

# Developing intervention strategies to improve ART program initiation and retention among HIV-positive men in Malawi



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## Background

- In Malawi, 9.2% of adults are HIV-positive<sup>1</sup>
  - Men have higher AIDS-related deaths than women, and they are less likely to access HIV testing or take antiretroviral therapy (ART)<sup>2-4</sup>
  - Retention within ART programs across Sub-Saharan Africa remains an ongoing concern<sup>5</sup>
- ULCA and Partners in Hope Medical Center are developing an intervention to promote **ART initiation and early retention among HIV-positive men in Malawi**
  - To develop the intervention, additional information is needed about facilitators to ART engagement and potential interventions to promote early engagement in care across the treatment cascade

## Objectives

- Assess facilitators** to men's engagement in ART programs in Malawi, focusing on factors influencing ART initiation, retention, and differences between the two
- Identify potential intervention components** that address the unique needs of HIV-positive men for ART engagement

## Methods

- Secondary analysis was conducted on **39 in-depth interviews with HIV-positive men**
  - 12 HIV-positive men who never initiated ART
  - 6 HIV-positive men who recently initiated ART
  - 21 HIV-positive male ART clients who were enrolled in the ART program but >14 days late for at least one appointment, indicating poor retention
- Interviews were originally conducted between 2016-2017 by male research staff to understand **barriers and facilitators** to ART engagement under new universal treatment policies in Malawi
  - Interviews were conducted in the local language, recorded, translated to English, and transcribed
- Our secondary analysis focuses specifically on **facilitators to ART engagement among men and interventions to further promote engagement**
  - Transcripts were coded using inductive and deductive coding techniques<sup>6</sup> using Atlas.ti<sup>7</sup>
  - Analyses were completed using constant comparison methods<sup>6</sup>

## References

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## Results

- Among the 39 interviews completed, the median age was 34 (IQR 27-40) and median number of children was 3 (IQR 2-6)

### Facilitators to men's ART engagement

- Knowing successful (and non-successful) ART users:** The majority of participants indicated that knowing someone else who was HIV-positive, witnessing the physical benefits of ART use, or observing negative consequences of ART non-use encouraged engagement in HIV care

*"You see some people whose bodies are fit, meaning they are taking pills daily. They are not missing [doses]...I get encouraged in the sense that I admire someone who is taking their pills and their body is very fit. I, too, want to be like them."*

- ART initiate (poor retention), age 59
- Physical health facilitates working and providing for family:** Maintaining good physical health through ART was identified as a key facilitator to initiation and retention in HIV services, particularly because it allowed participants to work, provide for dependent family members, and fulfill responsibilities at home

*"I almost refused [to initiate ART] for fear of being embarrassed, but then I realized it is better to start taking ART so that I would maintain my body's health and live longer for the sake of my children...I would be able to send my children to school and also continue operating my business."*

- ART initiate (recently initiated), age 34
- Social support from family members and male friends:** Spouses, extended family, and other men provided both emotional and material support, encouraging respondents to continue taking ART

*"There are some friends with whom I play football, and they bring their medication to the grounds. When the sun sets, they take their medication as they leave the football ground on their way home. So we encourage each other...[they encourage me] very much, and it is something that is not shameful."*

- ART initiate (poor retention), age 32

### Recommended interventions for improving men's ART engagement

- Additional education and counseling related to ART:** Some men hesitated to initiate ART, citing the belief that missing a single dose of medication could be fatal; many respondents who were already taking ART had poor understanding of the consequences of changing dosages without provider consultation, missing pills, or sharing prescriptions. Men requested additional counseling either for themselves or for other men, and education targeted to address common gaps in knowledge would be beneficial

*"I do get concerned because we hear that ART can also kill people. Sometimes, when you forget to take ART, you can get sick and die suddenly...some people die because they did not take the medicine one morning and overdose the next morning."*

- Non-initiate, age 26
- Time-saving ART services:** Accessing HIV care required a substantial time investment for many respondents, including traveling to and from the clinic and waiting in line for an appointment; limited provider availability on only certain days of the week further restricted access to ART services. Men would benefit from easy access and fast, flexible ART services

*"I run a butchery, and I have to go into the villages to find goats to buy...it would be easier to get my ART if the service is faster, but if it is slower, then it is very difficult for me to go [to the clinic], and I could even stop altogether...I live on my business, so me and my family could starve."*

- ART initiate (recently initiated), age 34

## Results cont.

- Increased follow-up by healthcare providers in villages:** For the majority of respondents, reminders from family and friends facilitated retention in care and adherence to ART regimen; in select cases, follow-up by hospital personnel encouraged men to return to treatment after lapsing. Men would benefit from increased follow-up by hospital personnel at the village level

*"When the person [from the hospital] who follows up on me discovered that I was not coming, they came and picked me up to say, 'You should start taking medicine again. We are surprised that you are not coming.' That is why I started taking medicine again."*

- ART initiate (poor retention), age 40

## Discussion

- Several key factors motivated HIV-positive men in Malawi to engage with ART services: seeing the **impact of ART on other HIV-positive individuals**, remaining healthy to fulfill **work and family obligations**, and **social support**, particularly from other men.
- Potential intervention strategies are recommended to improve initiation and retention:
  - Targeted counseling** to dispel common myths about ART and address knowledge gaps
  - Reduced time spent seeking care** through flexible service hours, shortened clinic wait times, and increased monthly scripting
  - Follow-up** by hospital personnel to address questions and remind patients of upcoming appointments

## Conclusions

- Interventions are needed to address the unique concerns and barriers that prevent HIV-positive men from initiating and maintaining treatment regimens

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