

# HIV Knowledge, Service Utilization, and Exposure to DREAMS among Male Partners of Adolescent Girls and Young Women in Malawi

In Malawi, HIV prevalence among adolescent girls and young women (AGYW), aged 15–24, is 2.3 times higher than among young men of the same age (3.4 percent vs. 1.5 percent).<sup>1</sup> As in many countries, AGYW in Malawi are particularly vulnerable to HIV for a variety of reasons, including economic disadvantage and unequal power dynamics in sexual relationships with their male partners—many of whom are older and engage in high-risk behaviors.<sup>2</sup> Additionally, compared to women, men are less likely to know their status, initiate HIV treatment, and are more likely to die of AIDS<sup>2,3</sup>—harming both themselves and their partners.

Project SOAR conducted research in 2019 among men in Malawi to learn more about their relationships with AGYW and how HIV services can better engage them.

Researchers surveyed 612 men ages 18 or older recruited at community hotspot venues and HIV service sites. Key inclusion criteria were being in an intimate or sexual relationship with an AGYW and residing in Zomba or Machinga districts.

This brief summarizes findings on men’s knowledge of HIV, use of HIV services, stigma, and exposure to PEPFAR’s DREAMS (Determined Resilient Empowered AIDS-free Mentored and Safe) program which took a multi-sectoral approach to reduce HIV risk among adolescent girls and young women and their male partners.<sup>4</sup>

## WHO WERE THE RESPONDENTS?



**Mean age was 25 years**  
(range 17–47)



**46% were married** and **40% are dating** someone but not living together.



**59% had 2+ sexual partners** in the last year.



**48% have children.**



Only a fourth (**27%**) **completed high school.**



**Most (74%) were employed.**

Most common occupations: small business owner/entrepreneur, transport worker/driver, and casual laborer.



Interested in learning more about the male partners of AGYW? See the companion brief:

*Characteristics and relationship dynamics of male partners of adolescent girls and young women in Malawi*

Available at [projsoar.org/our-activities/malawi-dreams](http://projsoar.org/our-activities/malawi-dreams)



## RESULTS

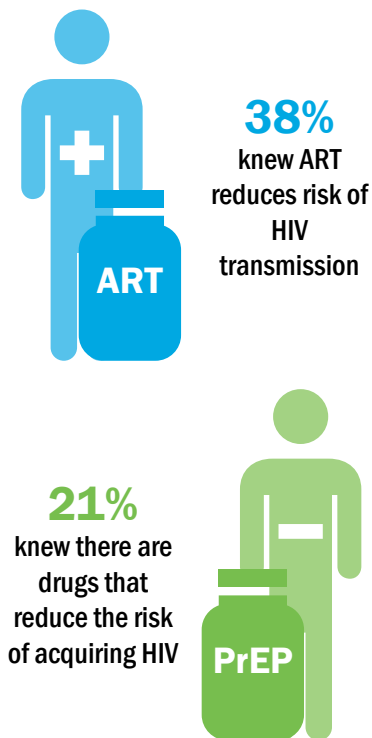
### Comprehensive knowledge of HIV and condoms was low.

Less than half (48 percent) answered all six questions about HIV correctly and barely a third (32 percent) correctly answered all five questions about condoms.

### Men had basic treatment literacy, but there were important gaps.

The vast majority were aware of antiretroviral therapy (ART) (94 percent), knew that ART helps a person stay healthy (93 percent), and there are drugs a pregnant woman can take to prevent transmission to her baby (86 percent). But fewer men understood treatment as prevention (“ART reduces the risk of transmitting HIV to another person”) and PrEP (“There are drugs an HIV-negative person can take to help prevent acquiring HIV”) (Figure 1).

Figure 1 HIV knowledge gaps

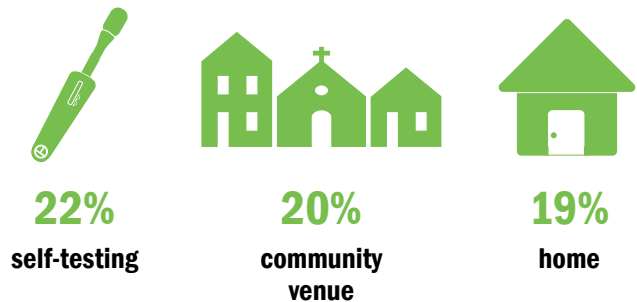


### HIV testing was very high among this population.

A majority (96 percent) had ever tested and 84 percent had tested in the last 12 months. Repeat testing was very common—for only 3 percent the last test was the first time they had ever tested.

Men are using a variety of modalities to test other than a clinic/facility. Among those who tested in the last year, men learned their status through self-testing, a community venue, or at home (Figure 2). Another 7 percent underwent index testing.

