

**THE COVERAGE OF THE MALE FRIENDLY HEALTH SERVICES IN
PROMOTING HIV TESTING AMONG MEN IN WANGING'OMBE
DISTRICT,
NJOMBE REGION, TANZANIA**

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**Master of Science in Project Management Monitoring and Evaluation in Health
Muhimbili University of Health and Allied Sciences
October, 2020**

Muhimbili University of Health And Allied Sciences
School of Public Health and Social Sciences



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By

Zainab Mashi

**A Dissertation Submitted in (partial) Fulfilment of the Requirements for the
Degree of Master of Science in Project Management Monitoring and Evaluation in
Health of Muhimbili University of Health and Allied Sciences**

October, 2020

CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled "*The coverage of the male friendly health services in promoting HIV testing among men in Wanging'ombe district, Njombe region, Tanzania*" in fulfillment of the requirements for the degree of Master of Science in Project Management Monitoring and Evaluation in Health of Muhimbili University of Health and Allied Sciences.

Dr. Metta E**SUPERVISOR**

Prof. Leshabari M.**CO-SUPERVISOR**

Date: _____

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ACKNOWLEDGEMENT

I would like to thank the almighty God for his love throughout my life.

I would like to acknowledge and thank all the lectures from the school of public health and social science for their assistance and support, special thanks go to my supervisors Prof. Leshabari and Dr, Metta for their expertise and for providing any assistance requested, your willingness to provide feedback made the completion of this research a great experience.

I would also like to acknowledge, the district director of Njombe region, the district medical officer of Wanging'ombe district, all the wards and villages executive officers for granting me the permission to conduct my study but also to all participants who participated in this study.

I would also like to extend my sincere gratitude to my dearest colleagues, friends and family for their support.

DEDICATION

In loving memory of my father and my mother, the late Jacqueline Mollel. I would never have reached this far without your hard work and efforts.

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ABBREVIATIONS

AIDS	–	Acquired Immuno Deficiency Syndrome
ANC	–	Antenatal clinic
BP	–	Blood Pressure
FP	–	Family Planning
GBV	–	Gender based violence
HIV	–	Human Immuno Virus
HTC	–	HIV testing and counselling
HTS	–	HIV testing services
MFHS	–	Male friendly health services
PLWH	–	People living with HIV/AIDS
SSA	–	sub-Saharan Africa
STI	–	Sexual Transmitted Infection
TB	–	Tuberculosis
UNAIDS	–	The Joint United Nations Programme on HIV/AIDS
USAID	–	United States Agency for International Development
WHO	–	World Health Organization

OPERATIONAL DEFINITION OF TERMS

Intervention – is a combination of program elements or strategies designed to produce behaviour changes or improve health status among individuals or an entire population. It may include educational programs, new or stronger policies, improvements in the environment, or a health promotion campaign

Male friendly health services – are health care services that meet the needs of men. Provision of male friendly health services entails establishment of male corners within the facility premises staffed by male health care providers. It also entails facility operation on extended working hours, male focus group discussion or sessions at the facility with provision of other services for men such as TB, FP counselling, BP check and advice.

Male friendly facility – are facilities which provide a male friendly environment for men to get tested for HIV and therefore be identified as HIV positive and linked to HIV care and treatment services.

Male corners – are stand-alone centers established within the facility premises in order to provide services for men.

Male champions – are male volunteers who sensitize men in the community for HIV testing and refer them to the health facilities that are implementing male friendly health services intervention

ABSTRACT

Background: Men in sub-Saharan Africa are less likely than women to engage in HIV testing services resulting in fewer men aware of their HIV status. Reasons for poor HIV testing among men is associated with individual, social and structural barriers. Structural barriers include lack of services perceived to be friendly by men such as male health care provider and extension of service working hours at the facility. To address this problem, The USAID Boresha Afya Southern zone program embarked into implementation of an intervention known as Male friendly health services in five regions in Tanzania.

Objective: To assess the coverage of the male friendly health services in promoting HIV testing among men in Wanging'ombe district in Njombe region, Tanzania.

Materials and Methods: This was a cross sectional mixed method study using both quantitative and qualitative data collection methods. The study was conducted in the catchment area of Ilembula hospital in Wanging'ombe district. Quantitative data was collected through structured questions with a sample of 398 men. Qualitative data was collected through indepth interview with 10 purposively recruited participants including 5 peasant farmers, 2 men employed by the private sector, and 3 self employed men. STATA was used to analyse Quantitative data and Qualitative data was analysed using thematic analysis.

Results: The findings revealed that, more than half of the respondents were aware of posters (68%) on HIV testing services, community male volunteer (52%), and availability of male friendly package (70%). Also majority of men (69%) have tested for HIV at Ilembula hospital within three years of project implementation. Reasons for not testing for HIV among men were belief that they are HIV negative (43%). Other reasons included fear of getting the testing results and their status being disclosed.

Conclusion: Generally, respondents were aware of program components and many of them have tested for HIV. Reasons for not testing for HIV among men were more of individual rather than structural reasons. Therefore efforts to increase uptake for HIV testing should address both the individual and structural reasons that inhibits men from accessing HIV testing services.

CHAPTER ONE

1. INTRODUCTION

1.1 BACKGROUND

HIV remains one of the major global public health concerns. In 2018, an estimated 37.9 million people were living with HIV globally, of which approximately 68% of them were living in sub-Saharan Africa.(1) In Tanzania, HIV prevalence among adults is estimated at 5 percent (6.5 percent among females and 3.5 percent among males), which corresponds to approximately 1.4 million people living with HIV.(2)

In an effort to end the HIV epidemic, the Joint United Nations Program on HIV/AIDS (UNAIDS) launched the “95-95-95” targets, with goals targeting at achieving 95% of people living with HIV knowing their status and 95% of those diagnosed with HIV linked to antiretroviral treatment (ART) and 95% of those linked to care and treatment achieve viral suppression by 2030.(3) HIV testing is a critical element to HIV care and management because it is the initial step in learning one’s HIV status and for decisions to initiating ART.(4) According to the recent UNAIDS report, unlike women, majority of men and boys in Sub-Saharan Africa countries are not aware of their HIV status.(5) In Tanzania, the Tanzania HIV Indicator survey 2016-2017, reported that it is only 45% of men living with HIV who are aware of their HIV status.(2) Limited HIV testing among men may contribute into delayed diagnosis and increased risk of HIV infection among partners and their families and the likelihood of undiagnosed men who unknowingly dying of AIDS related illness.(11)

Literature shows that the barriers to HIV testing among men include: fear of HIV positive results, HIV- related stigma and discrimination, lack of privacy and confidentiality at the health facility or testing clinic, and the long time it takes to obtain test results.(6–9) It further points unavailability of male friendly services and unfriendly HIV testing service provision hours that are inconvenient for men as they have to go for work(7) as additional reasons for low uptake of HIV testing services among men. The limited uptake of HIV testing services among men is likely to compromise realization of the first HIV prevention, care and treatment goal that calls for 95% of all people living with HIV to be aware of their HIV status by 2030.(3)

Over the last decade, Tanzania has increased its efforts towards getting more people testing for HIV by scaling up HIV testing services through home-based testing, community testing and provider initiated testing.(10) Different initiatives and approaches are ongoing in the country to encourage use of HIV testing services among men. Such approaches includes partner testing which involves inviting male partners of pregnant women for HIV testing when a pregnant woman is accessing ANC services. Despite expansion of HIV testing services, HIV testing uptake continues to remain lower among men compared to women.(11) As a follow-up the government launched a national test and treat campaign in June 2018 with a focus on engaging men in HIV counseling, testing, and treatment. In line with this a male-engagement catch up plan was developed with non-biomedical strategies to guide the implementation of interventions and activities for accelerating HIV testing among adult males and adolescent boys.(12)

In supporting government's efforts to increase HIV testing among men, in 2018, the USAID Boresha Afya Southern zone program embarked into implementation of an intervention known as "Male friendly health services". The intervention aim to promote testing of HIV among men by focusing on health facility services improvement through creating an enabling environment for health service provision. Until 2019, the USAID Boresha Afya with the support from the government established stand-alone centers to provide services for men in 50 public health facilities of Njombe, Iringa, Lindi, Mtwara and Morogoro (10 health facilities per each region). The program has also trained more than 50 male volunteers (male champions) who sensitize men in the community for HIV testing and refer them to the health facilities that are implementing male friendly health services intervention. Additionally, the male friendly facilities provides HIV testing services for men on extended working hours such as during the evenings and during weekends in order to allow flexibility for men to access HIV testing services at their convenient time. Also other services provided for men (Male friendly package; that includes Tuberculosis (TB), Gender Based Violence (GBV), screening for sexual transmitted infection, Family Planning (FP) counselling, Blood Pressure (BP) check and advice) are also offered in addition to the male focus group discussion or HIV education sessions. The USAID Boresha Afya also supports these facilities through branding them with posters and signboards that indicate availability of male friendly health services. To date the implementation has been on going for more than two years but the coverage of the intervention is not well documented.

1.2 PROBLEM STATEMENT

HIV testing among men in Tanzania is still low despite several government efforts where only 45% of men living with HIV are aware of their HIV status.(2,10)

The USAID Boresha Afya Southern zone program supports government's efforts to increase HIV testing among men through implementation of male friendly health services. In the intervention, men have opportunity to access HIV testing services through male corners staffed by male health care providers and access HIV testing services beyond working hours. The intervention also includes posters on availability of male friendly health services in the facilities, male focus group discussion or sessions and provision of other health services for men apart from HIV testing. However since the implementation of this intervention there has been no study that assessed its coverage in terms of awareness and its use in the intervention site. The current study therefore assess male's awareness of the intervention, their use and the reasons for none use.

