

Becoming men: *biosocial lives of adolescent boys and young men living with perinatally-acquired HIV in the Eastern Cape, South Africa*



Global Men and HIV technical Working group
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BACKGROUND: MASCULINITIES & HIV IN SOUTH AFRICA



- Women and girls are disproportionately acquire HIV for biological and social reasons (Shishana, 2017)
- Men:
 - Lower testing rates (Johnson, et al. 2013)
 - Seek treatment less and at a later stage (N. Nattrass 2008)
 - More likely to be lost to follow-up / die on ART than women (Johnson, et al. 2013; Cornell 2010)
- HIV: seen as a barrier to intimate relationships, children and breadwinning (Mfecane 2008; Wyrod 2011)
- Hegemonic norms of masculinit(ies) (Connell, 1995; Morrell 2012): illness = weakness, weakness = emasculation
- Supply-side barriers (Dovel 2015)

BACKGROUND: HIV AND ADOLESCENCE IN AFRICA

AIDS-related illness is the leading cause of death amongst adolescents in Eastern and Southern Africa (ESA) – AIDS-related illness

20-60% non-adherence to ART (poor adherence can lead to illness and death) (Hudelson 2015)

Tripling of AIDS-related deaths amongst adolescents in ESA since the year 2000-2015, then levelling out – while decreasing in all other groups

BACKGROUND: ABYM AND HIV IN AFRICA

Adolescent boys and young men (ABYM) in Africa experience troubling low rates of HIV diagnosis, linkages to care, and treatment adherence (Enane et al., 2018; Lamb et al., 2014; UNICEF, 2015; Wood et al., 2015);

As adolescent boys become older they may face poorer adherence than their younger, and female counterparts (Brittain et al., 2017; Denison et al., 2018);

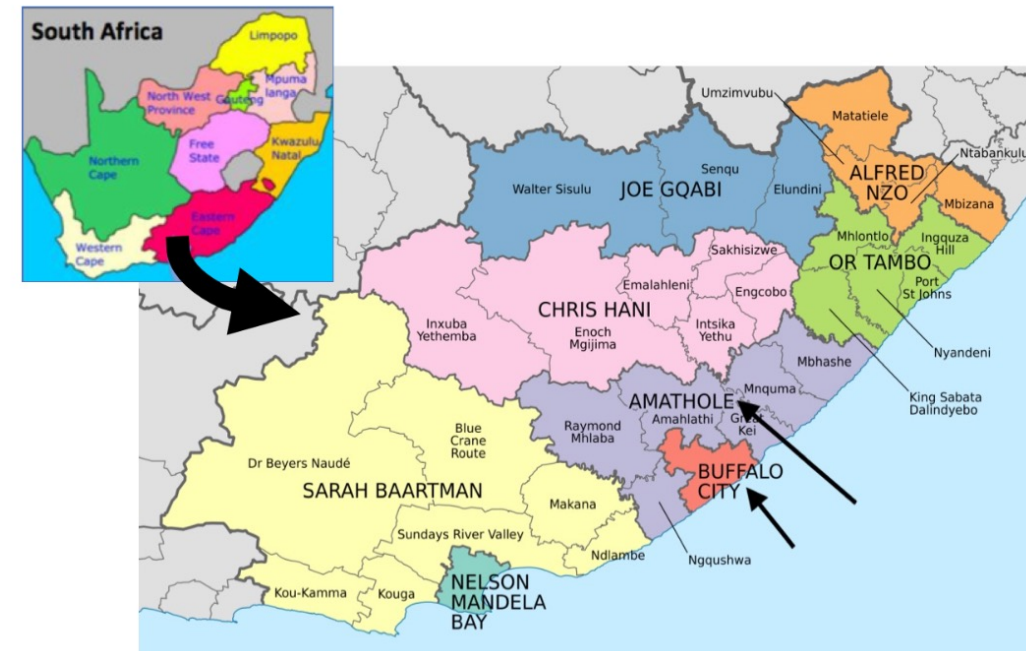
The evidence of successful efforts to get ABYM to test, link and maintain them on treatment is also insufficient except for school-based interventions and voluntary medical male circumcision (VMMC) (UNAIDS, 2021);

Relative absence of programming globally, call for better support for older boys and adolescent boys in order to end the HIV epidemic (The Lancet Child Adolescent Health, 2023).

MZANTSI WAKHO: A MIXED-METHODS STUDY

- Qualitative ethnography (PI: Hodes, University of Cape Town)
- Quantitative longitudinal panel study (Cluver, Oxford)
- Largest sample of ALHIV worldwide (n=1,059) + community controls (n=467)
- Age 10-19 at baseline

2014-2019



Methods

Adolescent boys and young men living with HIV (ages 13-22) (perinatal HIV acquisition):

- Life history narratives (n=36)

- Semi-structured interviews (n=32)

- Pre & post initiation interviews (n=6)

- Clinic file data extraction (n=41)

Traditional and biomedical practitioners (n=14):

- Semi-structured interviews

- Observations



RESEARCH AIMS

- What are the health beliefs and practices of adolescent boys and young men living with HIV?
- How are these practices formed, interrupted and sustained over the life course?
- Explore and document the biosocial lives of adolescent boys and young men growing up with HIV in the Eastern Cape of South Africa



