

HIV Service Use Among Men Living With HIV in Malawi: Findings from DREAMS implementation science research

Malawi has made substantial progress in achieving UNAIDS 90-90-90 targets: 72.7 percent of adults aged 15–64 living with HIV are aware of their HIV-positive status, 89.7 percent of those report being on antiretroviral therapy (ART) and 91.2 percent of ART users are virally suppressed (Ministry of Health 2017). However, reaching and engaging men in services remain a challenge. Among HIV-positive men, only 58.2 percent are aware of their status and on ART, while viral load suppression ranges from less than half among males younger than 30 years to 77.6 percent among older men aged 50–54 (Ministry of Health 2017). These findings highlight the need to understand the barriers and facilitators to HIV care and support services experienced by men in order to design effective strategies that improve the health of men and their partners.

Project SOAR, in collaboration with the Center of Reproductive Health at the University of Malawi College of Medicine, conducted qualitative research in the Zomba and Machinga districts to understand how programs can better engage men living with HIV in care, treatment, and support services.

METHODS

We conducted in-depth interviews (IDIs) and focus group discussions (FGDs) with members of community support groups for men living with HIV. Support groups were identified with the assistance of health facilities and DREAMS implementing partners. A total of 4 FGDs (8 men per group) and 16 IDIs were conducted. IDIs were carried out with men who were uncomfortable meeting in a group setting. A common guide was used for both the IDIs and FGDs and focused on how men decide whether to use HIV care and support services, their experiences with HIV treatment services, and what men want from these services.

KEY FINDINGS

- Men living with HIV had favorable attitudes toward ART, recognizing that its use has greatly improved their health.
- Men living with HIV noted the support of family and friends, people living with HIV support groups, high quality counselling, and supportive service providers as key facilitators of ART initiation and use.
- Barriers to effective ART use included lack of food to eat a required well-balanced diet and long waiting times and distance to health facilities.
- Anticipated stigma and fear of relationship dissolution also impeded men's ART initiation and use.
- To enhance ART service use by men:
 - Ensure health care providers offer supportive and patient-centered care.
 - Sustain and expand support groups of men living with HIV.
 - Address men's food insecurity through programs.
 - Modify service delivery to offer ART refills at community sites, and integrate ART services into sexual and reproductive health services.

The study was approved by the Population Council Institutional Review Board (New York, USA) and the College of Medicine Research and Ethics Committee (CoMREC) at the University of Malawi.



RESULTS

Who participated in the study?

	Zomba (n=25)	Machinga (n=24)
Mean age (range)	46 (28–72)	35(21–58)
Occupation		
Farmer	11	12
Manual laborer	3	2
Businessman	3	5
Guard	2	1
Expert client	2	1
Other	4	3
Years living with HIV		
<1 year	2	6
1–5 years	8	11
6–10 years	7	4
10+	8	3

Poor health was a key motivator for starting HIV treatment, and improved health a facilitator of ART adherence.

Most respondents noted their decision to get tested for HIV and start ART was driven by poor health. They reported frequent illnesses that affected their daily lives before starting ART.

“I started because I had too many problems. I was failing to work, I could not even hold a hoe to start farming. My whole body was weak that I could not even have sex with my wife.... But when I started taking my medication, my body went back to normal.... The medication is working and if the government had not introduced this treatment I could have been dead by now.”

—IDI participant, Machinga

The majority of respondents had started ART the same day or within a few days of testing positive. All participants acknowledged that being on ART greatly improved their health. Most respondents noticed that they rarely got sick after starting ART. Others reported that their physical strength also improved due to being on ART. Although they experienced side effects from the medications, they continued to take them because of the benefits gained.

“... this medication has its goodness, that there is a big difference in the way we were and how we are, we can see the difference. ...ever since we started taking this medication, we are able to do any kind of job, and very freely and without any worries.”

—FGD participant, Machinga

Social support facilitated ART initiation and adherence.

Supportive family and friends: Some respondents described initiating ART after receiving advice and encouragement from family and friends. Other respondents reported being motivated by stories and experiences of people who were already on ART.

“There is a friend...he could look at me and tell me if you follow the instructions on how to take the drugs.... He is the one who has been saving my life through the drugs. He encourages me on how to take the drugs.”

—FGD participant, Machinga

“I made the decision to start taking medication because of the people who had the problem the same as mine. They have been taking medication for a long time, so I was like aah me too I have to go for HIV testing because of how I was feeling. I see that they are very strong and there is no problem with them, so I decided to be in this group.”

—FGD participant, Zomba

Support groups for people living with HIV: The presence of support groups of people living with HIV (PLHIV), in their communities, especially those for men, encouraged men to stay on ART. In addition to group meetings, the support groups regularly traveled around the communities visiting men who are positive to give them encouragement to get tested and stay on ART.

“They are our friends who started before us, they have their groups which they call support groups. They go around the villages to see [talk to] people who are sick.... They persuade them in a good way, so that they go and get necessary support at the health facilities.”

—FGD participant, Zomba

Counseling at the health facilities: High quality and patient-friendly counseling as part of HIV testing was another motivating factor for initiating ART. Respondents reported that only after the health service providers counseled them was when they understood what it meant to be HIV positive, allowing them to make the decision to be on ART.