1.3 RATIONALE OF THE STUDY

Findings from this study will contribute into informing program implementers on the coverage of the intervention in Wanging'ombe district and highlight factors hindering utilization of HIV testing services by men in the facility implementing male friendly health service. The results will be useful to draw evidence-based lessons over the course of project implementation on men's awareness and utilization of the HIV testing services and therefore decide on best approaches for reaching more men.

1.4 CONCEPTUAL FRAMEWORK

The framework shows awareness of different components of male friendly health services in promoting uptake for HIV testing among men. (Figure number 1). The USAID Boresha Afya – Southern zone program addresses structural barriers to low uptake for HIV testing among men through; training of male health care worker to deliver HIV testing services to men, initiation of male champions for sensitization of their fellow men and refer them to the facility that provide male friendly health services, extension of working hours and working during the weekend, facility branded with posters and signboards which shows availability of male friendly health services, male focus group discussion or sessions conducted at the facility and provision of other services for men along side HIV testing such as TB, STI screening, FP counseling and measurement of blood pressure. The framework accommodates the components of male friendly health services components which facilitate an environment that encourage men to test for HIV.

CONCEPTUAL FRAMEWORK

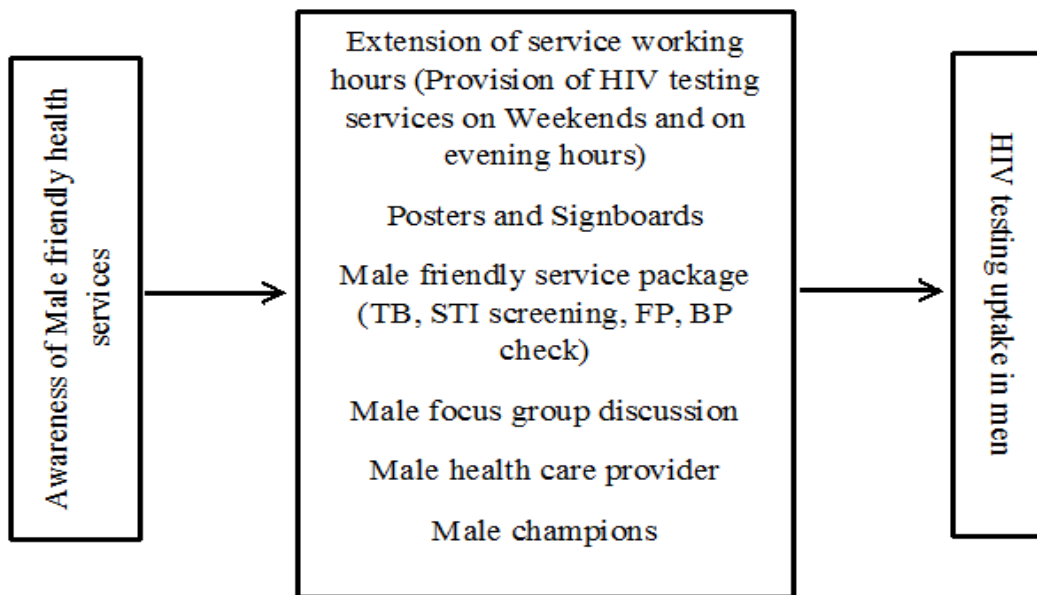


Figure 1: Conceptual framework showing awareness of male friendly health services and its influence in HIV testing

1.5 RESEARCH QUESTIONS

1.5.1 Main Research Question

What is the coverage of the male friendly health services program in promoting HIV testing among men in Wanging'ombe district?

Specific research questions;

1. What is the awareness of men on different components of male friendly health services in Wanging'ombe district?
2. What proportion of men have tested for HIV within three years of project implementation in Wanging'ombe district?
3. What are the reasons for not utilizing HIV testing services among men in Wanging'ombe district?

1.6 RESEARCH OBJECTIVE

The main objective of the study was to determine the coverage of male friendly health services in promoting HIV testing among men in Wanging'ombe district.

Specific objectives ;

1. To asses male awareness of the different components of male friendly health services in Wanging'ombe district
2. To determine the proportion of men who have tested for HIV within three years of project implementation in Wanging'ombe district.
3. To examine reasons for not utilizing HIV testing services among men in Wanging'ombe district.

CHAPTER TWO

LITERATURE REVIEW

Awareness of male friendly health services among men

Interventions focuses on reaching men have been employed in different parts of the world; such interventions include reaching men in their places of work or leisure including pubs and sports clubs.(5) Also the development of men's health centers in several countries such as in Scotland, United Kingdom and the Netherlands has attracted more men to undertake health services including HIV testing especially when these facilities extend their operating hours into the evenings.(13)

In sub-Saharan Africa such as Malawi, male-friendly clinics provides integrated HIV, reproductive health, and non-communicable disease (NCD) services during times that are more suitable for men.(14) The services provided at a male friendly clinic are exclusively for men run by male health provider. As part of increasing awareness of the services provided at a male friendly clinic, health education advice is provided during routine outpatient service delivery.(14) Also community sensitization and mobilization through local radio stations and community announcements are conducted so that men in the community are aware of the male-friendly clinics.(14) Similarly in Lesotho, male friendly health clinics were developed as part of increasing demand creation, targeting at HIV infected men to access comprehensive health services.(15) The male friendly clinics provides a male-friendly environment that encourages men to get tested for HIV and therefore being identified as HIV positive and linked to HIV care and treatment services.(15) The clinics also provide an alternative service delivery model for adult males less likely to be reached by provider initiated and community based HIV testing approaches that are widely used in Southern Africa.(15)

In Tanzania, similar approaches to increase uptake for HIV testing services in men have been employed in diferent health facilities in Iringa, Njombe, Morogoro, Lindi and Mtwara. This approach was introduced for the purpose of promoting testing of HIV among men by focusing on health facility services improvement through creating an enabling environment for health service provision. The male friendly health services entails establishment of a stand-alone center to provide services for men within the facility premises famously known as "male corners" which

are staffed by male health care providers and are open from morning to late hours during the evenings and also during weekends in order to allow flexibility on HIV testing services provision for men to access the services at their convenient time. In order to increase awareness on availability of male friendly health services, these facilities are branded with posters and signboards and also male volunteers from the community known as male champions sensitize men in the community for HIV testing and refer them to the health facilities that are implementing male friendly health services intervention.

The male friendly health services program has been implemented for a while now, but little is known on men's awareness of the existence of this intervention. Therefore this study is going to assess men's awareness on existence of male friendly health services particularly in the following major components of the intervention; facility working hours, male champions who sensitize men for HIV testing, HIV services provision by a male health care provider, male group discussion/sessions conducted at the facility, and provision of intergrated services for men and posters and and signboards which indicates availability of male friendly health services.

Proportion of men utilizing HIV testing services

HIV testing is an essential component of HIV/AIDS control globally and an entry point of the HIV care and management.(16) Increasing uptake for HIV testing is central to achieving the first UNAID goal of getting more people testing for HIV and therefore achieve 95% of people living with HIV aware of their HIV status.

However, sub – Saharan Africa, the proportion of men testing for HIV and therefore being aware of their HIV status remains low despite increasingly scale up of stand alone voluntary counselling and testing sites and increased provision of provider initiated counselling and testing services in health facilities.(5) Unlike men, women's HIV counselling and testing has increased since 2004; In 23 out of 29 countries in sub-Saharan Africa, more women than men report having ever tested for HIV. The difference in HIV testing uptake between men and women might be partly due to provider-initiated HIV-testing and counselling implementation in Antenatal care.(17)

Effort to achieve zero new HIV infection requires increased uptake of HIV testing as a gateway to HIV prevention, treatment and care.(18) As part of scaling up HIV testing services, literature

shows increased health facilities providing HIV testing services in 37 countries of sub-Saharan Africa by 50% between 2007 and 2008.(19) Despite the wider provision of HIV testing services; the last demographic pattern of HIV testing uptake in sub – Saharan Africa indicate that the median national uptake of HIV testing for men being 17.2 percent.(17)

In Tanzania, similar efforts to increase HIV testing have been employed; such efforts include community intervention, facility-based HIV testings such as increased provision of voluntary counselling and testing services, provider initiated counselling and testing as well as index testing. Despite such efforts, still men are testing at low rate to significantly increase number of men who are unaware of their HIV status.(7) The 2016 – 2017 Tanzania HIV Impact Survey indicates that 55% of men living with HIV (MLWH) self-reported that they were unaware of their HIV status.

Generally; various global, regional and local studies have indicated poor utilization of HIV testing services among men.(5)(20)(21)(22) However, approaches such as development of male friendly clinics have shown positive changes in men’s health seeking behavior particularly in HIV in different countries such as Malawi (23). Despite employing similar approach in Tanzania, it is not yet known as to what extent men utilize HIV testing services in the male friendly facility since its introduction. Therefore this study will address this gap by assessing men’s utilization of HIV testing (that is proportion of men who have tested for HIV) since the introduction of male friendly health services.