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**Blood and Blood: Anti-retroviral Therapy,
Masculinity, and Redemption among Adolescent
Boys in the Eastern Cape Province of South
Africa**



Social Situation (Circle all abnormal and plan response)

Mother Health: Died in 2006 Knowledge of Status: N/A
 if knows status, Knowledge of own CD4: Y/N Plan for personal health care: Y/N
 Disclosure and support: Y/N

Father: Health: Died Knowledge of Status: N/A
 if knows status, Knowledge of CD4: Y/N Plan for personal health care: Y/N
 Disclosure and support: Y/N

Caretaker (Other) Who: _____ Health: Well

Knowledge of immediate caretaker of HIV infection – is it adequate: Y/N if n try and obtain counselling for caretaker
 ARV care – is it adequate: Y/N if n try and obtain counselling for caretaker

Knowledge of child: Sufficient maturity to understand: Y/N if y try involve in discussion with caretaker
 If y is child involved in discussion: Y/N if n try involve in discussion with caretaker

Financial Status of Family: Caring mother Gets Old Pension Grant
 Family coherence / support / disclosure: Good

Summary: (Circle all abnormal and plan response)

Assessment:

1 HIV Infection: Definite? _____ (PCR if necessary)
 2 Immunity Status: CD4% 5.52 CD4Count 29
 3 WHO Classification: STAGES
 4 TB: not treated TREATED _____
 Other Diseases Conditions: Exposed / or treated or on treatment: ITB - TREATED

6 Immunization: Up to date: No Need to REACTH CARD
 7 Nutrition: Classification: STUNTED
 8 Social Circumstances: YES
 9 Prophylactic Care: Will they allow adherence: is knowledge adequate: YES
 Is the child on Vitamins, Farnous Salts, Cotrimoxazole and Folate: Are all Opportunistic infections, conditions treated.

all have been addressed as best as possible in the circumstances bring this summary to the RV clinic to plan admission to the clinic at the earliest opportunity to avoid deterioration, range all necessary support without delay (social welfare, social worker, dietician, nurse, counselor, medical care etc.) in parallel with this process as identified.

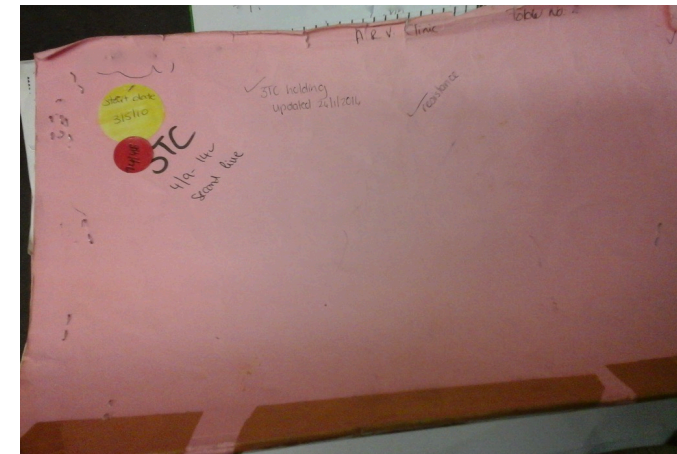
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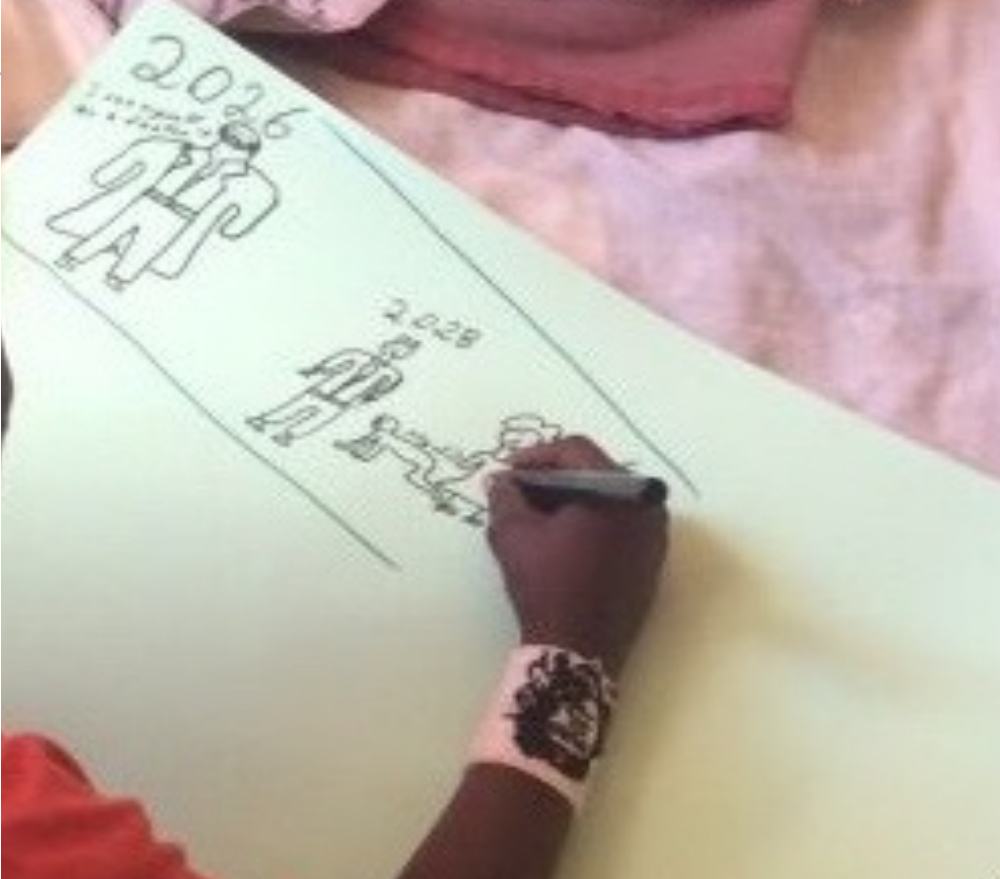
Interviewer: Let's talk about your life events, let's start with an important one and the one that you remember it well...