“Firstly, it is because of the counseling that I received when I had gone to the hospital for testing. The counseling touched my heart. Before receiving the counseling I was ignorant...thinking that if a person has this problem [HIV] then he or she is damaged or will die. But...I saw that it was wise for me to follow the counseling and that it helps me.”

—IDI participant, Machinga

“...[due to the] counseling they gave me I saw that it was better I start taking my treatment. When they explained to me the situation that I am in, I had to start taking treatment, I followed the procedure of taking medication.”

—IDI participant, Zomba

Service provider attitudes: Respondents described service providers who were supportive, encouraging, open, and respectful as enabling them to start and remain on ART. They also applauded those providers who respected their clients’ privacy.

“I came here because I wanted privacy. The doctors here keep it confidential as such my disease will not be known by others.”

—IDI participant, Machinga

“...we are very relaxed there. We are comfortable to explain ourselves without regret...whether you are sick or you feel itchy we are able to speak it all out...”

—FGD participant, Zomba

Respondents identified several social and structural barriers to ART use.

Fear of inadvertent disclosure and anticipated stigma from community and partners: Respondents described that some men living with HIV shunned ART because they were concerned that others would see them at the health facility, know their status, and stigmatize them. The men noted that there are specific days when PLHIV are seen at the clinic.

Therefore, when they seek services at that facility on those days, their status is being revealed to their communities. In response, some men reported they, their partners, and other men intentionally seek services at health facilities in distant towns or districts to keep their status a secret.

“They should respect us, they shouldn’t appoint a specific day for us, we should receive treatment just like the other patients—that could be better.... You are able to know that this person has it [HIV] even though they haven’t come in the open.”

—IDI participant, Machinga

“I started receiving treatment [outside my area] but...after my research it showed that privacy had started at the [health] center, it gave me much courage to ask for transfer and go back to my area and receive treatment.”

FGD participant, Zomba

Further, respondents noted that other men living with HIV avoided ART services due to anticipated stigma and discrimination from the community and fears of relationship dissolution.

“...there are some people when they hear that so and so is on medication, say things that are disappointing, maybe talking about who is on treatment. So if you listen to these people they can make you stop taking the medication....”

—IDI participant, Zomba

“Some do not go to the hospital to get medication because they are afraid people will be talking about them.... When women get married they hide the drugs or they leave it in their parents’ house because they are afraid of separation instead of telling their partner about their status. Even when we find a sexual partner usually we are not open to tell her I am on this medication.”

—IDI participant, Machinga

Food insecurity and coping with the side effects of HIV treatment: The requirement to eat a well-balanced diet when taking ART to alleviate the drugs’ side effects was a burden for most respondents, who reported that they did not have sufficient income to eat such a diet.

“...the body gets weak...when we work, we lose a lot of energy. We need support in terms of food [grants]...we struggle to buy matemba. Nevertheless, at the hospital they advise us to eat a balanced diet.... But when the support [referring to food] comes, it goes to the village headmen and does not reach the intended beneficiaries, the HIV-positive people. The support is distributed to the people they know.

—IDI participant, Machinga

Long waiting times and time away from work:

Respondents expressed concerns about the long waiting times at health facilities that disrupted their livelihoods and other daily activities, sometimes resulting in missed appointments. Some respondents indicated that men should not be left to wait in long queues because they go to work.

“Because there are a lot of people at the health facilities, we end up missing our appointment as we want to take care of our families first. When we go, the doctor asks what happened for us to miss the last appointment and that also discourages us because they act as if they don’t care that we have to provide for our families and the long queues deter us from coming. So I think that they should organize that men be assisted quickly.”

—FGD participant, Zomba

Distance and travel to the health facilities: Some respondents reported that health facilities are very far from where they live which sometimes caused delays in picking up their medications. Others reported that they had trouble securing transportation to the health facilities, causing further delays in accessing ART medications.

“...our friends who have the same problem like us who stay in very far places, the challenge is transportation.... Because, some stopped taking their medicine and the health care workers try their best to locate them but they have difficulties to reach out to those people.... So these organizations could try to help these people with transportation.”

—FGD participant, Zomba

CONCLUSIONS & IMPLICATIONS

- Men living with HIV who were on ART touted supportive counseling from health care providers as a key reason for initiating HIV treatment. Program efforts should continue to train health care providers in all facilities to provide supportive and patient-centered care to PLHIV.
- Family, friends, and PLHIV support groups further facilitated men’s initiation and adherence to ART, and retention in care services. Sustaining and expanding the outreach of PLHIV networks and groups of men living with HIV could enhance men’s engagement in HIV treatment.
- Men living with HIV struggled to meet the demands of taking ART, including eating sufficient and high-quality food, and making frequent visits to health facilities. Men living with HIV, like many women, adolescents, and children living with HIV, may need access to programs that address food insecurity. Further, innovative service delivery models, such as providing ART refills at support groups and other community sites and disbursing a larger quantity of drugs to reduce the frequency of health visits, might foster ART adherence.
- Anticipated stigma and discrimination remain barriers to some men’s engagement with HIV services. Integrating ART services into sexual and reproductive health services or general community-based health clinics could potentially reach men who are positive but otherwise reluctant to seek services at facilities or locations that only provide HIV services or only provide them on select days.

REFERENCE

Ministry of Health, Malawi. 2017. “Malawi Population-based HIV Impact Assessment (MPHIA) 2015–16: First report.” Lilongwe: Ministry of Health.

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