Reasons for not testing for HIV among men

Institutional hindrances contribute significantly to men’s utilization of health services and men’s health seeking behaviour particularly in HIV.(5) Inconveniently health facilities and unsuitable operating hours, difficult to use booking systems together with unpredictable waiting time on the day of the appointment make it difficult for men to access HIV services.(5) In addition to that current health service models tend to perpetuate stereotype where health care is perceived as the mainly female concern.(5,6)

Institutional hindrances is also associated with mistrust of the health care system and providers; the lack of trust manifests itself in lack of confidence in individual health workers that is perceived poor ability of health care providers to maintain confidentiality.(24)

Studies on trust conducted in the United States of America have reported how distrust of health providers and health system as a whole affect utilization of HIV services.(5)

However, in sub-Saharan Africa, studies highlight low perceived risk to HIV infection, distance to testing sites, fear and stigma as the main reasons for poor uptake of HIV testing services.(6,15,25,26) In a mixed method study conducted in rural Burkina Faso; perceived low health status was one of the motivating factor for men to undergo or not to undergo HIV tests.(27) The low risk perception was motivated by behaviour of their sexual partners where many men did not expect their wives to be at any risk of contracting HIV since they trust them to be faithful. The low risk perception of HIV can also be linked to low prevalence rate of HIV in the community; in two different studies conducted in Mali and Burkina Faso; knowing someone with HIV or who had died with AIDS creates a perception of being at lower risk of HIV thus undermining uptake of HIV testing.(27)

Also, fear of testing positive and stigma inhibits men from accessing HIV testing services; this is demonstrated in many countries of sub-Saharan Africa. In Tanzania, Uganda and South Africa, some men are reluctant to test due to the heightened risk of extramarital relationships and resultant fear of receiving a positive diagnosis.(6,28–30) The fear of HIV positive results is associated with the perceived psychological burden of living with HIV(24) and societal stigma from the health care providers and society perception on men infected by HIV.(24,31) HIV positive person are perceived by the community as incapable of contributing economically to their community and families.(32) In addition to that, institutional expressions of stigma in HIV testing impose barriers to HIV testing in men; for example health facilities interventions which focuses more on women and children, while leaving men behind creates perceptions of stigma among men when accessing HIV testing services through maternal and child health service (MCH) platforms.(33) Another institutional hindrance is the time spent for obtaining HIV testing at the facility; long waiting time is presented as a structural barrier to HIV testing services and utilization; in Zambia long waiting times, particularly while waiting for an HIV test result, deter clients from learning their HIV status.(34) Also in South Africa, utilization of services was positively associated with proximity to clinics and availability of rapid testing which reduced the time spent in HIV testing and counselling centers.(35)

Mistreatment and Confidentiality concerns are common in HIV testing uptake among men in sub-Saharan Africa(9). This is reported in different countries for instance in Cote d'Ivoire men perceive clinic procedures as potentially leading to inadvertent disclosure through being seen at the clinic or in a queue for HIV services.(9) Also providers were seen as posing risks for disclosure or enact stigma to many men, especially those not diagnosed or not yet in care.(9,24,27)

Similarly, in Tanzania, the fear of testing HIV positive, presents as the major reason for poor utilization of HIV testing services among men. Several studies have found that fear of testing positive for men is rooted from the societal stigma and HIV perceptions that HIV positive men are unable to provide for their family and therefore become a burden to the family.(6) In a recent study conducted in Dar es Salaam, men who perceive high HIV stigma in their network are less likely to have tested for HIV thus increases their fear of testing for HIV especially when perceive themselves to be at a higher risk of acquiring HIV.(9) The fear of an HIV positive result is also linked to lack of privacy and confidentiality among health care providers; men fear accessing HIV services in their neighborhood and if they do, they are afraid that health care providers will breach confidentiality by disclosing their results which may later lead to community stigma.(36) The qualitative study conducted in Tanzania indicated that men prefer HIV self-testing due to privacy afforded by it,(7) which means that the institutional hindrances grounded by societal stigma and breach of confidentiality among health care providers deters men to access HIV testing services in hospital and therefore opt for HIV self testing which provides more privacy.

Despite the fact that men perceive health facilities to be prioritizing women and children, approaches such as using invitation letters to invite male partners of pregnant women to test for HIV have been employed so as to welcome and involve men in HIV testing, but the effectiveness of this approach is not well documented. In addition to that lack of male friendly services and conflicting hours at the health facilities for men who have to work is reported as one among the reasons for poor utilization of HIV testing services among men.(7) Health services do not suit the needs of men sometimes because of conflicting hours of the facility operation which deters men who are working to access HIV services.(5,6) Also men perceive health services as non-friendly because most health services are prioritized for women and children and sometime if they do access services, majority of health facilities in Tanzania are over stretched which

discourage men to seek care due to long waiting time.(6) Therefore this study is going to assess the extent of utilization of HIV testing services once these institutional hindrances are addressed in Wanging'ombe district in Njombe region.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Description of the Study area

The study was conducted in Njombe region which is among the five regions in Tanzania, where intervention on male friendly health services is implemented but also the region with high prevalence of HIV that is 11.4%.⁽²⁾ Njombe region was established in 2012 from Iringa region as an independent region. It comprises of the following districts; Ludewa, Makambako, Makete, Wanging'ombe, Njombe district and Njombe town council. In Njombe, the intervention on Male friendly health services is implemented in Makete and Wanging'ombe districts. Wanging'ombe district comprises of 75,427 male and 86,389 female which make up a total population of 161,816 distributed into 3 divisions, 17 ward and 108 villages. Wanging'ombe district has a good number of health facilities where until the last census it was reported having a total of 43 health facilities with Ilembula hospital being the only hospital in the district where intervention on male friendly health services is implemented. Wanging'ombe district was selected because it was convenient for the researcher in terms of budget and time.

3.2 Study design

This was a cross sectional descriptive design employing both quantitative and qualitative approaches. The quantitative & qualitative approaches were used to strengthen and enrich the analysis and findings of this study.

3.3 Study Population

The study population included men aged 18 years and older living in the catchment area of Ilembula hospital in Wanging'ombe district in Njombe Region

3.4 QUANTITATIVE COMPONENT

3.4.1 Sample size

Three hundred and ninety eight (398) men aged 18 years and above were interviewed for the study. This sample size was obtained using the following formulae;⁽³⁷⁾

$$n = \frac{Nz^2pq}{d^2(N-1) + z^2pq}$$

$$d^2(N-1) + z^2pq$$

Where;

n is the quantity we are estimating which is the minimum sample of the study

N is population size that is population of men in Wanging'ombe district = 75,427

p is the proportion of men living with HIV (In Tanzania) aware of their HIV status = 0.45(2)

q is $1 - 0.45 = 0.55$

d is the margin of error, which is 5% because p lies between 0.2 and 0.8 that is $0.2 < p < 0.8$ (37)

z is the standard normal deviate which is 1.96 set at a 95% confidence interval.

3.4.2 Sampling Procedure

Study participants were obtained in three stages. First, three wards were randomly selected out of the 17 wards in the district, followed by random sampling of the villages within each selected ward, third listing of sampling frame of household with male aged 18 years and above who have lived in the village at least one year and lastly one member within each households were selected for interview. If the household had more than one men eligible for the study, only one man was selected randomly for interview. Return visits was scheduled for those selected members who were not present at the time of the initial visit.

3.4.3 Inclusion and exclusion criteria

Inclusion criteria

All men aged 18 years and above living in the identified catchment area of Ilembula hospital for at least one year were included in the study.

Exclusion criteria

Male health care workers and men involved in the project were excluded in the study

3.4.4 Variables

The outcome variable is men's uptake for HIV testing services. The independent variables include male champions, male health care providers, extension of working hours, male group discussion/sessions, other services provided for men (male friendly service package) apart from HIV testing, and posters that indicate availability of HIV testing services.

3.4.5 Data Collection tools

Structured questions were used to collect information on participants awareness on the existence of the different components of male friendly health services; community male volunteer, male focus group discussion/session at a health facility, facility operation on extended facility working hours/weekends, service provision by male health care providers only, and availability of a poster or signboards at the facility indicating availability of male friendly health services.

Additionally, the structured questions inquired information on participants HIV testing behavior, time the services are provided, the sex of the health care provider, participation in a male focus group discussion or sessions at the facility, and other services provided for men apart from HIV testing.

3.4.6 Pilot testing of the data collection tool

The data collection tools were pilot tested in Morogoro in the catchment area of a facility implementing male friendly health service to ensure they were culturally appropriate and able to capture the information required to answer the evaluation questions. This was done prior the actual data collection activities in Njombe region, and it aimed to familiarize the data collection team to the tool and to assess if the questions were correctly understood by the respondents to yield the required information.

3.4.7 Data Management

Quantitative data were entered into Epidata version 4.1 and then exported to STATA version 14.0 for processing and tabulated into meaningful categories to form emerging issues of the study subject basing on the study objectives.

3.4.8 Data analysis

All three objectives were analysed quantitatively using univariate and bivariate analysis. Basic frequencies was used to describe the distribution of socio-demographic variables, awareness of different components of male friendly services and history of HIV testing at a male friendly facility as well as reasons for not utilizing HIV testing services. Proportion was compared using chi-squared test and p-value of less than 0.05 was considered to be significant.

3.5 QUALITATIVE COMPONENT

3.5.1 In-depth interview participant Recruitment

The study involved purposive recruitment of study participants for the in-depth interview. Ten (10) in depth interviews were conducted with men aged 18 years and above living in the identified catchment area of Ilembula hospital for at least one year. The recruitment of the study participants ended after archieving data saturation, the point when there were no new information captured from the respondents.

3.5.2 Data Collection tools

In-depth interview guide was used to collect data on awareness and opinions on use of male friendly health services and reasons for men not to utilize HIV testing services through the male friendly facility in Wanging'ombe District in Njombe region. The questions on awareness and opinions on existence of male friendly health services were framed around four main themes; first is participant awareness of a community male volunteer, information provided by community male volunteers, topics discussed in male focus group discussion at the facility, and awareness on the availability of posters or signboard at the facility. Further, opinions on reasons for not utilizing HIV testing service at a male friendly facility were assessed among men who havent tested or for HIV or those who tested for HIV in a different health facility.

3.5.3 Trustworthiness of the findings

Trustworthiness is attained in qualitative study when the findings of such study are worth believing. Four criteria were used to assess the trustworthiness of a qualitative study; credibility, transferability, dependability, conformability.

Credibility is how congruent the findings of this study will be with reality.(38) In this study, data from the structured questions were combined with data from the interviews to minimise bias and establish credibility. In addition, the researcher also used participants checking through taking some of the raised themes back to other respondents to feel whether they were accurate.