Participant: Firstly it was the death of my mother, it was like being dumped by your precious thing...

Not knowing my father at this certain age it affects me...

(*Khwezi, 20)





Interviewer: How do you want to be part of your child's life?

Participant: I want them to stay with me so that whenever they need something, I can give it to them. I don't want them to be like me, because look at me I grow up in a shack. That's hard.

(Ndoda, 18)

*TRADITIONAL AND
BIOMEDICAL
HEALTH BELIEFS
AND PRACTICES
(MEDICAL
PLURALISM)*



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**Traditional and biomedical health practices
of adolescent boys and young men living with
perinatally-acquired HIV in the Eastern Cape
Province of South Africa**

Lesley Gittings, Christopher Colvin & Rebecca Hodes

To cite this article: Lesley Gittings, Christopher Colvin & Rebecca Hodes (2023) Traditional and biomedical health practices of adolescent boys and young men living with perinatally-acquired HIV in the Eastern Cape Province of South Africa, *Global Public Health*, 18:1, 2205917, DOI: 10.1080/17441692.2023.2205917

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GROWING UP LIVING WITH HIV

- Conflicted relationships with ART;
- Desire to be 'normal';
- Embodied experiences of efficacy of ART

Nkweza: I took them properly while I was 11 years but when I got to 17 I didn't take them ... 'yoh!!! Hayi [no] each and every day I have to swallow pills? ... '

Interviewer: Do you ever think of quitting them?

Nkweza: Yes I do ... [but] I may die....

Interviewer: How often do you take them?

Nkweza: ... occasionally ... When I don't take them I'm alright but when I take them I become restless.

Interviewer: What do you mean when you say you are alright ... ?

Nkweza: You become normal, just like any other person. (Nkweza, 18 years)

I saw that my friends are laughing at me when I am taking my treatment and I thought mxm voetsek (ugh, get lost/fuck off) I must stop taking them for a while. So that's how I ended being sick ... that's how I went to the hospital.
(Ngamla, 21 years)

I hate them sometimes but when I don't take them I become weak. Then I take them again ...
(Mr Shade, 17 years)

MASCULINITY, AGE AND BIOMEDICAL HEALTH PRACTICES

- As participants became older, disengagement from biomedical treatment and care became increasingly pronounced;
- Adolescent participants and HCWs (interviews and clinic files) suggested that ABYM have difficulty with biomedical health-seeking, describing them ‘stubborn’, ‘not serious’, ‘not-accepting of HIV-positive status’ and refusing to show sickness or pain.
- HCWs spoke about their observation that adolescent boys and young men access care only when problems become too pronounced to avoid:

“They only come when they are very sick ... They’ve been taught to endure ... When they seek help ... they can’t endure it anymore.”

(Sister Nceba, HCW)

MASCULINITY, AGE AND TRADITIONAL HEALTH PRACTICES (MEDICAL PLURALISM)



- Most participants had visited a traditional healer at least once - *protection, cleansing, luck*
- Traditional medicines use: bathing, steaming, cutting, wearing (few accounts of ingestion)

'Men may be accessing alternative health care, including traditional health practitioners, rather than HIV testing and biomedical treatment.'

(Nattrass 2005a/b; Beck 2004, Mills, de Paoli and Grønningsæter 2009)

Traditional and biomedical health beliefs and practices (Medical Pluralism)



Strong knowledge: HIV transmission and treatment literacy; most participants did not believe traditional health practitioners can cure or treat HIV



Despite strong biomedical HIV acquisition and treatment beliefs, understandings of the origins and underlying causes of HIV were varied incl. related to violation of ancestral wishes, witchcraft or divine will.

