

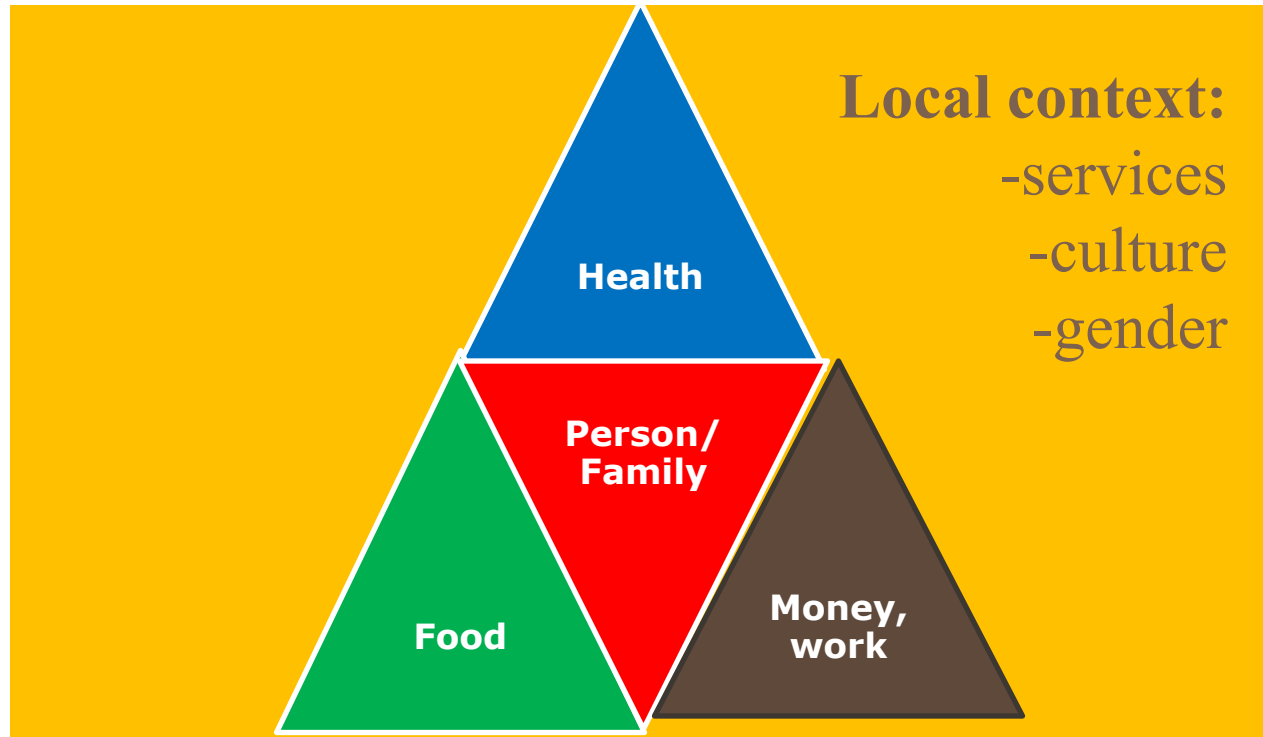
HIV & SOCIAL GRANTS

Comments by
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Key elements to balance in a person's life:



Grant structure - safety net vs incentive

- Grants not meant to be incentives (or disincentives), but may still be perceived that way
- Grants as incentive for testing but disincentive for adherence? How to counteract that?
- Most African countries reluctant to use disability grant for HIV (South Africa exceptional in grant structure)
- Gap in grant structure – in relation to unemployment and poverty
- Aim should be to develop “chains” of services, to help those not eligible for grants to get a job, or skills training, micro credit etc

GRANT AND HEALTH

- How widespread is the issue of trying to weaken immune response before doing medical check-ups (CD4-count)?
 - Is this practice a threat to ARV resistance?
 - How may individuals try to balance health risks and grant eligibility?
 - “Folk medicine” – peer consultations replace clinical advice
- RIGHT to health? RIGHT to food?

Gender & stigma reflections

- Need of a gender discourse – including addressing relational aspects (in addition to equality issues)
- Men AND women need to discuss and challenge the prevailing constructions of masculinity and femininity
- PMTCT coverage is increasing, and has been given priority, but has a number of challenges that need to be addressed, some of the important challenges are discussed in the report
- Stigma vs the fear of stigma and rejection – it is sometimes difficult to know when people speak about actual experiences, and when about fear and myths



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Research findings on HIV testing and gender-based violence:

- Research suggests women's experiences upon disclosing status to their partners complex and often positive; 3.5-14.6% reporting violence in a 2004 meta analysis-Medley et al (2004), Maman et al 2003; Visser et al 2006.
- However, predominant discourse about women's experiences disclosing an HIV positive diagnosis to their partners assumes violence, abandonment and stigma as probable.
- 81.9% of HIV-negative women and 48.9% of HIV-positive women reported that their partner reacted supportively to disclosure ($p < 0:001$). Less than 5% of women reported any negative reactions following disclosure.



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Number of times the following words appear in the South African National PMTCT Guidelines: men, man, male, father, parent, fatherhood, dad

ZERO



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Understanding men's attitudes and practices:

- Programmes often assume that men will not participate and so make little effort to engage men.
- In a pilot PMTCT program implemented by the Horizons project in Kenya that sought to increase partner involvement in PMTCT, the proportion of male partners who used VCT services as a result of being involved in the program doubled in one site and increased by 50% at another site.
- Other studies suggest that even when men are eager to be involved service provider attitudes and structural constraints serve as barriers.
- Studies on men's attitudes towards caring suggest that when men do want to participate in the provision of care to the AIDS ill they often fear ostracism and/or worry that they do not have the necessary skills.



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EngenderHealth Ethiopia: Men as Partners and PMTC (2009).

- Comparison of pre- and post-intervention data shows that after three months of the male engagement intervention:
 - the number of men coming to the clinic with their partners to test for HIV with their partners jumped by nearly 46% at post-intervention (see Table 1).
 - 87.6% increase in the number of men joining their partners for PMTCT visits.

Summing up

- The report helps increase knowledge base
- Study underlines the importance of addressing obstacles linked to implementation of programmes
- Pointing to a number of knowledge (and research) gaps, linked to a range of socio-cultural-economic factors, but also biomedical
- Operational and multi-professional research needed along with programme implementation
- MYTHS AND REALITIES, WHICH ARE MOST REAL? HOW TO UNDERSTAND AND HOW TO HANDLE