Transferability is concerned with the extent to which the results of qualitative research can be generalized or transferred to other contexts or setting.(38) For this study to be transferable detailed background data to establish context of study in question was done. Also, the saturation of information from the in-depth interview makes this study transferable

Dependability means if this study is to be repeated, in the same context, with the same method and with the same participants, similar results will be obtained.(38) In order for this study to be dependable in-depth methodological description of the study was done to enable a future researcher to repeat the work.

Confirmability means that the findings obtained from the study are based on participants' responses and not any potential bias or personal motivations of the researcher.(38) In order for this study to be confirmable, audit trail was used, that is the researcher detail the processes of data collection, data analysis and interpretation. Unique and interesting topic during the data collection process were recorded then the researcher wrote down her thoughts during coding and lastly provide a rationale for why codes were merged together and explain the meaning of the raised theme. The above details provides valuable insight for readers to understand how the themes emerge from the data.

In addition, interview guide was pilot tested in Morogoro in the catchment area of a facility implementing an intervention on male friendly health services to ensure they were culturally appropriate and able to capture the information required in the evaluation questions.

3.5.4 Data Management

All data generated from the in-depth interviews were checked daily by the researcher to ensure its quality, correctness, completeness and consistency. This was done so as to ensure that all information from the interview are recorded, transcribed and then documented effectively.

3.5.5 Data Analysis

Specific Objective 1 and 3

A thematic analysis approach was used to analyze men's awareness on the existence of male friendly health services and reasons for men not to test for HIV. The transcribed data from the audios were analyzed through the categorization of respondents' opinions. The analysis was carried out in three stages first, the line-by-line coding of field notes and transcripts; second, the in-depth examination and interpretation of the resultant codes and their categorization into descriptive and analytical themes; and third, the development of an overarching theme. Focus was made on a few key issues as analyzed to be themes to make conclusion on awareness on the existence of male friendly health services.

3.6 Study Limitations and Mitigations

The study was conducted in the community, the health care providers responsible for providing HIV testing services were excluded from the study. It is possible that interviews with health providers from Ilembula hospital, (a facility implementing male friendly health services) would have provided additional or different information about the intervention.

Risk of information bias: Sensitivity of topic may limit disclosure of vital data for the study from the study participants thus leading participants into giving their perceptions of issues rather than actual facts; to mitigate this bias, participants were informed that confidentiality of their information will be highly observed and objectives of this study was clearly explained to the participants so that they provided actual facts.

3.7 Ethical Issues

Ethical clearance was obtained from Muhimbili University of Health and Allied Science's (MUHAS) ethical review board after review and approval of the study protocol. Permission to conduct the study was obtained from the district medical officer (DMO) of Wanging'ombe. During the data collection process; written informed consent was obtained from the respondents for their participation. Participants were informed of the study in detail and that their participation is voluntary and any refusal to participate will not affect them in any means, before were asked to provide consent to participate. Participants anonymity was ensured and the information provided was considered confidential and used only for the purpose of the study.. There were no any incentives provided for taking part in the study.

Management of data was at a high level of confidentiality, only those directly involved in the study had access to the collected data. The audio-recorded files and other collected data were kept in a safe box that is accessed only by the principal investigator.

CHAPTER FOUR

4.0 RESULTS

4.1 Social-demographic characteristics of study participants

A total of 398 respondents were involved in the study. Their age ranged from 18 to 78 years with a mean age of 34 years. See table 1.

Table 1: Social Demographic Characteristics of survey study participants

Age category	Frequency	Percentage (%)
18-24	91	22.8
25-34	136	34.2
≥ 35	171	43
Education level		
No education	21	5.3
Incomplete primary education	3	0.7
Primary education	206	51.8
Incomplete secondary education	10	2.5
Secondary education	140	35.2
Post-secondary education	18	4.5
Marital status		
Married	216	54.3
Single	160	40.2
Co-habiting	12	3
Divorced	4	1
Separated	3	0.7
Widower	3	0.8
Occupation		
Peasant farming	228	57.3
Petty Business	82	20.6
Employed – Government	15	3.8
Employed – Private	7	1.8
Unemployed	34	8.5
Others	32	8
Total	398	100

More than half of the respondents (51.8%) had primary education, 35.2% completed secondary education and very few (5.3%) did not have any formal education. The majorities were either married (54.3%) or single (40.2%). More than half of the respondents (57.3%) were peasant farmers and 20.6% were petty business traders (Table 1). In addition, 10 participants were engaged into in-depth interviews. The in-depth interview participant's age ranged from 21 to 50 years living in the identified catchment area of Ilembula hospital for at-least one year.

4.2 Awareness of male friendly health services

The purpose of the intervention of male friendly health services was to increase HIV testing in men through approaches that would promote more men to test for HIV. Proposed activities in the project included provision of HIV testing services by a male health care provider, use of posters that were to indicate availability of HIV testing services, provision of HIV testing service on weekends, and on extended working hours, training of male volunteers (male champion) to mobilize men to go for HIV testing, and provision of other services for men apart from HIV testing (male friendly package) which consisted of family planning, STI screening, TB, BP check and advice.

Data obtained from this study has revealed that almost all respondents (97.7%) were aware of where one can get HIV testing services in the study area. Awareness of different activities proposed in the project are summarized in figure 2 below.

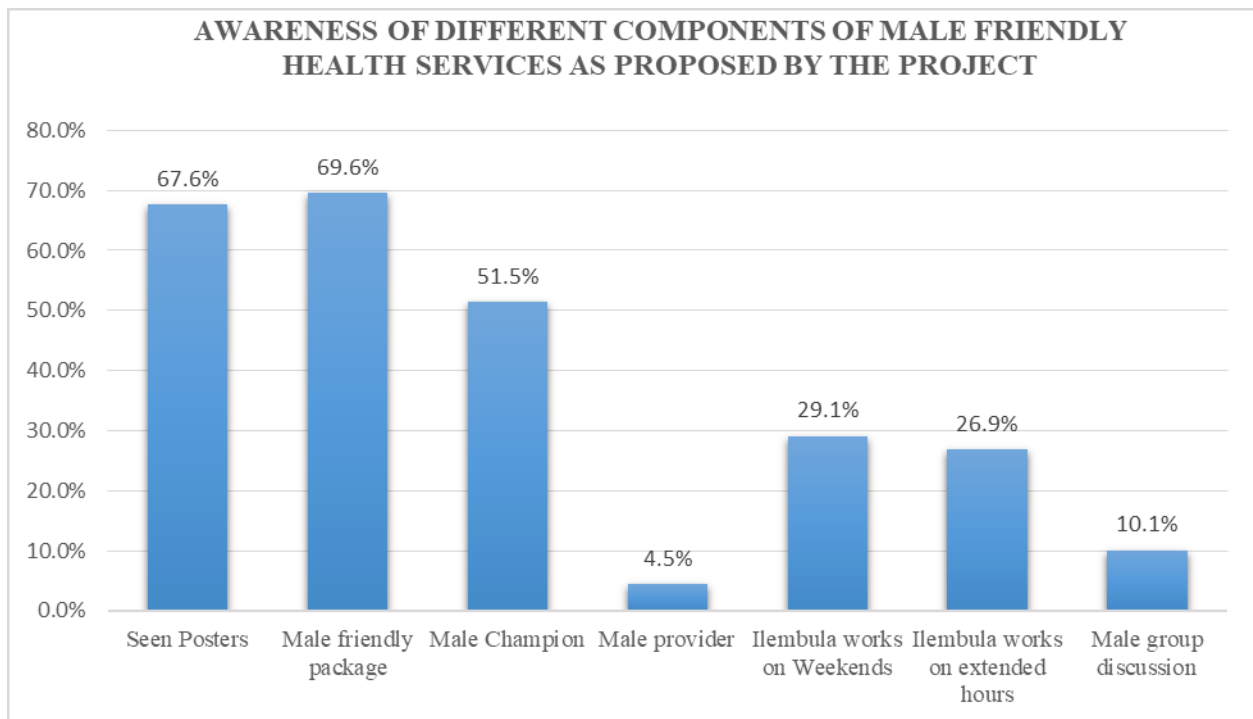


Figure 2: Awareness of different components of male friendly health services as proposed in the project

More than two third (69.6%) of the study participants were aware of the availability of male friendly package. Awareness of availability of male friendly package increases with increasing age varying from 23% among men under 25 years to 42% among those aged 35 years and above. However, this variation was not statistically significant (chi square = 3.64 and $p = 0.457$).

Also, many respondents (67.6%) had seen posters on HIV testing. Awareness of posters on HIV testing services increases with increasing age varying from 24.3% among men under 25 years to 43.2% among those aged 35 years and above. However, these variations were not statistically significant ($p = 0.37$, chi square = 4.34). Very few respondents were aware of provision of HIV testing services by male providers (4.5%) and only 10.1% were aware of male group discussions conducted at the hospital.

As summarized in table 2; almost three quarter (71.2%) of the respondents who are aware of the male friendly package knew where HIV testing services were provided. Similarly, 69.2% of the respondents who had seen posters were aware of where HIV testing services were provided. These associations were statistically significant and the same applies to awareness of male provider and existence of male champions in relations to knowing where one can get tested for HIV.

Table 2: Contribution of different activities proposed in the project on awareness on where HIV testing services are provided

Aware of where HIV testing services are provided - 389 (97.7)			
		<i>p-value</i>	chi-square
Seen Posters	269 (69.2)	0.01	9.2
Aware of availability of Male friendly package	277 (71.2)	0.000	17.7
Aware of Male Champion	205 (52.7)	0.014	6.09
Aware of male provider	18 (4.6)	0.000	49.98
Aware Ilembula works on Weekends	116 (29.8)	0.661	0.827
Aware Ilembula works on extended hours	107 (27.5)	0.079	5.066
Aware of male group discussion	78 (20.1)	0.292	2.468

However, the higher awareness on the existence of male friendly package was not specific to the intervention activities. This was noted during the in-depth interviews when participants said that

the posters available in their settings are not specific to HIV testing at Ilembula hospital rather are stressing on HIV testing and circumcision.