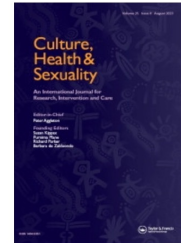


Participants did not access traditional products and services for HIV: deviates from much of the literature: / *use them (traditional products and services) for dirty spirits, not for things like sicknesses.*” (Akhona, 19 years)



Key takeaway: Health practice mediated not only by gender and culture, but also childhood experiences of growing up deeply embedded in the biomedical health system

*HEALTH
FACILITIES,
STIGMA AND
INSTITUTIONAL
DISCRIMINATION*



Culture, Health & Sexuality

An International Journal for Research, Intervention and Care



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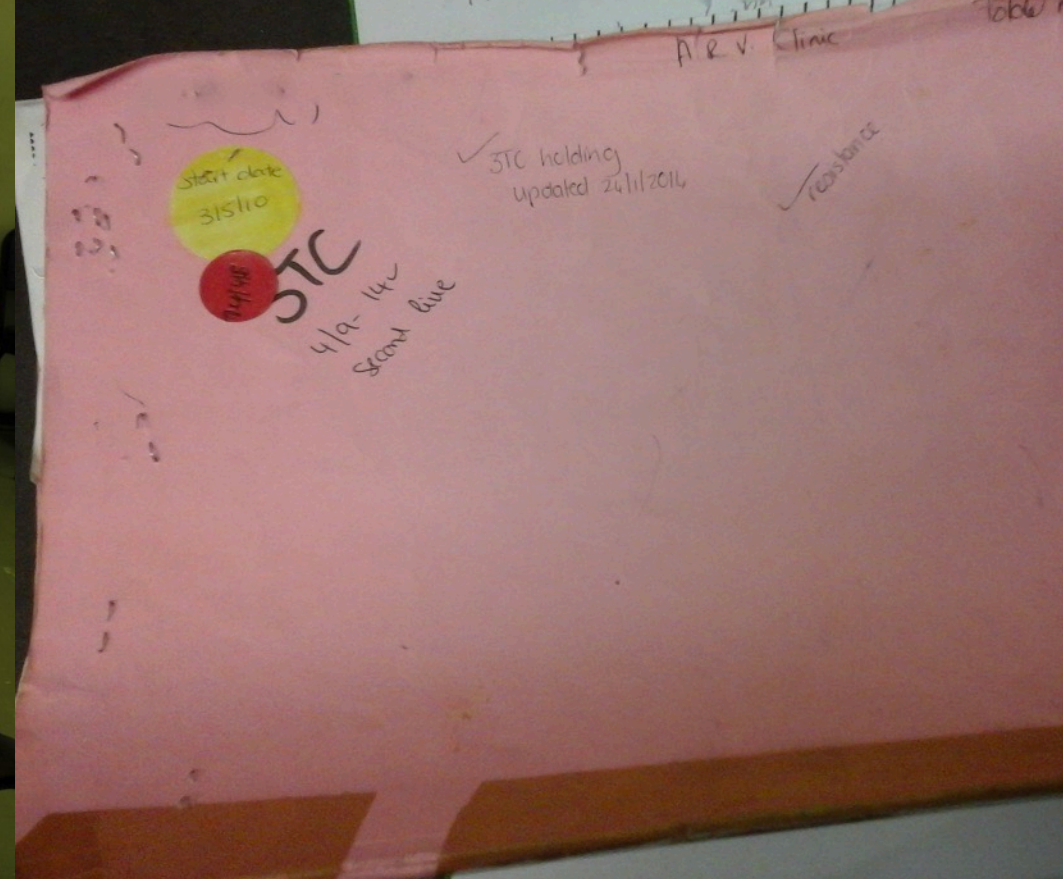
'Remember there is that thing called confidentiality': experiences of institutional discrimination in the health system among adolescent boys and young men living with HIV in the Eastern Cape province of South Africa

Lesley Gittings, Rebecca Hodes, Phakamani Kom, Sinebhongo Mbula & Marija Pantelic

Health facilities, stigma and institutional discrimination



Image source: <https://www.bloomberg.com/news/articles/2017-07-27/>



“It is the eyes of the people. It seems like they are talking about me...”

People are curious – why are you sitting on that bench?... in our community, people are tested (for HIV) by eyes.”

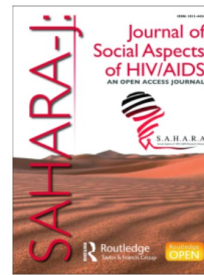
*“At the clinic people that are living with HIV, it’s like they are making a joke out of them. What I mean is being given those folders you see? ... What I don’t like is those folders. “
(Svij, 25)*

Gittings et al. (2023). ‘Remember that there is that thing called confidentiality’: Experiences of institutional discrimination in the health system among adolescent boys and young men living with HIV in the Eastern Cape province of South Africa. *Journal of Culture, Health and Sexuality*.

