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Correlates of condom use and procedure knowledge among men accessing voluntary medical male circumcision in Malawi

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Background
Research about voluntary medical male circumcision (VMMC) in sub-Saharan Africa has focused on cost-effectiveness analyses, service quality, and factors influencing uptake and scale-up. There is a dearth of information about the HIV risk taking behaviors of men accessing VMMC and their HIV knowledge. This study aimed to analyze the VMMC knowledge and condom use correlates among men accessing VMMC services in Malawi to understand their demographic characteristics and HIV risk profile to provide insights into how to better target communication efforts to improve uptake of VMMC in a country that has had very low VMMC uptake since scale up efforts started in 2011.

Methods
In August 2013, 269 men ages 16 or older accessing VMMC were recruited at service sites in Southern provinces in Malawi. Bivariate and multivariate logistic regressions were used to determine associations and the relative odds of condom use at last sex and VMMC knowledge. Correlates tested included: education, age, location, religion, marital status, ever tested for HIV, having casual or concurrent sexual partners, and alcohol use before sex.

Results
Multivariate analysis revealed condom use was positively associated with having a casual/concurrent partner in the previous 3 months (Adjusted OR [AOR]: 2.54, CI: 1.15 - 5.60), and negatively associated with being single (AOR: 0.40, CI: 0.20 - 0.81), and being 27 or older (AOR: 0.28, CI: 0.10 - 0.75). VMMC knowledge was positively associated with education (AOR: 2.08, CI: 1.21 - 3.55) and location (AOR: 2.73, CI: 1.620 - 4.587), with men with higher education levels and living in urban areas more likely to know that VMMC partially protects against HIV compared to counterparts.

Conclusion
The results highlight the need to ensure information about VMMC is appropriate for men with a low level of education and living in rural areas. Further research is needed to understand the reasons why men who do not know VMMC partially protects against HIV are accessing VMMC. It may be the case that there are other motivators that could be used in campaigns to improve uptake, or it is possible there are misconceptions that need to be clarified. Finally, the results suggest that men exhibiting low HIV risk behavior may be accessing VMMC more than men with high risk behaviors. Further research is needed to understand the risk profile of men both accessing and not accessing VMMC in order to maximize procedure