“...We have posters in our community...they emphasize men who aren't circumcised to go for such service in order to lower their risks of getting HIV...most of those posters emphasize on both circumcision and HIV testing...” (R4-Peasant farmer)

In-depth interview participants also noted that there are no HIV specific sensitization activities for males in their community. The available education activities sensitizes both male and female to go for HIV testing as one of the participants expressed:

“...Usually they educate everyone to go for HIV testing without focusing on a specific sex, they don't choose may be women only...they educate all of us...” (R3-Peasant farmer)

Male friendly services at Ilembula hospital requires that HIV services to men be provided by a male health care provider. However, this is not similar to what was reported by the respondents whom expressed that HIV testing services at the facility are provided by both female and male health care workers.

“...I think there are shift; you might find a male or female health care provider...” (R4-Peasant farmer)

The male friendly intervention provides flexibility for men to access HIV testing services beyond working hours and on weekends; very few respondents prefer to access HIV testing services during weekends and beyond working hours (approximately 17% and 2% respectively). It is only 11% of the respondents who expressed preference to a male health care provider when accessing health services: among the reasons for preferring a male service provider was that the provider will be free to talk to them and in cases where the provider himself is infected, he can share his experience with them. One participant as was explaining on this said:

“...I, personally prefer a male health provider because I am also a man...because if it happens he's also infected, it's going to be easy for him to tell me what he does to stay healthy, unlike a female health provider, she cannot tell me that my husband is doing this and this to stay...but a male health care provider can tell me what he does to stay healthy. ...” (R9-Petty business trader)

Those who indicated preference to a female health care provider urged that female health care providers normally speaks politely in a way that makes a patient feel relieved. One of the participants expressed it as follows:

“...I prefer a female health care worker because males are a bit stubborn because everyone has a way of speaking with a patient.....a female provider speaks with you in a way that you feel relieved...” (R7-Petty business trader)

4.3 Extent of HIV Testing among men in Wanging’ombe district

More than three out of every four (75.6%) study participants had tested for HIV within three years of project implementation. The HIV testing rate varied by age starting from 18% among those who were under twenty five years to 43.3% among respondents who were 35 years and older. This variation of HIV testing by age was statistically significant (chi. sq = 20.84, p = 0.000). HIV testing was lower among single men (34%) compared to those who were (60%) married men and these variations were statistically significant (chi. sq = 21.789 p = 0.001).

However not all of study participants tested at Ilembula hospital, as summarized in figure 3. Only 69.0% did their HIV test at Ilembula hospital while the others did it in other health facilities. Reasons for testing in other health facilities included distance to the health facility (44%), unfavourable health facility environment (20%) and lack of privacy(9.7%)

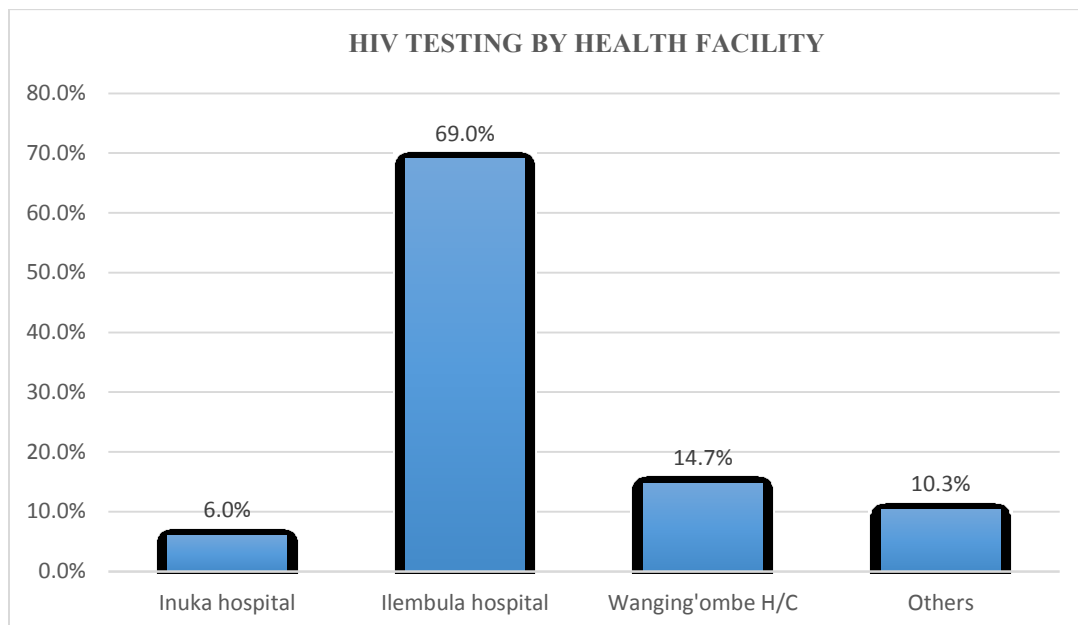


Figure 3: HIV testing by health facility

As summarized in table 5; 81.2% of the respondents who are aware of availability of male friendly package tested for HIV at Ilembula hospital. Seen posters had a fairly large proportion (70.5%) of study participants who tested for HIV in Ilembula hospital. However, only availability of male friendly package (chi-square =19.01, $p = 0.004$) and use of male champions (chi-square =11.32, $p = 0.01$) were significantly associated with HIV testing at the facility among the project proposed activities.

Table 5: Association between different activities proposed in the project and HIV testing at Ilembula Hospital

Respondents tested for HIV at Ilembula Hospital - 207 (69%)

	N	<i>p-value</i>	chi-square
Seen Posters	148 (70.5)	0.828	2.84
Availability of Male friendly package	168 (81.2)	0.004	19.01
Male Champion	125 (60.4)	0.01	11.32
Male health care provider	5 (2.4)	0.124	13.96
Male group discussion	54 (20.1)	0.067	11.83
Ilembula works on extended hours	66 (31.9)	0.372	6.48
Ilembula works on weekends	67 (32.4)	0.177	8.94

4.4 Reasons for not utilizing HIV testing among men

Almost quarter (24.6%) of the study participants had not tested for HIV at the time this study was conducted for reasons summarised in table 6. Nearly half of them (48.8%) did not do so because they believed they were HIV negative and about a third said it was not important for them to know their HIV status.

Table 6: Reasons for not testing for HIV

Reasons for not testing for HIV	Frequency	Percent
Perceived negative HIV status	42	43
I do not think it is important to know my HIV status	21	22
Low perceived risk to HIV infection	19	20
Others	15	15

The reasons for not utilizing HIV testing among men varies by age ranging from 21.4% among men aged 25-34 years to 40.5% among men below 25 years who believed they were HIV negative, and from 14.3% among men aged between 25-34 to 85.7% among men below 25 years do not see the importance of knowing their HIV status. These results are statistically significant ($p=0.000$, $\chi^2=41.55$)

Similarly, during in-depth interview, the perceived negative HIV status was linked with poor health seeking behavior of men, where by it was noted that some men do not test for HIV unless they experience symptoms of a disease, one of the respondent when explaining this said;

“...Majority of men do not go to the hospital unless they fall sick and when they test they realise they are already infected...” (R6-Petty business trader)

Low perceived risk to HIV infection was explained by respondents that some men perceive themselves at a lower risk of HIV infection because of the belief that their usual or previous sexual practice was safer. One respondent when was explainig this detailed that;

“...I sometime say, what should I test for...you know, you should test for HIV if you engage in risk sexual behavior but for myself, I don't engage in such practices, I have my wife at home...”
(R1-Peasant farmer)

Other reasons for not utilizing HIV testing services that were noted was the fear of the negative consequences associated with testing for HIV such as fear of living with the HIV positive status, fear of death, fear of starting treatment and societal misconceptions about HIV and living with HIV. One of the respondent detailed that;

“...Lets say its because of fear of what will happen next if I test...a person has a lot of questions in mind, what if I am positive...how will I live...because some have perception that when they are found positive then that's the end of life...may be how will the society perceive me...” (R2-Petty business trader)

Some respondents also noted that men fear the actual HIV testing that is why they send their partners to test or use their partners HIV status as theirs. One respondent when explaining this said that;

“...The main reason men don't test for HIV is that they have fear and so they don't trust themselves that is why some men are married but they send their partners to go for HIV test' ... ”(R7-Petty business trader)

Respondents had mixed opinions regarding confidentiality of health care provider during the in-depth interviews; some reported that there is confidentiality among health care providers and some reported otherwise. Concerns that, some health care providers breach patient's information were raised. One of the respondents noted there is no confidentiality among health care provider, that is why he does not access HIV testing services at Ilembula hospital, he detailed that;

“...The challenges are the confidentiality of information, I had a neighbor who was working at the laboratory there at the hospital, he was placed there for field practice two years back, when he comes from the hospital she use to talks saying that person has tested, his health status is this and this, so I said to myself if I go there for HIV testing then she will tell other people about it, that's why I decided to test in private hospital...” (R2-Petty business trader)

CHAPTER FIVE

5.0 DISCUSSION

The study aimed to assess the coverage of the male friendly health services in terms of awareness of different components of male friendly health services and use of the intervention since it was implemented in 2018 in Wanging'ombe district. Majority of men were aware of posters which indicate availability of HIV testing services, male friendly package, and male champion. However not all posters focused on HIV testing only, some focused on both HIV testing and male circumcission. The higher awareness on availability of posters for HIV testing services in the setting could also be due to the existence of other HIV related intervention in the area for example the intervention focusing on HIV testing and male circumcission.