HEALTH FACILITIES, STIGMA AND INSTITUTIONAL DISCRIMINATION: KEY TAKEAWAYS

- Participants started to experience well-documented deterrents to biomedical care faced by adult men living with HIV including stigma, fears of confidentiality, scolding HCWs and gossip;
- Confidentiality in health facility layout and practices matter;
- Shouting health workers is as a strong deterrent to retention in HIV care
- Potential supports (?):
 - Accompaniment of adolescent boys and young men to facilities
 - Male-friendly times, spaces and providers

NO ONE-SIZE FITS ALL: THE IMPORTANCE OF CONTEXT



SAHARA-J: Journal of Social Aspects of HIV/AIDS
An Open Access Journal

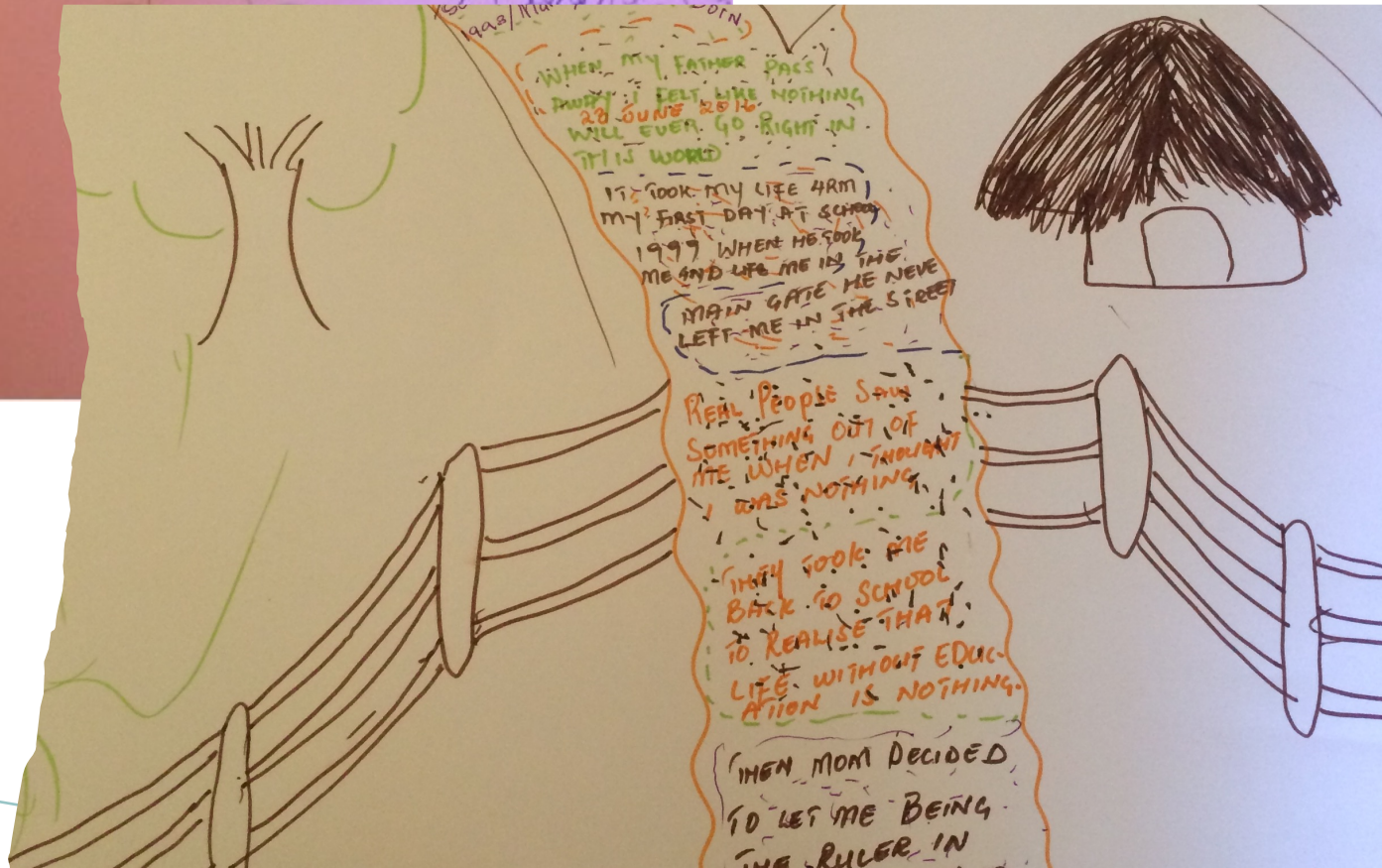
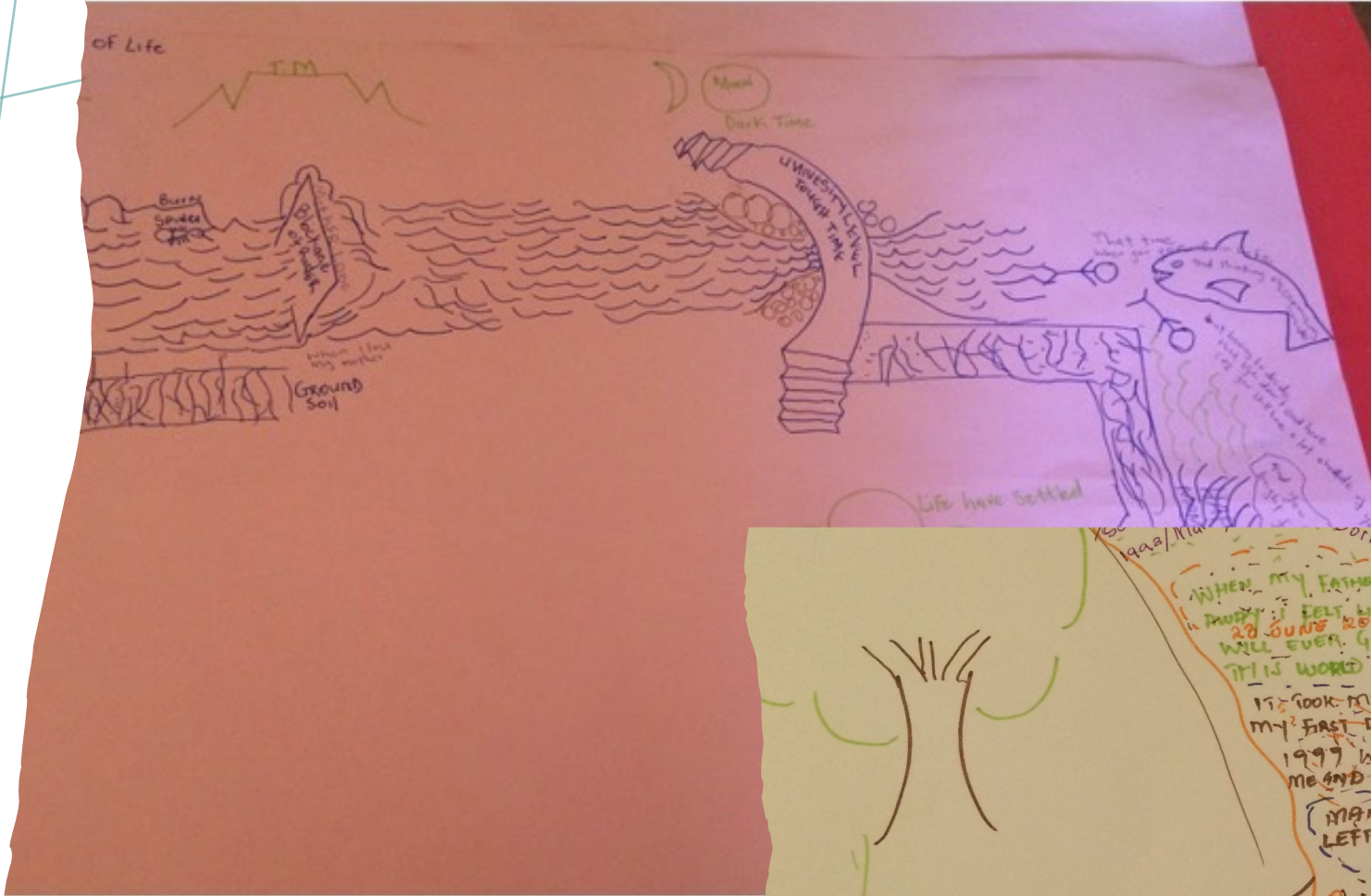


ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/rsah20>

'If you are found taking medicine, you will be called names and considered less of a man': young men's engagement with HIV treatment and care during ulwaluko (traditional initiation and circumcision) in the Eastern Cape Province of South Africa

L. Gittings, R. Hodes, C. Colvin, S. Mbula & P. Kom

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'you know, if you are found taking medicine, you will be called names and considered less of a man'.

(Khwezi*, 18 year old male living with HIV)



ULWALUKO (TRADITIONAL INITIATION/ CIRCUMCISION) AND MASCULINITY

- Traditional initiation/circumcision a powerful organizing factor / 'touchstone' in amaXhosa masculinity (Mfecane, 2016 / Mager 1998)
- Constructs of masculinity hold a strong distinction between boys ('inkwenkwe') and 'men' ('indoda')
- Imperative to not take biomedicine (1 month initiation, 3 months following)



ARV PAEDIATRIC CLINIC - FOLLOW UP

*23 Problem list:				
Name:	Folder Number:			
Date:	4/12/2012	19/01/2013	26/02/13	12/4/13
Mother's Health/CD4				
Brought by (relative)	Cousin	Aunt	Aunt	Aunt
Compliance/vomiting				
Month of ARV Rx				
Weight (kg)	25kg	27kg	27kg	28 kg
Height (cm)				129 cm
Surface Area (m ²)				
Symptoms	He is chronic defaulter.	No main (onephor (Graby at work))	Nil	Nil
Signs				
Thrush	-			
Pallor	-			well and happy
Rash / dermatitis	-			
Supp. Orlis	-			
Resp Rate/Recess	21			
Adenopathy/Cubbec	-			
RUQ tenderness	-			
Hepari/Jaun/ice	-			
Spleen	-			
C.O.H / Milestones				Op. 7
Nutritional state / Other				
CXR				
CD4 % / Absolute	2387 / 505			X22 / 314
Viral Load				
Hb / MCV / RDW				
WCC / Plt				
GGT / AST / ALT				
Alb / Total Prot.				
Cholesterol/Triglyc				
Medic		% Used	% Used	% Used
ARV1	3TC	3TC 300 Nucle	300mg Nucle	300
ARV2				
ARV3				
Cotrimoxazole				
Multivitamin				
Folate				
Ferrus				
Mycosatin				
Immunizations				
Adherence Counsel				
Family Situation				
Support Person				
Dietician				
Social Worker/Grant				
Pharmacist				
ASSESSMENT				
PLAN:				
OTHER				

Handwritten notes on the form include: "NAD", "Op. 7", "3TC 300 Nucle", "300mg Nucle", "300", "Defaulted - went to bush for initiation (December 12, 2012)", "Dietician", "TCA 2/12", "TCA 1/12", "TCA 1/12", "True group for", "Counseling", "Book by", "Teenage", "Dr. Mkhay", "37", "TCA 2/12", "Dietician", "wanted about nutrition".

