

How can male HIV testing rates in rural, southern Malawi be increased?

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Abstract

Background: Mulanje District in Malawi, Africa has one of the world's highest HIV prevalence rates with 17% of residents testing positive. Men test at lower rates than women and are more likely to seek testing and treatment once the disease has progressed.

Methods: This explanatory sequential mixed methods approach began with analysis of secondary quantitative data collected in January 2014 (time 1) and April 2015 (time 2) from 174 women and 251 men, respectively, by a nongovernmental organization, Global AIDS Interfaith Alliance, providing HIV education and testing. Two-sample t-tests were run to determine variation between time 1 and time 2 on selected variables. Chi-square and t-tests show relationships between selected variables and having been tested. Qualitative data was collected from 84 participants representing men living in rural villages, healthcare providers and opinion leaders. Qualitative descriptive analysis was used and the Theory of Planned Behavior provided the conceptual framework.

Results: Quantitative data analysis reveals comprehensive knowledge increased and demonstrating comprehensive HIV knowledge was significantly associated with getting tested in time 2 ($p=.053$). The percentage of men having been tested did not change significantly and stayed stable. Men cited fear of learning their HIV status (46% of men), fear of rejection by partners and wives (13-16% of men) and discrimination (8-12%) as the most common reasons they do not get tested for HIV. Half of men named wives and 24% named governmental health surveillance assistants (HSAs) as having the greatest influence on their opinions about seeking health care. The qualitative results demonstrate that men are fearful of being seen at test sites (23% of responses) and fear discrimination (19%). Men anticipate depression and suicidal thoughts if found positive (19%). Village men perceive GAIA's services as female oriented and clinics as set up to stigmatize when seeking HIV testing and treatment. Like the quantitative results, the qualitative findings indicate that wives have the greatest influence on them to get tested (76% of responses). Chiefs (40%) and governmental HSAs (21%) are strong influencers on male HIV testing behavior. Village men speak most positively about door-to-door HIV testing as an intervention.