Men's utilization of HIV testing services was relatively high with majority of them being tested for HIV at Ilembula hospital, a facility that implements male friendly health services. The utilization of HIV testing among men were influenced by availability of male friendly package and male champion who sensitize men to test for HIV. These findings are similar with studies done in Lesotho and Malawi where the uptake for HIV testing among men increased due to development of male friendly clinics which provides additional services apart from HIV testing such as check-up for non-communicable diseases, TB and STI screening.(14,15) However, it should be noted that, the decision to test for HIV is influenced by a number of interrelated and interlinked factors.(7,25,27) In a study conducted in Tanzania, men showed positive compliance to test when they were approached by their male peers because of the strategies and encouragement used by their peers (6)

Moreover, the MFHS program provides flexibility for men to access HIV testing services beyond working hours and on weekends. However, only a few respondents who participated in this study showed preference of accessing HIV testing services on weekends and on extended working hours. (17% and 2% respectively). Similarly, very few respondents (11%) prefer a male health care provider when accessing health services. This implies that men's preferences in accessing HIV testing services are different from the project unlike studies reported in Lesotho and Malawi where men preferred weekends and evening hours as convenient time for them to access HIV testing services. (15) The differences observed in these studies could be due to

contextual factors. For example majority of men who participated in the study were peasant farmers and could conveniently access HIV testing services any time wished. Though occupation of the study respondents for the study conducted in Lesotho & Malawi was not mentioned it could be possible that most of the respondents were employed and could not access HIV testing services during facility working hours. This suggests the need of ensuring context specific informed interventions for improved up-take. The reasons reported in the study for not utilizing HIV testing services among men were more of individual rather than structural reasons. It is observed that majority of men have not tested HIV because of the perception that they are HIV negative, and the perceptions that getting an HIV test is of no importance. The influence of individual factors to HIV testing has also been reported in other settings in addition to societal and structural reasons that interrelate and influence one another (22,24) Therefore, strategies for improving uptake of HIV testing services should as well consider addressing the individual factors that inhibit men from accessing the services.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

Respondents demonstrated awareness of various components of the male friendly health services intervention on HIV testing and many of them have tested for HIV within the three years of project implementation. The reported reasons for not testing for HIV among men were more of individual rather than structural reasons. The perception that are HIV negative, low perceived risk to HIV infection and perception that getting an HIV test is of no importance were among the reasons reported for not testing for HIV.

5.2 Recommendations

1. There is a need for the program to consider population needs and preferences in accessing HIV testing services such as context specific preferred time for testing, and gender preference of the health care provider so as to tailor intervention into their needs.
2. Program for improving HIV testing in the population should not only address the structural factors but also the individual factors.

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APPENDICES

Appendix I: Informed Consent – English version

ID NO:.....

Introduction

Dear Participant,

Greetings! I want to thank you for taking your time to meet with me today.

My name is Zainab Mashi a student of Master of Science in Project Management, Monitoring and Evaluation at Muhimbili University of Health and Allied Sciences (MUHAS). I am conducting a study on awareness of male friendly health services and utilization of HIV testing services in Wanging'ombe district

Purpose of the Study: The purpose of the interview is to collect information on awareness and utilization of male friendly health services. You are kindly being asked to participate in this study because we believe that you have particular information that may be important to the study.

Methods of the study: As part of the study In depth interview and structured questions will be done within the estimated time of 35 – 45 minutes.

Procedure of the study: Information is provided for you to decide whether you wish to participate in the present study. You should be aware that you are free to decide not to participate or to withdraw at any time without affecting your relationship with a researcher.

Do not hesitate to ask any questions about the study either before participating or during the time that you are participating. I would be happy to share our findings with you after the research is completed. However, your name will not be associated with the research findings in any way,

and your identity as a participant will be known only to the researchers. This is for assuring your confidentiality as my informant.

The expected benefits: There are no direct benefits for your participation. However, information you provide will help the program to improve accessibility of HIV services in facilities implementing male friendly health services in your community. No harm is expected as a result of participation in the study and you can ask the interviewer questions any time during the study
Whom to contact In case of any question or query concerning this study, please contact the principal investigator Zainab Mashi (Msc.PMMEH) from MUHAS, P.O BOX 65001, Dar es Salaam; Mobile number 0788 005 533 or my supervisor Dr. Emmy Metta 0766 121 267. If you have any question about your rights as participants you may contact Dr, Bruno Sunguya, Chairperson of Research and Publications Committee, MUHAS. P.O Box 65001,Dar es Salaam-Tanzania, Tel +2552150302-6.

I.....have read the contents of this form and understood it, my questions have been adequately answered, I agree to participate in this study.

Please sign your consent with full knowledge of the nature and purpose of the procedures.

A copy of this consent form will be given to you to keep.

Signature of Participant..... Date.....

Researcher’s Signature..... Date.....

Appendix II: Translation of Appendix I into Swahili

Kiambatanisho I: Fomu ya ridhaa

Namba ya Utambulisho.....

Utambulisho

Habari, naitwa Zainab Mashi, ni mwanafunzi wa shahada ya uzamili ya sayansi ya usimamizi, ufuatiliaji na tathimini ya miradi ya afya katika chuo kikuu cha afya na sayansi shirikishi Muhimbili. Utafiti huu unaangalia mchakato wa utekelezaji wa ubia kati ya serikali na sekta binafsi katika **hospitali ya Ilembula**.

Madhumuni ya Utafiti

Dhumuni la mahojiano haya katika utafiti huu ni kukusanya taarifa juu ya ufahamu na utumiaji wa huduma rafiki za afya kwa wanaume. Unaombwa kushiriki katika Utafiti huu **kwa sababu** tunaamini uzoefu wako na taarifa zako ni muhimu katika utafiti huu.

Mbinu za Utafiti

Kama sehemu ya utafiti huu tutafanya mahojiano ya kina, mhojaji atanakili kwa kinasa sauti majibu yako. Utahojiwa kwa **takribani** dakika 35 hadi 45 kwenye eneo binafsi.

Taratibu za utafiti

Ushiriki wako kwenye utafiti huu ni wa hiari hii inamaanisha kuwa hutakiwi kushiriki ikiwa hutaki kufanya hivyo. **Waweza** kukataa kujibu swali lolote ambalo hujisikii kulijibu na waweza kusitisha mahojiano wakati wowote. Taarifa utakazotoa ni siri na zitatumika kwa ajili ya utafiti pekee. Wanaohusika na utafiti huu ndiyo wanaweza kuzipata taarifa hizi. Jina lako halitaaandikwa kwenye fomu hii na halitahusishwa na taarifa, namba za siri zitatumika kutambulisha taarifa ulizotoa.

Faida: Hakuna faida za moja kwa moja utakazopata kwa ushiriki ila taarifa utakazotoa zitasaidia mradi katika kipindi hiki cha utekelezaji wake. Hakuna hatari zozote zinazoweza kukupata kwa kushiriki kwenye utafiti huu. Waweza kumwuliza mhojaji maswali wakati wote wa utafiti.

Mawasiliano: Kama utahitaji ufafanuzi zaidi juu ya utafiti huu usisite kuwasiliana na mtafiti mkuu Zainab Mashi, mwanafunzi wa shahada ya uzamili ya sayansi ya menejimenti, ufuatiliaji

na tathimini ya miradi ya Afya (Msc.PMMEH) katika Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili S.L.P 65001, Dar es Salaam au namba ya kiganjani 0788005533. Kama una swali juu ya haki zako unaweza kuwasiliana na Dk.Bruno Sunguya ambaye ni mwenyekiti wa kamati ya utafiti na Machapisho, S.L.P 65001, Chuo Kikuu cha Afya na Sayansi Shirikishi, Muhimbili, S.L.P 65001 Dar es Salaam au namba +2552150302-6.

Mimi.....Nimesoma/nimesikia na kuelewa madhumuni ya utafiti huu na maswali yangu yamejibiwa ipasavyo. Hivyo nimeridhia kwa hiari yangu kushiriki.

Unaweza ukapewa nakala ya fomu hii kama utapenda.

Saini ya Mshiriki.....tarehe.....

Saini ya Mtafiti.....tarehe.....

Appendix III: Structured questions for men

District

Ward

Street.....

Let us start our discussion by a few questions about yourself**SECTION A: SOCIAL DEMOGRAPHICS**

1. What is your age (in years)?
2. What is your Education level?
3. No education
4. Incomplete Primary education
5. Primary education
6. Incomplete Secondary education
7. Secondary education
 1. Post secondary education

1. What is your Current marital status?

- Married
- Single
- Co-habiting
- Divorced/
- Separated
- Widower

2. What is your current employment?

- Peasant farming
- Petty business
- Employed – Government
- Employed – Private
- Unemployed
- Others (Specify).....

Let us now talk about different health services available in your area

SECTION B: AWARENESS OF MEN ON THE EXISTENCE OF MALE FRIENDLY HEALTH SERVICES IN WANGING'OMBE DISTRICT

- 1. Where do people in this area go for health services when they are sick?**
 - Ilembula hospital
 - Wanging'ombe Health Centre
 - Inuka hospital
 - Traditional healers
 - Other (Specify).....
- 2. Where do you access health services?**
 - Ilembula hospital
 - Wanging'ombe Health Centre
 - Inuka hospital
 - Traditional healers
 - Other (Specify).....
- 3. Do men in this area discuss HIV/AIDS related issues?**
 - Yes
 - No → Go to Q10
- 4. Have you ever discussed issues related to HIV with your fellow men?**
 - Yes
 - No → Go to Q10
- 5. During discussions with other men, have you ever talked about HIV testing?**
 - Yes
 - No
 - I don't remember
- 6. Are you aware of where HIV testing services are provided in your area?**
 - Yes
 - No..... →Go to Q12
- 7. Where do you get information on HIV testing services that are provided in your area?**
 - Friends
 - Spouse/Partner
 - Poster or Signboard
 - Health care provider

- Community male volunteer
- I know where such services are provided
- Other (Specify).....