I was so stressed... on one side I was focusing on the treatment, and on the other side I was focusing on my initiation school... (Akhona, 22 years)



'They say amaKrwala should not go to the clinic...'



ARV PAEDIATRIC CLINIC - FOLLOW UP

23 Problem list:				
Name:	Date:		Folder Number:	
Mother & Health/CD4	4/12/2012	29/01/2013	26/02/13	12/4/13
Brought by (relative)	Cousion	Aunt	Aunt (Abongob)	Aunt
Compliance/vomiting				
Month of ARV Rx				
Weight (kg)	25kg	27kg	27kg	28 kg
Height (cm)				129 cm
Surface Area (m ²)				
Symptoms	He is chronic defaulter.	No main (onegiber (Gaby at work))	Nil	Nil
Signs				
Thrush	=			
Pallor	=			
Rash / dermatitis	=			
Supp Otitis	-1-			
Resp Rate/Recess	01-			
Adenopathy/clubbed	-1-			
RUQ tenderness	=			
HepariJaundice	-1-			
Spleen	=			
C O H / Milestones				Gr 7
Nutritional state / Other				
CXR				
CD4 % / Absolute	2389 / 505			X22 / 314
Viral Load				
Hb / MCV / PDW	/ /	/ /	/ /	/ /
WCC / Plt	/ /	/ /	/ /	/ /
YGT / AST / ALT	/ /	/ /	/ /	/ /
Aib / Total Prot.	/ /	/ /	/ /	/ /
Cholesterol/Tgpc	/ /	/ /	/ /	/ /
Medic		% Used	% Used	% Used
ARV1	312	312 300 Nucle	300mg Tenobe	300 Nucle
ARV2				300
ARV3				
Cotrimoxazole				
Multivitamin				
Folate				
Ferrous				
Mycostatin				
Immunizations				
Adherence Counsel				
Family Situation				
Support Person				
Dietitian				
Social Worker/Grant				
Pharmacist				
ASSESSMENT				
PLAN				
OTHER				

Handwritten notes on the right side of the form:

- Well and happy
- Gr 7
- 37
- TCA 2/12
- Stw Diabetic worried about nutrition
- TCA 1/2
- True query for Diabetic
- Boo/fy
- Teenager Du/duky

Ulwaluko: Ulwazi olufunayo ukuze ukhathalele impilo yakho



Ingaba uyokoluka entabeni/uyokoluka kwisibonelelo sempilo (ulwaluko)?

Ingaba uthatha iyeza lesigulo sexesha elide esifana nesifo seswekile, i-HIV okanye isifuba?

Eli phetshana linika ulwazi oluthile kumakhwenkwe ayokwaluka athatha iyeza lesifo aphila naso umntu.



Abantu abathile kufuneka bathathe iyeza yonke imihla ukuze abe sempilweni. Ukuba uthatha iyeza lesifo ophila naso esifana nesifo seswekile, i-HIV okanye isifuba, kubalulekile ukuthetha nomboneleli wakho wokhathalelo lwempilo ukubona ukuba ungalithatha na iyeza lakho ngexa lokwaluka.

Abantu abathile bathi abakhwetha kufuneka bangathathi naliphi na iyeza ngenxa lolwaluko. Nokuba ingenguwo umthetho lo kuzo zonke izikolo zokwaluka, kunokuba nzima kubantu abathile ukuthatha iyeza ngexa lolwaluko.

WHAT HELPED INITIATES TAKE THEIR MEDICATION?

1) Private amaBhoma:

'To me it was easy because I was alone in my ibhoma.'

2) Supportive family

'At home they understood'

3) Medically supported treatment interruptions

'I was told not to take it at the hospital'

4) Post-initiation caregiver medicine pick-ups

1105	Johannesburg	1105
1430	Durban	1430
1430	Cape Town	1430

Departures

0830	Cape Town	0830
0910	Johannesburg	0910
1130	Durban	1130
1455	Cape Town	1455

and flight times are subject to without notice

ping

Yesterday: Eribanus Leader
seas to R extension at
at night: Lubbetjie in dry
Monday: Eribanus Leader at
horizon from Kouga to K

es

ast Quarter
w Moon
st Quarter
Moon

High	Low
1722	2327
1759	
1836	1228
1911	1305
1948	1343
2033	1428
2155	1538

owned by:

in 13 years, said municipal spokesman Fundile Feketsheane.

The municipality also has no electricity manager, he said yesterday.

Ken Clark, CEO of Twizza soft-drinks and Crickley Dairy, who together employ 500 people, said the two companies were losing turnover of R3-million a day.

Water supply, vital to the manufacturing plants, stopped when the electric pumps came to a halt.