Figure 2 HIV testing modalities other than a clinic/facility in the past year



The main reason men cited for getting tested was wanting to know their status (69 percent). Fewer indicated they were tested as part of routine care (12 percent) or that a conversation or support from a spouse/partner triggered their desire to test (5 percent). Few (4 percent) indicated they had tested with or were accompanied by their spouse/partner.

### Many men anticipated a stigmatizing response if they disclosed that they tested positive for HIV.

More than a third of men would be somewhat likely or very likely to:

- Experience a break-up of their marriage or relationship (36 percent).
- Experience physical abuse by their spouse/partner (36 percent).
- Have difficulty finding sexual partners (41 percent).
- Have difficulty getting married (40 percent).

## Men's practice of HIV preventive behaviors was uneven.

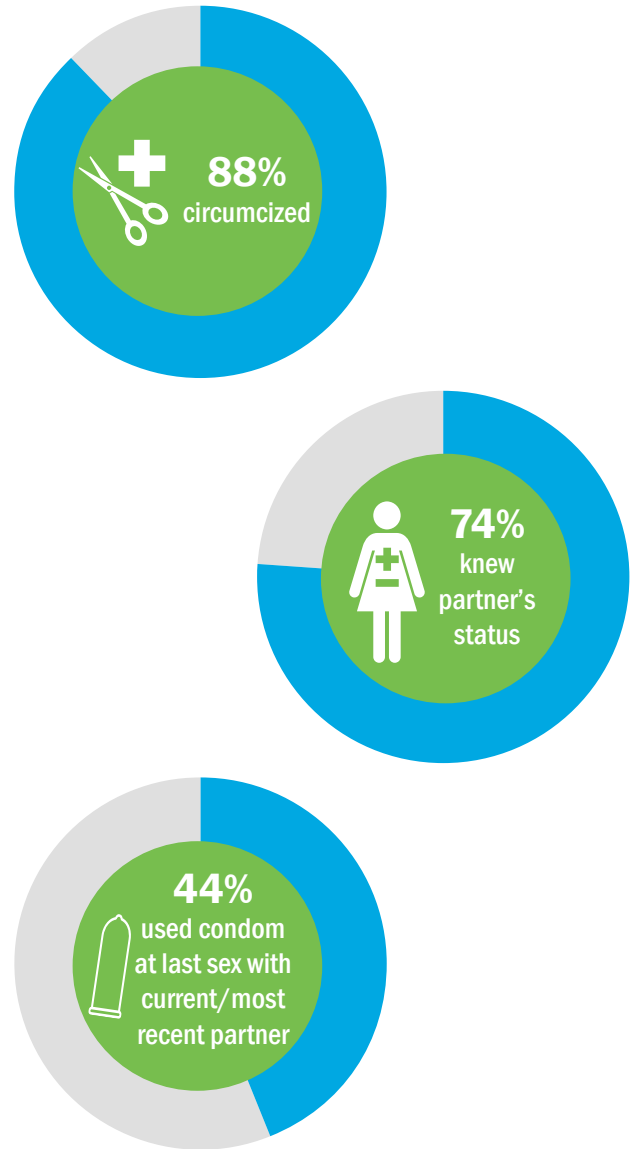
The vast majority of men (88 percent) were circumcised and had been circumcised for traditional or religious reasons (rather than for HIV prevention). Among men who were circumcised as adolescents or young adults, about half reported receiving medical male circumcision, while the rest reported traditional circumcision. Among those not circumcised, most (62 percent) were considering undertaking the procedure. The average age of respondents considering circumcision was 26 years (age range 18-39 years).

Nearly three-fourths said they knew their partner's HIV status.

Health-seeking behavior was high among men who suspected they had a sexually transmitted infection (STI). Among the 13 percent who had experienced an STI symptom, 70 percent sought treatment.

But less than half used a condom at last sex with their current or most recent partner, which is low given that most men had multiple partners in the last year (Figure 3).

Figure 3 Practice of preventive behaviors



## Many men have heard of DREAMS and participated in an HIV-related event.

Almost a half (43 percent) heard of DREAMS or Go Girls! Clubs. Of those, 26 percent had a female partner who participated in the program.

More than a third (34 percent) attended a community discussion group and/or one-on-one meeting in the last 12 months. All said that these events covered aspects of HIV prevention, care, or treatment. The vast majority reported that



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they also covered relationship issues, gender dynamics, or stigma (Figure 4).

**Figure 4 Topics discussed in community discussions/one-on-one meetings (n=211)**



## REFERENCES

1. Ministry of Health Malawi. 2018. "Malawi Population-Based HIV Impact Assessment (MPHIA) 2015-2016: final report." Lilongwe: Ministry of Health.
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