Coping with life stressors

- Migrant men come to Johannesburg to find work, but the daily stress due to unreliable income and time constraints limit their availability to seek health services.

*“People are scared to test. They will rather **live in fear not knowing** than to **find out they are about to die**.”*

- Fears of testing HIV positive

- Lack of awareness/knowledge about PrEP

- Though many express interest in the medication after learning about it

- Seek healthcare for symptoms, not prevention

- While all participants reported testing for HIV at least once in their life, most tested only when required by a healthcare provider

Social barriers

- Social gender norms
 - Clinics perceived as serving women's needs
 - Gendered responsibility for testing and prevention
- Social alcohol use
 - Men “are most vulnerable” when they drink because it distracts them from taking pills
 - Drinking increases their HIV risk (condomless sex)
- Anticipated stigma from the community
 - Testing for HIV and testing positive
 - Pill-taking and PrEP
 - Travel and migration

*“Women do not have such problems because the clinics are created for them. [...] **Maybe going to a men's clinic would be better.** It is quite a challenge to be seen by women going to the clinic.”*

*“I think we worry that when we go to test, we will meet other people we know there, and **we are concerned about what they would think.**”*

*“People will **mistake PrEP for ARV.** They might even gossip about you saying you are using ARVs.”*

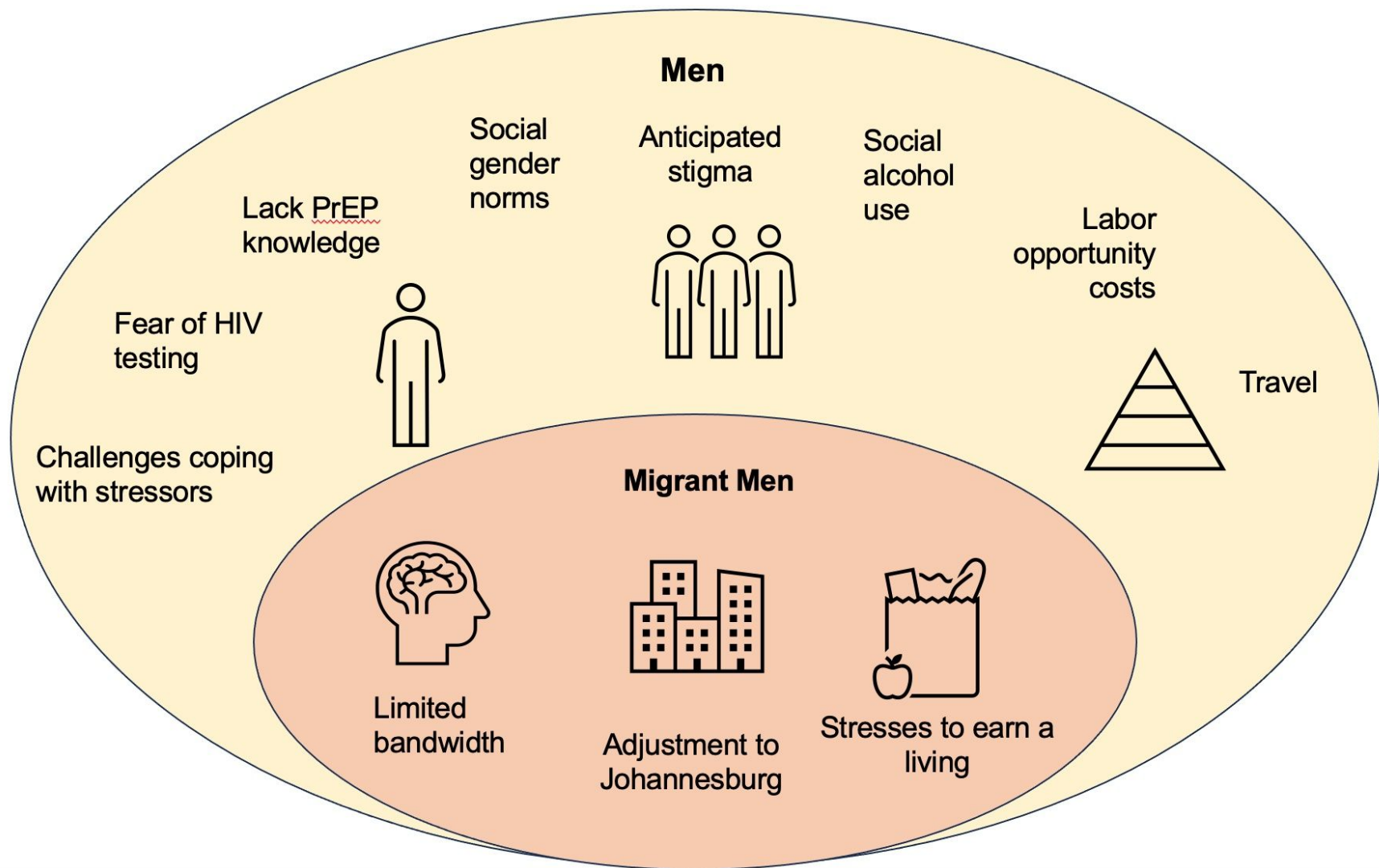
Structural barriers

*“I have to spend the entire day on the street by the robot waiting for an opportunity for piece-work. If I go for testing I **might miss that opportunity.**”*

- Employment opportunity costs
 - Finding and maintaining work as biggest priority
 - Lack of time to wait in line to test for HIV
 - Fear of losing job or missing potential work opportunity
- Travelling for work
 - Overnight travel for piece jobs might pose a challenge for taking a daily pill
- Adjustment to Johannesburg
 - Concerns about fast pace of the city and safety
 - Lack of social network
 - Low familiarity with location of HIV and health services

*“Because I am **always on the go.** Even with the piece-jobs sometimes I don't sleep at home. I am concerned that I **might miss a pill.**”*