"We are unable to produce at all at the moment as water is a key ingredient. If the water and electrical issues are not dealt with urgently



Two springbuck find themselves in a dangerous place, in the middle of an East Coast road with traffic zooming past. They were pictured near Chintsa this week
Picture: MICHAEL PINYANA

Outrage over controversial film about circumcision

By MALIBONGWE DAYIMANI
Crime Reporter

THE premiere of the controversial award-winning movie *Inxeba (The Wound)* will continue as planned today despite mounting moves to block it from being shown on the big screen.

This was confirmed by the Films and Publications Board (FPB) yesterday amid a storm over the perceived cultural insensitivity and distortion of the Xhosa circumcision tradition in the film.

The Commission for the Promotion and Protection of the Rights of Culture, Religious and Linguistic

Communities recommended that the producers should make four changes before releasing the movie.

- It included:
- Increasing the age restriction from 16 to 18;
 - Translating the English subtitles verbatim so that they truly and properly reflected what was being said in isiXhosa;
 - The film should carry a blasphemous classification as the ritual of initiation is very sacred to many African communities. The film also mentions that Jesus Christ and King Shaka Zulu were maybe homosexuals; and

● The producers of the film must put an advisory disclaimer at the beginning of the film wherein they categorically state that the scenes people are about to see do not depict a true and proper African traditional ritual of initiation, and might offend Christians and AmaZulu communities.

The findings are contained in a letter dated January 26 that was addressed to FPB chairwoman Thoko Mphumlwana.

In the letter the commission confirmed that it had launched a probe after receiving complaints of cultural insensitivity from AmaXhosa King Mpendulo Zwelonke Sigcawu,

AmaNdebele Royal House leader Nkosi Mahlanga, the Man and Boy Foundation and Contralesa on November 30.

But FPB spokesman Manala Botolo said the movie had been classified and rated by the FPB's classification committee and deemed perfect for release in July last year.

"It is important for the public to note that decisions of the FPB's classification committee cannot be changed through any other procedure but through the FPB appeals tribunal.

"Appeals can only be heard 30 days after a classification decision has been made."

In the Eastern Cape, traditional leaders are planning to protest outside the Hemingways Mall today as they will be voicing their anger at the film being shown in cinemas.

Yesterday, Advocate Matthew Mphahlwa, who was instructed by Sigcawu to block the movie from being shown in cinemas, threatened legal action if the producers failed to make the changes.

"If they fail then they leave us with no choice but to move for a competent urgent relief."

Inxeba producer Kate Pansegrouw said the production company had not received the letter.
— malibongwed@dispatch.co.za

Can my traditional healer book me off work?

I've been struggling with bad dreams for many weeks, causing me to sleep badly. Nothing seems to help and it is affecting my work. I eventually

THE above is a very relevant question in our society, with many people regularly using traditional medicines and visiting traditional healers. Sick leave is requested

be issued and signed by a medical practitioner or any other person who is certified to diagnose and treat patients and who is registered with the

for unpaid sick leave for a period of five weeks to attend a traditional healer's course on

would be well advised to consider the merits of each re

Until such time as this Act





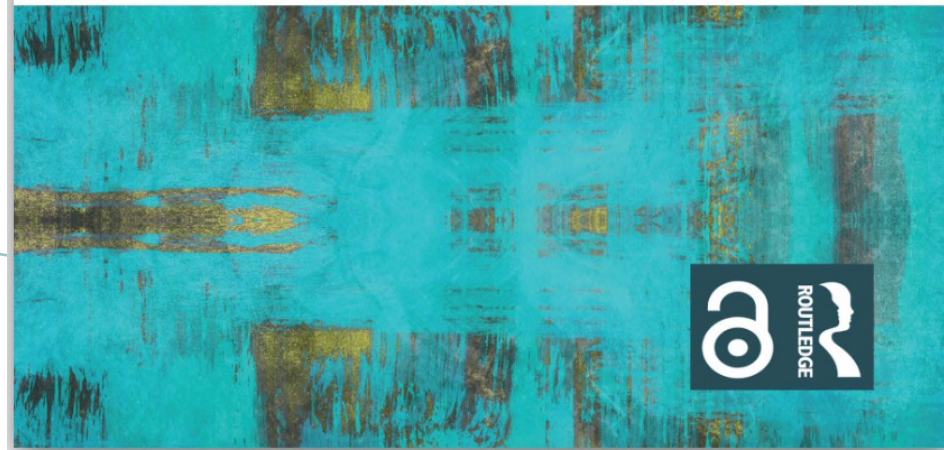
Routledge Studies in Health in Africa

PREVENTING HIV AMONG YOUNG PEOPLE IN SOUTHERN AND EASTERN AFRICA

EMERGING EVIDENCE AND INTERVENTION STRATEGIES

Edited by

Kaymarlin Govender and Nana K. Poku



METHODOLOGICAL LESSONS LEARNT

10 *Things less spoken* – HIV research with adolescent boys and young men

Implications for theory, policy
and practice

*Lesley Gittings, Rebecca Hodes, Christopher J.
Colvin and Nompumelelo Zungu*

(1) POSITIONALITY AND INTERSUBJECTIVITY



(2) OFFERING ALTERNATIVE FORMS OF COMMUNICATION AND EXPRESSION



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Western



Paediatric AIDS



*THANK YOU
QUESTIONS?*