8. Have you ever heard about community male volunteer in your area?

- Yes
- No

9. Have you come across a community male volunteer, or approached by one?

- Yes
- No

10. Have you seen any posters or signboards which indicates availability of HIV testing services for men in this area?

- Yes
- No
- I don't remember

11. During discussions with other men, have you heard any of them participating in a male group discussion conducted at the health facility (Ilembula hospital)?

- Yes
- No
- I don't remember

1. Have you participated in such discussions which were conducted at Ilembula hospital?

- Yes
- No..... →Go to Q19

2. What were the topics discussed?

- HIV testing and prevention
- Family planning
- Gender based violence
- Other (Specify).....

3. Who facilitated the discussion?

- Health care provider
- Male volunteer from the community
- Other (Specify).....

4. **Which day of the week is convenient for you to go for health care services?**
- On weekends (Saturdays and Sundays)
 - On Mondays to Fridays
 - Any day
 - Other (Specify).....
5. **What time of the day is most convenient for you to go for health care services?**
- In the morning
 - Afternoon
 - In the evening
 - Any time
 - Other (Specify).....
6. **Does Ilembula hospital operate on weekends for HIV testing services?**
- Yes
 - No
 - I don't know
7. **Does Ilembula hospital work on extended hours to allow men to access HIV testing services?**
- Yes
 - No
 - I don't know
8. **During discussions with other men, have you heard any of them received other services along HIV testing?**
- Yes
 - No
 - I don't remember
9. **Apart from HIV testing, are there other services offered for men at Ilembula hospital?**
- Yes
 - No.....→Go to Q26
 - I don't know.....→Go to Q26
10. **What services are offered for men apart from HIV testing services at Ilembula hospital?**
- FP Counselling
 - BP check and advice

- STI screening
- Tuberculosis
- Gender based violence
- Other (Specify).....

11. What is the sex of the health care provider responsible for HIV testing services for men in the hospital?

- Male
- Female
- Both male and female
- I don't know

Let us now talk about use of health services by men in this area

SECTION C: HIV TESTING FOR MEN

12. Have you gone for a medical check up in the past 3 years?

- Yes
- No..... →Go to Q29

13. What prompted you to go for a medical check up?

- Long illness
- Wanted to know health status
- It was outreach for medical check up in my area
- I escorted my partner for ANC
- Community male volunteer
- Other (Specify).....

14. Has any of your friends tested for HIV?

- Yes
- No
- I don't know

15. Have you ever tested for HIV in the past 3 years?

- Yes
- No→ Go to Q33

16. Which health facility did you access HIV testing services?

- Ilembula hospital→ Go to Q33
- Wanging'ombe Health Centre

- Inuka hospital
- Traditional healers
- Other (Specify).....

17. Why did you access HIV testing services else where and not at Ilembula hospital?

- No privacy and confidentiality at the hospital
- Unfavourable facility operation hours
- Health care providers are not friendly
- The facility environment is not friendly
- Not aware if such services are offered at the hospital
- Distance to the facility
- Other (Specify).....

Let us now talk about why some men do not want to go for HIV testing services

SECTION D: REASONS WHY SOME MEN DO NOT GO FOR HIV TESTING SERVICES

18. Does perceived risk to HIV affect men's HIV testing behavior?

- Yes
- No
- I don't know

19. Can stigma prevents some men in your area not to test for HIV?

- Yes
- No
- I don't know

20. Can lack of confidentiality one among the reason for men in your area not to test for HIV?

- Yes
- No
- I don't know

21. Can health facilities operating hours affect HIV testing behavior of men in your area?

- Yes
- No

- I don't know
- 22. Which sex of a health care provider are you comfortable being serviced by?**
 - Male health care provider
 - Female health care provider
 - Both Male and Female health care provider
- 23. Can the sex of a health care provider prevents men in this area to test for HIV?**
 - Yes
 - No
 - I don't know
- 24. Are health services or interventions in your area prioritized for women and children only?**
 - Yes
 - No
 - I don't know
- 25. Do you think, prioritization of health services for women and children only affects HIV testing in men?**
 - Yes
 - No
 - I don't know
- 26. Do you think health care providers keep client's information confidential?**
 - Yes
 - No
 - I don't know
- 27. Has the health status of any of your friends being disclosed by a health care provider?**
 - Yes
 - No
- 28. What are your own reasons for not testing for HIV?**
 - Fear of testing positive
 - Perceived negative HIV status
 - Low perceived risk to HIV infection
 - I do not think it is important to know my HIV status
 - Stigma and discrimination
 - Unfriendly health care providers

- Unfriendly facility environment for testing for HIV
- Long waiting time to obtain an HIV test
- Lack of confidentiality among health care providers
- My partner's HIV status is negative so I trust I am negative too
- Other (Specify).....
- NOT APPLICABLE (IF HE HAS TESTED FOR HIV)

Appendix IV: Translation of Appendix III

Kiambatanisho II: Dodoso kwa ajili ya wanaume wenye umri wa miaka 18 au zaidi DODOSO KWA AJILI YA WANAUME WENYE UMRI WA MIAKA 18 AU ZAIDI

Wilaya.....

Kata.....

Mtaa.....

Sasa tuanze majadiliano yetu kwa maswali machache kuhusu wewe

SEHEMU A: TAARIFA ZA KIDEMOGRAFIA NA KIUCHUMI ZA MSHIRIKI

1. **Una umri wa miaka mingapi?.....**
2. **Umesoma mpaka darasa la ngapi??**
 - 1) Sina elimu rasmi
 - 2) Sijamaliza elimu ya msingi
 - 3) Elimu ya msingi
 - 4) Sijamaliza elimu ya sekondari
 - 5) Elimu ya Sekondari
 - 6) Post secondary education
3. **Hali yako ya ndoa?**
 - Nimeoa
 - Sijaoa
 - Ninaishi na mwenza
 - Tumeachana
 - Tumetengana
 - Mgane
4. **Unafanya kazi gani ?**
 - Mkulima
 - Biashara ndogondogo
 - Mwajiriwa - Serikali
 - Mwajiriwa – Taasisi binafsi
 - Sijaajiriwa
 - Nyingine (Taja).....

Sasa tuzungumze kuhusina na huduma mbalimbali za afya zitolewazo katika eneo lako
SEHEMU B: UFAHAMU WA WANAUME JUU YA UWEPO WA HUDUMA RAFIKI
ZA AFYA KWA WANAUME KATIKA HOSPITALI YA ILEMBULA, WILAYA YA
WANGING'OMBE

5. **Je watu katika eneo hili wanapata wapi huduma za afya pindi wanapoumwa?**
 - Hospitali ya Ilebula
 - Kituo cha Afya Wanging'ombe
 - Inuka hospitali
 - Waganga wa kienyeji
 - Nyingine (Taja).....
6. **Unapata wapi huduma za afya pindi unapoumwa?**
 - Hospitali ya Ilebula
 - Kituo cha Afya Wanging'ombe
 - Inuka hospitali
 - Waganga wa kienyeji
 - Nyingine (Taja).....
7. **Je wanaume katika eneo hili, wanazungumza maswala ya VVU na UKIMWI?**
 - Ndio
 - Hapana → Nenda Swali la 10
8. **Umeshawahi kujadili na wanaume wengine maswala yanayohusu VVU na UKIMWI?**
 - Ndio
 - Hapana → Nenda Swali la 10
9. **Katika majadilinao yenu, mmeshawahi kuzungumza kuhusu kupima VVU?**
 - Ndio
 - Hapana
 - Sikumbuki
10. **Je, unafahamu ni wapi huduma za upimaji wa VVU zinatolewa katika eneo lako?**
 - Ndio
 - Hapana..... → Nenda Swali la 12

- 11. Unapata wapi taarifa juu ya huduma za upimaji wa VVU katika eneo lako?**
- Marafiki
 - Mwenza
 - Matangazo
 - Mtoa huduma wa afya
 - Mtoa huduma wa kujitolea wa afya ngazi ya jamii
 - Nafhamu huduma hizo zinapopatikana
 - Nyingine (Taja).....
- 12. Je, umeshawahi kumsikia muhudumu wa afya wa jinsia ya kiume wa kujitolea wa ngazi ya jamii (baba kinara) katika eneo lako?**
- Ndio
 - Hapana
- 13. Je, umeshawahi kutembelewa na muhudumu wa afya wa jinsia ya kiume (baba kinara) wa kujitolea wa ngazi ya jamii?**
- Ndio
 - Hapana
- 14. Umeshawi kuona bango lolote linaloonesha upatikanaji wa huduma za kupima VVU kwa wanaume katika eneo lako?**
- Ndio
 - Hapana
 - Sikumbuki
- 15. Katika mazungumzo na wanaume wengine, umeshawahi kusikia yeyote aliyewahi kushiriki katika mijadala ya afya ya wanaume kwenye kituo cha afya cha Ilembula?**
- Ndio
 - Hapana
 - Sikumbuki
- 16. Umeshawahi kushiriki katika mazungumzo ya aina hiyo ya afya yaliofanyika katika hospitali ya Ilembula?**
- Ndio
 - Hapana..... → Nenda Swali la 19
- 17. Mlijadili maswala gani ya afya?**
- Upimaji na maambukizi ya VVU
 - Uzazi wa mpango
 - Unyanyaswaji wa kijinsia
 - Nyingine (Taja).....