*“I am still new in Johannesburg. It is a busy city. It is full of criminals. **You cannot even ask people for directions to the clinic.** Sometimes health facilities are located downtown where we cannot go because it is **dangerous.**”*



Opportunities

*“I would be comfortable accessing PrEP even outside the clinic, **in pharmacies and shops**. That will make it even more accessible to people.”*

- Differentiated service delivery
 - Accessing HIV services in pharmacies, pop-up tents and shops
- Better anonymity in Johannesburg
- Increased availability of PrEP information
- Social support and HIV conversations
 - Homeless shelter, religious organizations, bars, and sporting activities
- Masculinity and positive coping skills
 - Responsibility towards family and/or partner

*“Yes, I am comfortable [testing for HIV in Johannesburg]. There are **no chances of meeting somebody I know**.”*

*“At the shelter there is tons of us. [...] There is six of us in a room. They are **my new family**.”*

Practical Implications

- **Livelihood support interventions:** need for interventions for men that address both livelihood stressors and coping skills (ex. MenStar Coalition; Hatcher et al, *Transcult Psychiatry* 2020)
- **Migration as an opportunity:** newcomers to Johannesburg may be more receptive to HIV messaging and services
 - Less constrained by prior social obligations, increased anonymity
 - Freer to adopt new social norms and behaviours
- **Community-based service delivery and peer navigation:** to help strengthen men's engagement with HIV testing, prevention, and care
 - HIV testing and HIV treatment via home and mobile van delivery
 - Access to PrEP outside clinics (e.g. in **community pharmacies**, pop-up tents and shops)

Next steps

1. Expanding population to international and internal migrants
2. Expanding HIV services to include status-neutral care for migrants
3. Assessing the use of community pharmacies to distribute PrEP among migrants

Funding

- American People and the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID) under the terms of Cooperative Agreement 72067419CA00004 (Health Economics and Epidemiology Research Office)
- National Institute of Allergy and Infectious Diseases under grant number T32 AI007433 (MFN)
- Harvard University Center for AIDS Research (CFAR) NIH/NIAID fund under grant number 5P30AI060354-18 (MFN)
- National Institute of Mental Health of the National Institutes of Health under grant number K01MH11992 (LL)

Questions? Comments?