- 18. Ni nani aliendesha mjadala?**
- Mtoa huduma wa afya
 - Mtu wa kujitolea wa jamii
 - Nyingine (Taja).....
- 19. Ni siku gani ni rahisi kwako kwenda katika kituo cha afya kwa ajili ya kupata huduma?**
- Mwisho wa juma (Jumamosi na Jumapili)
 - Kuanzia Jumatatu mpaka ijumaa (Jumatatu – Ijumaa)
 - Siku yoyote
 - Nyingine (Taja).....
- 20. Ni muda gani katika siku ni rahisi kwako kwenda kupata huduma za afya?**
- Asubuhi
 - Mchana
 - Jioni
 - Muda wowote
 - Nyingine (Taja).....
- 21. Je hospitali ya Ilembula inafanya shughuli za kupima VVU siku za mwisho wa wiki ?**
- Ndio
 - Hapana
 - Sijui
- 22. Je hospitali ya Ilembula inafanya kazi nje ya muda wa kazi wa kawaida kuruhusu wanaume kupata huduma za upimaji wa VVU?**
- Ndio
 - Hapana
 - Sijui
- 23. Katika mazungumzo na wanaume wengine, umeshawi kusikia yeyote amepata huduma nyingine pamoja na huduma za kupima maambukizi ya VVU?**
- Ndio
 - Hapana
 - Sikumbuki

24. Mbali na huduma za upimaji wa VVU, je kuna huduma zingine zitolewazo kwa wanaume sambamba na upimaji wa VVU?

- Ndio
- Hapana.....→ Nenda swali la 26
- Sijui..... → Nenda Swali la 26

25. Ni huduma gani zinatolewa kwa wanaume mbali na huduma za upimaji wa VVU katika hospitali ya Ilembula?

- Uzazi wa mpango
- Ushauri na Kupima Shinikizo la damu
- Uchunguzi wa Magonjwa ya ngono
- Huduma ya Kifua kikuu
- Maswala ya unyanyasaji wa kijinsia
- Tohara
- Nyingine (Specify).....

26. Huduma za upimaji wa VVU zinatolewa na muhuduma wa afya wa jinsia gani?

- Wa Kiume
- Wa Kike
- Wote (Wa Kike na wa Kiume)
- Sijui

Sasa tuzungumze kuhusu matumizi ya huduma za afya kwa wanaume wa eneo hili

SEHEMU C: UPIMAJI WA VVU KWA WANAUME

27. Umeshawahi kwenda kupima afya yako katika kipindi cha miaka 3 iliyopita?

- Ndio
- Hapana..... →Nenda Swali la 29

28. Ni nini kilikufanya uende?

- Ugonjwa wa muda mrefu
- Nilitaka kujua afya yangu
- Huduma za uchunguzi na matibabu katika eneo langu
- Nilimsindikiza mwenzangu kliniki
- Muhudumu wa afya ngazi ya jamii
- Nyingine (Taja).....

29. **Je una rafiki yako yeyote amewahi kupima maambukizi ya VVU?**
- Ndio
 - Hapana
30. **Je, umewahi kupima maambukizi ya VVU miaka 3 iliyopita?**
- Ndio
 - Hapana → Nenda Swali la 33
31. **Ulipata huduma za kupima maambukizi ya VVU katika kituo gani cha afya?**
- Hospitali ya Ilembula→ Nenda swali la 33
 - Kituo cha Afya Wanging'ombe
 - Inuka hospitali
 - Waganga wa kienyeji
 - Nyingine (Taja).....
32. **Ni kwa nini ulienda kupima VVU katika kituo kingine cha afya na sio katika hospitali ya Ilembula?**
- Hakuna usiri
 - Watoa huduma wa afya sio rafiki
 - Mazingira ya hospitali sio rafiki
 - Sifahamu kama huduma hizo zinatolewa
 - Umbali
 - Nyingine (Taja).....

Sasa tuzungumze kuhusina na kwanini baadhi ya wanaume hawapimi maambukizi ya VVU

SEHEMU D: SABABU ZA KUTOTUMIA HUDUMA ZA UPIMAJI WA MAAMBUKIZI YA VVU KWA BAATHI YA WANAUME

33. **Je, hofu ya kuwa na maambukizi inaweza kuathiri upimaji wa VVU kwa wanaume katika eneo lako?**
- Ndio
 - Hapana
 - Sijui
34. **Je, unyanyapaa na ubaguzi unaweza kusababisha wanaume wasipime VVU katika eneo lako?**
- Ndio
 - Hapana
 - Sijui

- 35. Je kukosekana kwa usiri moja ya sababu ya wanaume kutokupima VVU katika eneo lako?**
- Ndio
 - Hapana
 - Sijui
- 36. Je, muda wa masaa ya kazi ya hospitali yanaweza kuathiri upimaji wa VVU kwa wanaume katika eneo lako?**
- Ndio
 - Hapana
 - Sijui
- 37. Je upo huru kuhudumiwa na mtoa huduma wa afya wa jinsia gani?**
- Mtoa huduma wa afya wa jinsia ya kiume
 - Mtoa huduma wa afya wa jinsia ya kike
 - Yeyote, wa kiume au wa kike
- 38. Je, jinsia ya mtoa huduma wa afya inaweza kusababisha baadhi ya wanaume katika eneo lako wasipime VVU?**
- Ndio
 - Hapana
 - Sijui
- 39. Unadhani huduma za afya katika eneo lako zinalenga hasa wanawake na watoto tu?**
- Ndio
 - Hapana
 - Sijui
- 40. Unadhani huduma mbalimbali za afya zinazolenga wanawake na watoto pekee zinaweza kusababisha wanaume wasipime VVU?**
- Yes
 - No
 - Sijui
- 41. Je, unadhani watoa huduma wa afya wanahifadhi taarifa za wagonjwa wao katika hali ya usiri?**
- Ndio
 - Hapana
 - Sijui

42. Je, hali ya ki-afya ya rafiki yako yeyote imeshawahi kuwekwa wazi na mtoa huduma wa afya bila ridhaa yake?

- Ndio
- Hapana

43. Ni nini sababu zinazokufanya usipime VVU? (Tiki yote yanayohusika)

- Naogopa kuwa naweza kuwa na maambukizi
- Najihisi sina maambukizi
- Niko kwenye hatari ndogo ya kupata maambukizi
- Sioni umuhimu wa kujua afya yangu
- Unyanyapaa
- Watoa huduma wa afya sio rafiki
- Mazingira ya hospitali sio rafiki kupima VVU
- Muda mrefu wa kubiri majibu
- Watoa huduma wa afya hawana usiri
- Mwenza wangu hana maambukizi, hivyo naamini siwezi kuwa na maambukizi
- Nyingine (Taja).....
- HAIMUHUSU (KAMA AMEPIMA VVU)

Appendix V: Interview guide for male aged 18 years and above

District.....

Ward.....

Street.....

SECTION I: SOCIAL DEMOGRAPHICS**1. Please tell me a few things about yourself and your life**

Age	
Hali ya ndoa	
Elimu	
Kazi	

2. What are the available health services in this community?

Probes;

Where does he access health services when sick?

Why he prefers to go there?

What are the available services at Ilembula hospital?

What services did he access at Ilembula hospital and when?

Reasons for accessing such services?

3. What are specific services offered for men at the facility?

Probes;

How are services provided?

What time are services provided?

Who provides such services (service provider) and of which sex?

Other services available for men apart from HIV testing?

Seen any poster and signboard on HIV testing for men?

What was the message?

His participation in male focus group discussion?

What were the topics discussed?

Who facilitated the discussion?

How he was invited?

4. Who are involved in community health care and education?

Probes;

Existence of male volunteers in his area?

If he came across or educated by male volunteers, how often?

What he was educated?

His opinions on service provided by community male volunteer?

His opinions on contribution of male volunteers?

5. What are the reasons for men not to utilize HIV testing services?

Probes;

Fear of testing positive

Perceived negative HIV status

Stigma and discrimination

Health facility operating hours

Sex of health provider

Facility environment and lack of privacy among health care providers

6. What do you think should be done to increase HIV testing among men?

Appendix VI: Translation of Appendix V

Kiambatanisho III: Muongozo wa Mahojiano na wanaume umri miaka 18 au zaidi
Wilaya.....

Kata.....

Mtaa.....

SECTION I: TAARIFA ZA KIDEMOGRAFIA ZA MSHIRIKI

1. Tafadhali niambie mambo machache kuhusu wewe?

Umri	
Hali yako ya ndoa	
Kiwango chako cha elimu	
Kazi yako	

2. Ni huduma gani za afya zinapatikana katika eneo lako?

Dadisi;

Anapopata huduma ya afya pindi akiumwa?

Kwanini anapendelea kwenda huko?

Ni huduma gani zinapatikana katika hospitali ya Ilembula?

Ni huduma gani alipata katika hospitali ya Ilembula na lini?

Nini sababu ya kwenda kupatiwa hiyo huduma?

3. Ni huduma gani za afya zinazotolewa katika kituo zinazolenga wanaume tu?

Dadisi;

Huduma inavyotolewa?

Muda huduma inatolewa?

Nani anatoa huduma ma jimsia ya mtoa huduma?

Huduma nyingine zinazotolewa kwa wanaume mbali na kupima VVU?

Amewahi kuona bango linaloonesha upatikanaji wa huduma za VVU kwa wanaume?

Ujumbe ulikuwa unasemaje?

Ushiriki wake katika mijadala ya afya ya UKIMWI?

Mada zilizojadiliwa?

Aliyeendesha majadiliano?

Ni kwa jinsi gani alialikwa?

4. Ni watu gani wanaohusika na mambo ya afya katika ngazi ya jamii?

Dadisi;

Uwepo wa wahudumu wanaume wa kujitolea kwenye eneo lake?

Kama amewahi kukutana au kuelimishwa nao?

Alielimishwa nini?

Maoni yake juu ya huduma inayotolewa na wahudumu wanaume wa kujitolea?

Maoni yake juu ya mchango wa wahudumu wa wanaume wa kujitolea?

5. Nini sababu za baadhi ya wanaume kutokupima VVU?

Dadisi;

Woga wa kuwa na maambukizi

Hali nzuri ya kiafya

Unyanyapaa na ubaguzi

Muda wa masaa ya kazi ya hospitali

Jinsia ya mtoa huduma wa afya

Mazingira ya hospitali na kukosekana kwa usiri baina ya watoa wa afya

6. Nini kifanyike ili kuongeza upimaji wa VVU kwa wanaume?